Mental Health Promotion Framework

An Organizational Approach to Promoting Mental Health and Well-Being Across the Lifespan

Haliburton, Kawartha, Pine Ridge District Health Unit

MAY 2024

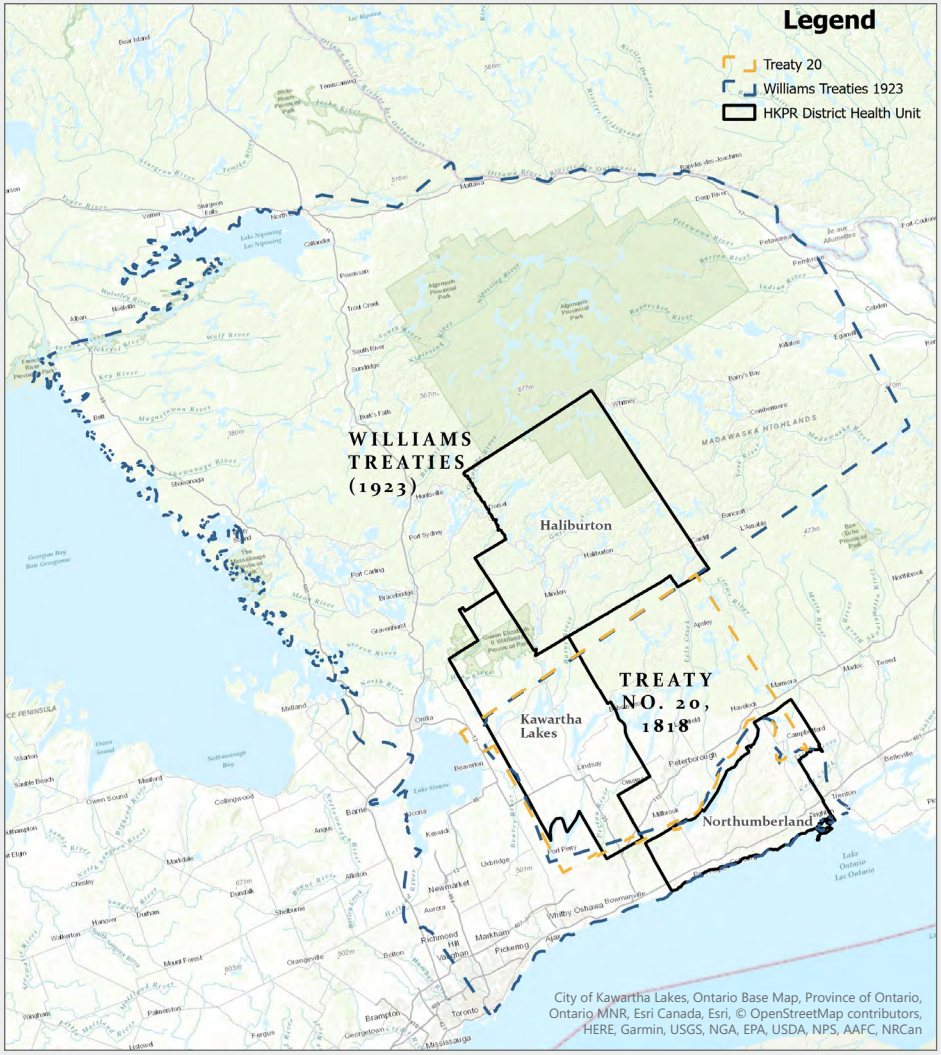
Land Acknowledgement

The Haliburton, Kawartha, Pine Ridge (HKPR) District Health Unit is situated on the traditional territories of the Michi Saagiig and Chippewa Nations. This includes the territories of Treaty 20 and the Williams Treaties. We respectfully acknowledge that these Nations are the stewards and caretakers of these lands and waters for all time and that they continue to maintain this responsibility to ensure their health and integrity for generations to come.

The HKPR District Health Unit recognizes the many harms done to Indigenous Peoples and our collective responsibility to right those wrongs. As an organization that is rooted in a colonial system, we are committed to change, to building meaningful relationships with Indigenous communities and in improving our understanding of local Indigenous Peoples as we celebrate their cultures and traditions, serve their communities, and responsibly honour all our relations.

Note to the reader: This map was developed using the following sources:

- Government of Canada, Williams Treaty
- Land Information Ontario, Treaty 20
- Statistics Canada, 2021 Census Boundaries



Williams Treaties, Treaty 20, and the Haliburton, Kawartha, Pine Ridge District Health Unit areas.

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This framework was developed over several months and in collaboration with internal and external partners.

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A message from Dr. Natalie Bocking

Mental health encompasses our emotional, psychological, and social well-being and it is an essential part of our overall health. It influences our thoughts, feelings, and behaviors, and plays a vital role in our ability to live fulfilling lives.

Public health focuses on *prevention*, *promotion*, and *protection* at the population-level which aims to improve the health and wellness of the entire population. That work begins with understanding the current needs and issues in the communities we serve, followed by investigating the root causes and impacts, and ultimately planning and delivering community-driven programs and services.

The COVID-19 pandemic not only highlighted many pre-existing gaps in our health care system and social networks, but also further exacerbated health inequities and outcomes, especially related to mental health. It became a crucial time to explore our own internal work and collaborate with community partners to develop a comprehensive framework that can guide mental health promotion throughout the County of Haliburton, City of Kawartha Lakes and Northumberland County.

This ***Mental Health Promotion Framework*** provides a structured approach to understanding mental health, addressing the gaps, and advocating for strategies and actions. It supports the commitment of the Health Unit to promote and protect the mental health and well-being of people and communities.

> *"By focusing on prevention, promotion, and protection, we can create a community where mental health is valued, supported, and accessible to all."*

Promoting mental health is not just a matter of treating illness; it is about creating a positive environment in which individuals can feel supported and enriched.

I want to extend a personal thank you to the working group members, community partners, and internal and external reviewers for their input into the development of this Mental Health Promotion Framework.

Yours in health,

Dr. Natalie Bocking, MD, MIPH, CCFP, FRCPC (she/her)
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Table of Contents

Introduction and Background

We all have mental health, and it must be valued and protected as much as our physical health. Public health plays an important role in promoting and protecting both mental and physical health.

The development of a Mental Health Promotion (MHP) Framework for the HKPR District Health Unit is a critical step in recognizing our foundational approaches, strategies, and areas for action, to protect and promote mental health and well-being in ourselves and our communities.

A public health approach to population mental health is about ensuring that people have the capacity to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of equity, agency, and self-determination.[24]

The impact of mental health, mental illness, and addictions in Ontario on life expectancy, quality of life and health care utilization is more than 1.5 times that of all cancers and more than 7 times that of all infectious diseases.[24] Having positive mental health is correlated with higher psychological functioning, improved physical health, increased productivity and reduced absenteeism at work, fewer chronic conditions and diseases, reduced risk of mental health disorders and suicide, as well as lower health care system utilization.[7]

This framework will guide the mental health promotion work of the HKPR District Health Unit and facilitate the implementation of the Mental Health Promotion Guideline (2018) as found in the Ontario Public Health Standards (OPHS). The purpose of this is to assist the HKPR District Health Unit in the planning, implementation, and evaluation of mental health and well-being public health initiatives. It identifies priorities for action to inform planning for the upcoming years. There is a role for each public health professional, team, program, and service.

Further, the framework will provide a clear and coherent structure in our approach, strategies, and actions to promote mental health and well-being, prevent mental illness and support community members to access culturally safe and appropriate supports and services. It was informed by public health guiding documents, a scan of existing MHP frameworks, best practice guidelines, data, and recent evidence, as well as external partner and internal employee engagement.

Mental health promotion is a shared responsibility with a variety of partners across a broad range of sectors. The framework provides direction for the HKPR District Health Unit to work with community partners towards a mental health promotion plan that is community-driven and tailored to local circumstances.

> *Note to the reader:* Please find a Glossary of Terms beginning on page 35. This may assist in understanding the terms and concepts that are used in this document.

A Public Health Approach to Mental Health and Well-Being

> *Public health practice can be viewed as an approach to maintaining and improving the health of populations that is based on the principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health. Such an approach places health promotion, health protection, population health surveillance, and the prevention of death, disease, injury, and disability as the central tenets of all related initiatives.*[3]

Mental Health Defined

The Public Health Agency of Canada defines mental health as,

> *The capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections, and personal dignity.*[35]

With respect to children, the World Health Organization notes that "an emphasis is placed on the developmental aspects, for instance, having a positive sense of identity, the ability to manage thoughts, emotions, as well as to build social relationships, and the aptitude to learn and to acquire an education, ultimately enabling their full active participation in society."[43]

As social worker Shona Sturgeon points out in the paper *Promoting Mental Health as an Essential Aspect of Health Promotion*, an individual's subjective feelings of well-being, optimism and mastery, resiliency, or the ability to deal with adversity and the ability to form and maintain meaningful relationships are also included in other definitions of mental health. Sturgeon notes that, "although the expression of these qualities will differ contextually and individually from culture to culture, the basic qualities remain the same."[41]

Experiencing poor mental health is NOT THE SAME as having a mental illness.

Mental health and mental illness, often mistakenly thought of as the same concept, and terms that are often used interchangeably, are in fact separate but related concepts. Mental illnesses are diagnosed by a qualified professional and include conditions that interfere with a person's thoughts, feelings, and behaviours. While there are varying degrees of severity, mental illness can cause significant distress and severely and negatively impact how a person is able to function in their life. The *Two-Continua Model of Mental Health and Mental Illness* found on page 9 provides further explanation and clarification.

Two-Continua Model of Mental Health and Mental Illness

We think about mental health and mental illness as two intersecting continua; (*Figure 1*) they are different but closely related.

The *Two-Continua Model* shows that good mental health is more than the absence of disease (mental illness). Our mental health changes and moves along the axes depending on what is happening in our lives. Having good mental health *can* occur with the presence of a mental illness.

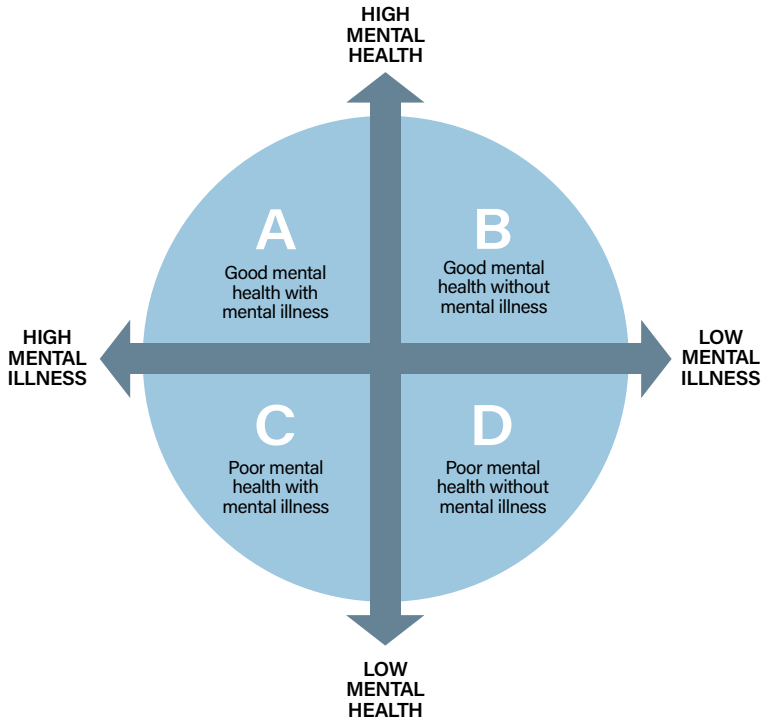


Figure 1: Two-Continua Model of Mental Health and Mental Illness.[24]

Quadrant A: *Good mental health with mental illness*
A person who has a mental illness diagnosis and is managing it well (i.e., engaged in a treatment plan). They are coping well, feeling good (experiencing positive emotions) about their life, and are functioning well in their day-to-day life. For example, they experience positive relationships with others, are engaged in work or school, feel supported and respected by others and maintain connections to family, friends, and others.

Quadrant B: *Good mental health without mental illness*
A person who does not have a mental illness diagnosis. They are feeling good and are functioning well in their day-to-day life. For example, they feel happy, feel satisfied and interested in life, have positive relationships with others and can manage the challenges in their life.

Quadrant C: *Poor mental health with mental illness*
A person who has a mental illness diagnosis. They are not engaged in a treatment plan, they are not coping well or feeling good and are not functioning well in their day-to-day life. For example, they do not feel happy or content with their life, do not feel a sense of belonging in the community and are not experiencing positive relationships and connections with family, friends, and others.

Quadrant D: *Poor mental health without mental illness*
A person who does not have a mental illness diagnosis. They are not feeling good and are not functioning well. For example, they are struggling to manage the challenges in their day-to-day life and experience challenges in their relationships with family, friends, and others.

Individuals with a diagnosed mental illness can live rich and rewarding lives. Conversely, individuals who do not have a mental illness diagnosis may struggle with their mental health. This model illustrates how mental health and mental illness intersect and co-exist in individuals and populations.[24] Further, it supports the need for universal mental health literacy.

It is important to be inclusive of a range of people's experiences. Mental health promotion and prevention activities should address all four quadrants of the two-continua model. Public health practice, and mental health promotion and prevention, must be inclusive and relevant for all, including people with mental illness diagnoses.[24]

Factors That Influence Mental Health and Well-Being

There are many influences on mental health and well-being and mental health problems are complex issues. Individual, social, structural, and environmental factors influence and impact our mental health and well-being. Individuals experience stress, pain, and risk in different ways. The World Health Organization notes that "throughout our lives, multiple individual, social and structural determinants may combine to protect or undermine our mental health and shift our position on the mental health continuum."[42]

While mental health protective and risk factors exist for everyone,

> *...certain populations are at a higher risk of mental health problems or illness because of greater exposure to discrimination or disadvantage.*[24]

Protective factors for good mental health are those factors that reduce the chances that an individual will develop a mental health problem. They can enhance an individual's capacity to enjoy life and successfully cope with challenges and they can mitigate the impacts of negative events and experiences. Risk factors for poor mental health are those factors that increase the chances that an individual will experience poor mental health or develop mental health problems. It is important to note that risk and protective factors do not exist independently of one another.

> *Determinants of mental health and mental disorders (illnesses) include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours, and interactions with others, but also social, cultural, economic, political, and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports. Exposure to adversity at a young age is an established preventable risk factor for mental disorders.*[43]

Mental health promotion involves many features and levels. Mental health promotion initiatives tend to focus on those influencing factors that are modifiable. That is, those factors that can be altered to improve mental health and well-being and reduce the likelihood of having poor mental health or developing a mental illness. While biological, genetic, and demographic factors such as age and ethnicity are important determinants of mental health, mental health promotion efforts will focus on the factors that can be changed or altered. Positive mental health can be supported and encouraged by boosting protective factors and reducing risk factors. A summary of the most important mental health protective and risk factors can be found in Figure 2.

Determinants of Mental Health

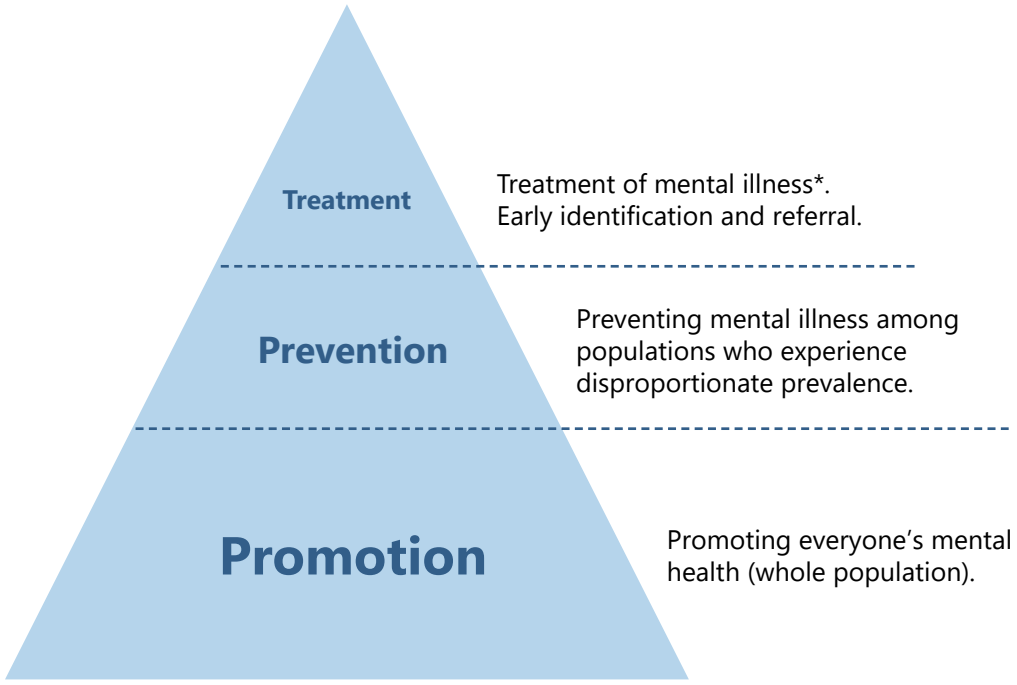
Level	Protective Factors	Risk Factors
Individual *Psychological makeup, behaviours and physical health*	**Cognition:** ability to problem solve; manage one's thoughts; learn from experience; tolerate life's unpredictability; a flexible cognitive style; etc. **Emotion:** feeling empowered; sense of control or efficacy; positive emotions; positive sense of self; etc. **Social:** good social skills (communication, trusting, etc.); sense of belonging, resilience; good physical health; healthy behaviours, etc.	**Cognition:** weak problem solving skills; inability to tolerate life's unpredictability; rigid cognitive style; negative temperament; etc. **Emotion:** low self esteem; feeling a lack of control of one's life; negative emotions; etc. **Social:** isolation; weak social skills; etc. Certain behaviours such as absence of physical activity, alcohol and drug abuse, poor physical health. Adverse life events, including adverse very early life experiences; etc.
Social *Family and community*	Strong emotional attachment; positive, warm, and supportive parent-child relationships throughout childhood and adolescence; secure and satisfying relationships; giving support; high levels of social capital (including reciprocity, social cohesion, sense of belonging, and ability to participate), etc.	Poor attachment in childhood; lack of warm/ affectionate parenting and positive relationships throughout childhood and adolescence; insecure or no relationships; isolation; low levels of social capital and belonging; social exclusion; inability to participate socially; domestic abuse and violence, etc.
Structural and environmental	Socio-economic advantage (i.e., higher levels of education, good standards of living, including housing, income, good working conditions); economic security; freedom from discrimination and oppression; low social inequalities; legal recognition of rights; social inclusion; public safety; access to adequate transport; safe urban design and access to green spaces and recreation facilities, etc.	Socio-economic disadvantage (i.e., low education, low material standard of living, including inadequate housing, homelessness, unemployment, inadequate working conditions); economic insecurity and debt; social and cultural oppression and discrimination; war; poverty and social inequalities; exclusion; neighbourhood violence and crime; lack of accessible or safe transport; poor urban design; lack of leisure areas, green spaces, etc.

Figure 2: Determinants of Mental Health.[19]

Population Mental Health and Well-Being

The Public Health Agency of Canada notes that public health focuses its activities on "preventing disease and injuries, responding to public health threats, promoting good physical and mental health, and providing information to support informed decision making."[35]

There are three interdependent tiers of action in a comprehensive approach to population mental health. They are *promotion, prevention*, and *treatment*.[24] Further defined, the approach includes:



**while the Health Unit does not provide treatment, we do provide early identification, support, and referral to community resources and services.*

> *There is strong evidence that investment in the protection and promotion of mental well-being, including early intervention and prevention, improves quality of life, life expectancy, educational achievement, productivity and economic outcomes, and reduces violence, antisocial behaviour and crime.*[10]

Our approach to mental health and well-being is an EQUITY-FOCUSED, population-based approach grounded in health promotion.

Our approach focuses on mental health and well-being as an asset to be PROMOTED and PROTECTED.

"Health promotion is the process of enabling people to increase control over, and to improve, their health."[37] It is about achieving a state of complete physical, mental, and social well-being. Informed by the Ottawa Charter for Health Promotion, health promotion emphasizes the importance of collaboration across sectors, integration and coordination of health and human services, civic participation, and community action at a variety of levels to achieve common goals. It builds on the knowledge and experience of partners and the real-world expertise of individual community members.

Being population-based means looking at the mental health and well-being of the whole population. This includes universal interventions and proportionate interventions. Universal interventions promote mental health and well-being across the whole population (i.e., supportive environments, healthy public policy). Proportionate interventions is about responding to health inequities experienced by different groups of people by providing tailored interventions to support mental health and well-being. This requires that a broad range of perspectives, including individuals with diverse experiences of mental health and well-being, inform our decision-making at all levels.

Mental health promotion is extremely broad and is related to many determinants. The HKPR District Health Unit recognizes that mental health and well-being are influenced by the settings and events of everyday life and are the result of a complex interplay of biology, psychological, social, environmental, cultural, economic, and political factors. We support mental health and well-being in different ways and in different settings across the lifespan. For example, we invest in early childhood development by providing universal and tailored supports to infants and families. We support our school communities to strengthen the mental health and well-being of all children and adolescents.

We support the mental health and well-being of public health professionals including developing competencies to implement mental health promotion initiatives. And, at the community level, we work with groups, partners, organizations, and municipalities to strengthen mental health promotion by focusing on mental health and well-being as an asset to be promoted and protected.

Being population-based means looking at the MENTAL HEALTH and well-being of the WHOLE POPULATION.

Mental Health and Well-Being Across the HKPR Region

Since the beginning of the COVID-19 pandemic, factors that contribute to poor mental health have gotten worse for many of the general population (e.g. loneliness, anxiety, stress, depression), leading to increased concerns for overall population mental health across the HKPR region.[12] To better understand the state of mental health and well-being in our region, we explored available data and indicators, hosted a community forum to learn from community partners and conducted a series of interviews to learn from our own public health professionals.

Learning from Data and Indicators

The Health Unit monitors data from a variety of sources, including the Canadian Community Health Survey (CCHS) and the Rapid Risk Factor Surveillance System (RRFSS), and compiles an annual Community Health Summary to guide our internal planning process. Data shared here is primarily from CCHS and RRFSS collected during the period from 2018-2022. We do not have real time data on mental health indicators. There are various delays reporting on the data due to time required for data collection, data cleaning and analysis. This is the most up-to-date data available at the time of writing.

Adults who reported their mental health as fair or poor has trended upwards from 2018 to 2022 and has increased significantly from 2019 compared to 2022.

2019 **1 in 10**

In 2019, about 1 in 10 (11.7%; CI: 8.9 – 15.2) HKPR District Health Unit area residents 18 years and older reported that they perceived their mental health as fair or poor.[14]

2022 **2 in 10**

By 2022, this proportion had increased by 10.6% over the course of the COVID-19 pandemic, with over 2 in 10 (22.3%; CI: 16.2 – 29.8) residents 18 years and over stating that they perceive their mental health as fair or poor.[13]

> *Note to the reader:* The abbreviation 'CI' refers to confidence intervals. A confidence interval is a statistical tool used to estimate what the measurement for an indicator might be in a particular population. It is often not possible to collect data from an entire population so a sample of the population is surveyed to estimate what the real or true measurement might be in the population. A confidence interval shows our certainty about what the true measurement might be based on our sample. A 95% confidence interval provides a range that have a 95% chance of including the true measurement.

The *Community Health Summary* released internally in 2023, also identifies access to health care, including mental health care, as an existing and increasing concern.[12] The Centre for Addiction and Mental Health estimates that 40% of people with anxiety or depression do not seek medical help due to stigma.[8] Fear and misunderstanding often leads to discrimination against people with mental health challenges, even among service providers. Stigma creates significant barriers in reaching out for resources, support, or treatment. In 2019 (before the COVID-19 pandemic), almost 20% (19.2%, 95%CI 15.2% - 23.9%) of HKPR residents 12 and older consulted a health professional about their mental health.[12] Based on the evidence related to stigma, it is likely that the percentage of residents with mental health concerns is higher than the percentage that consulted a health professional.

From the *Positive Mental Health Surveillance Indicator Framework*, the following indicators provide information on the state of positive mental health within the HKPR District Health Unit's jurisdiction: self-rated mental health, sense of belonging, happiness, and life satisfaction.[33] Positive indicators focus more on the origins of mental health and factors that support mental health and well-being; rather than focusing on the prevalence or causes of disease. These indicators illustrate that the majority of HKPR residents over the age of 12 self-report positive mental health. However, only 39.8% of residents 12 and over report being very satisfied with life. Additionally, while 65.1% of individuals reported very good or excellent self-rated mental health, 34.9% reported self-rated mental health below this level. As this data was collected throughout 2019 and 2020, it is important to consider that these values may not be indicative of the state of positive mental health in the period following the COVID-19 pandemic.

In 2019-2020, almost
20% OF RESIDENTS
12 years and older consulted a health professional about their mental health.[12]

Overall, there is a need to continue to monitor mental health and well-being. Mental health promotion is about protecting the mental health of individuals who currently identify as happy, having positive mental health, a strong sense of belonging and satisfaction with life. It is also about advocating for conditions that promote mental health and well-being and supporting individuals experiencing challenges to navigate available supports and resources.

Positive Mental Health Indicators[40]

Self-Rated Mental Health	Sense of Belonging	Happiness	Life Satisfaction
Residents who report their mental health as very good or excellent.	Residents who report a very strong or somewhat strong sense of belonging to their local community.	Residents who report being happy and interested in life.	Residents who report that they are very satisfied with life in general.
Total 12 years and over			
 **Over 3 in 5** residents. (65.1%; CI: 58.9-70.9)	 **About 3 in 4** residents. (72.2%; CI: 70.2 – 83.8)	 **About 3 in 4** residents. (72.7%; CI: 67.1 – 77.7)	 **About 2 in 5** residents. (39.8%; CI: 67.1 – 77.7)
Youth 12-17 years			
 **Over 4 in 5** youth. (87.0%; CI: 69.6 – 95.1)	 **Over 3 in 4** youth. (78.0%; CI: 51.9 – 92.1)	 **Over 4 in 5** youth. (89.5%; CI: 69.6 – 95.1)	 **About 2 in 4** youth. (56.9%*; CI: 35.1 – 76.2)
Adult 18 years and over			
 **Over 3 in 5** adults. (62.7%; CI: 54.9 – 69.9)	 **About 3 in 4** adults. (71.2%; CI: 63.3 – 78.1)	 **About 3 in 4** adults. (71.6%; CI: 65.5 – 77.0)	 **About 1 in 3** adults. (38.9%; CI: 31.8 – 46.5)

*The estimate is subject to higher variability, as such the estimate may not be reliably representative of the population.

Learning from the Mental Health Promotion Community Forums

The HKPR District Health Unit MHP Working Group hosted two virtual forums in early 2023 to inform the development of the Mental Health Promotion Framework. Thirty-six individuals attended a 90-minute facilitated conversation on the topic of mental health promotion. Participants represented a variety of roles in health, education, community services, and social services including but not limited to agency/organization managers, nurses, counsellors, substance use workers and outreach workers. A total of 22 local agencies and organizations were represented such as non-profit organizations, community agencies, libraries, hospitals, primary care, Ontario Health Teams, colleges, school boards and municipal/local governments.

Findings at the forums identified opportunities to facilitate a shared language and understanding around mental health promotion and to identify mutual priorities and goals. Insights were also provided by participants on local strengths, assets, weaknesses, and gaps related to mental health promotion. Participants noted the importance of collaboration, working across sectors and learning from the expertise of people with lived experience of health inequities.

The forum participants identified priorities for public health such as partner collaboration, public education (related to stigma, substance use prevention and self-care education), offering in-person support groups, as well as gathering, sharing, and analyzing local data. Additionally, children, youth, parents, older adults, and newcomers to Canada were identified as priority groups.

The forum report: *Developing a Mental Health Promotion Framework, What We Heard, A Summary Report* can be found in the appendices (Appendix A).

Learning from Employee and Partner Engagement

Using information gathered from multiple sources (the forums, research and evidence review, background documents, ministry guidelines) a draft Health Unit MHP framework visual was developed by the working group. During August 2023, feedback was gathered from HKPR District Health Unit employees (12) and community forum participants (8) on the draft framework visual.

Those who agreed to review the draft visual were asked to comment and provide feedback on their overall impression of the framework as well as content and language for each piece of the framework visual. All feedback received from community partners and HKPR District Health Unit employees was carefully considered and used to inform revisions to the draft visual.

The *Developing a Mental Health Promotion Framework: Engagement Summary Report* can be found in the appendices (Appendix B).

Public Health Strategies: Engage, Collaborate and Advocate

Public health strategies to promote mental health and well-being outlined in this document are based on the OPHS, including the Mental Health Promotion Guideline.[25,24] They are also informed by the Ottawa Charter for Health Promotion, *The Roles of Public Health in Population Mental Health and Wellness Promotion: Guidance Report, 2022* and a review of best practices and the literature.[18,36]

The following strategies will be used by public health professionals in the planning and implementation of mental health promotion activities and interventions.

Public health strategies are ACTION-ORIENTED and will drive the promotion and protection of population mental health and well-being.

Public Health Strategies

Engage

Support the engagement of individuals, community groups, partners, and governments to take action to promote and protect mental health and well-being.

Collaborate

Support intersectoral collaboration to achieve a shared understanding of mental health promotion and identify shared priorities and goals.

Advocate

Advocate for public policies that support, strengthen and promote mental health and well-being across the lifespan. Increase or improve the factors which encourage mental health and well-being.

Mental Health Promotion: Areas for Action

HKPR District Health Unit's MHP Framework has adapted the Ottawa Charter for Health Promotion as its organizing structure. The Ottawa Charter for Health Promotion is widely considered by public health to be a landmark document for public health practice.[34] The development of this framework and the priority areas for action is the result of an exploratory process that built on existing resources and competencies to identify a way forward.

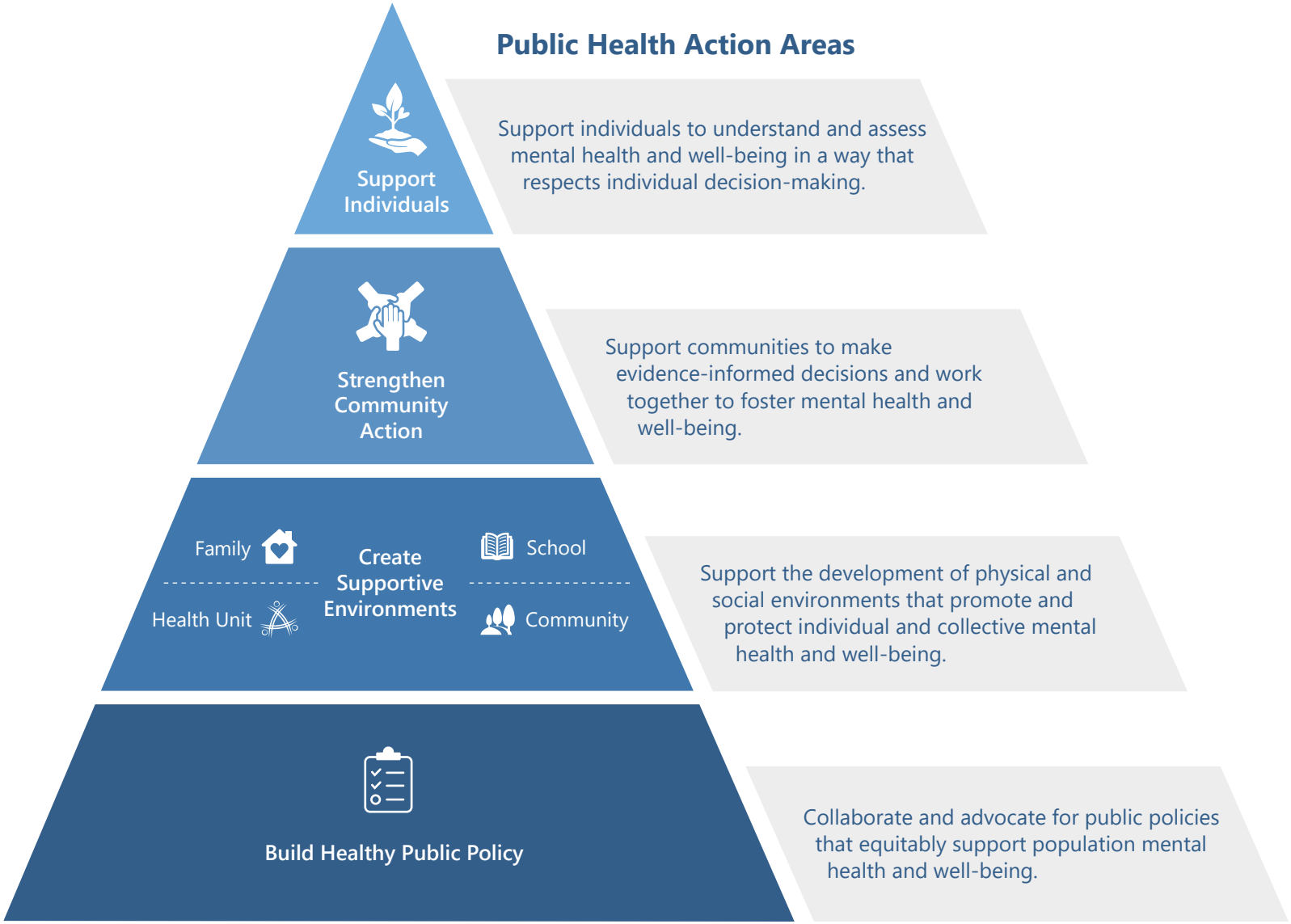
This framework will enable the HKPR District Health Unit to plan how best to support individuals, families, public health professionals, school communities and the other communities we serve to achieve positive mental health and well-being. The action areas are outlined in more detail on the following pages.

Strategies and sources that informed the development of HKPR District Health Unit's MHP Framework included:

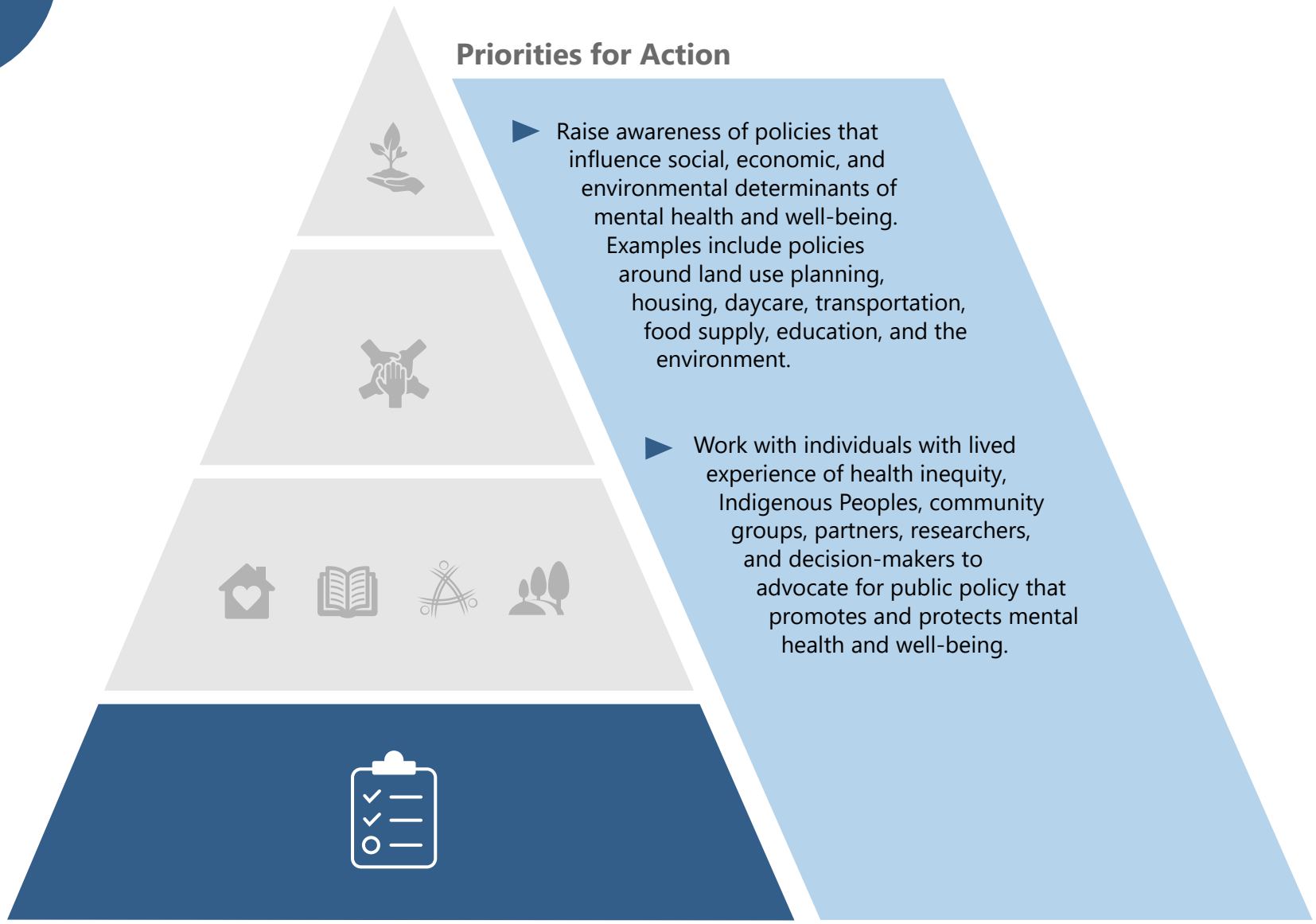
- The Ontario Public Health Standards (OPHS), including the Mental Health Promotion Guideline, Health Equity Guideline, and the Relationships with Indigenous Communities Guideline.
- Population health assessment data provided by the Foundational Standards Division of the Health Unit.
- Partner perspectives gathered during two virtual mental health promotion forums hosted by the Health Unit in winter of 2023.
- Employees of HKPR District Health Unit from a variety of disciplines, professions, departments, and divisions were consulted in the process of developing the framework.
- A scan of other public health unit frameworks, best practice guidelines, and current evidence was summarized and themed by the action areas including priorities.

Haliburton, Kawartha, Pine Ridge District Health Unit

Mental Health Promotion Framework



Build Healthy Public Policy



Build Healthy Public Policy

Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy and by an accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes health choices possible or easier for citizens. It makes social and physical environments health-enhancing.[46]

Current Initiatives

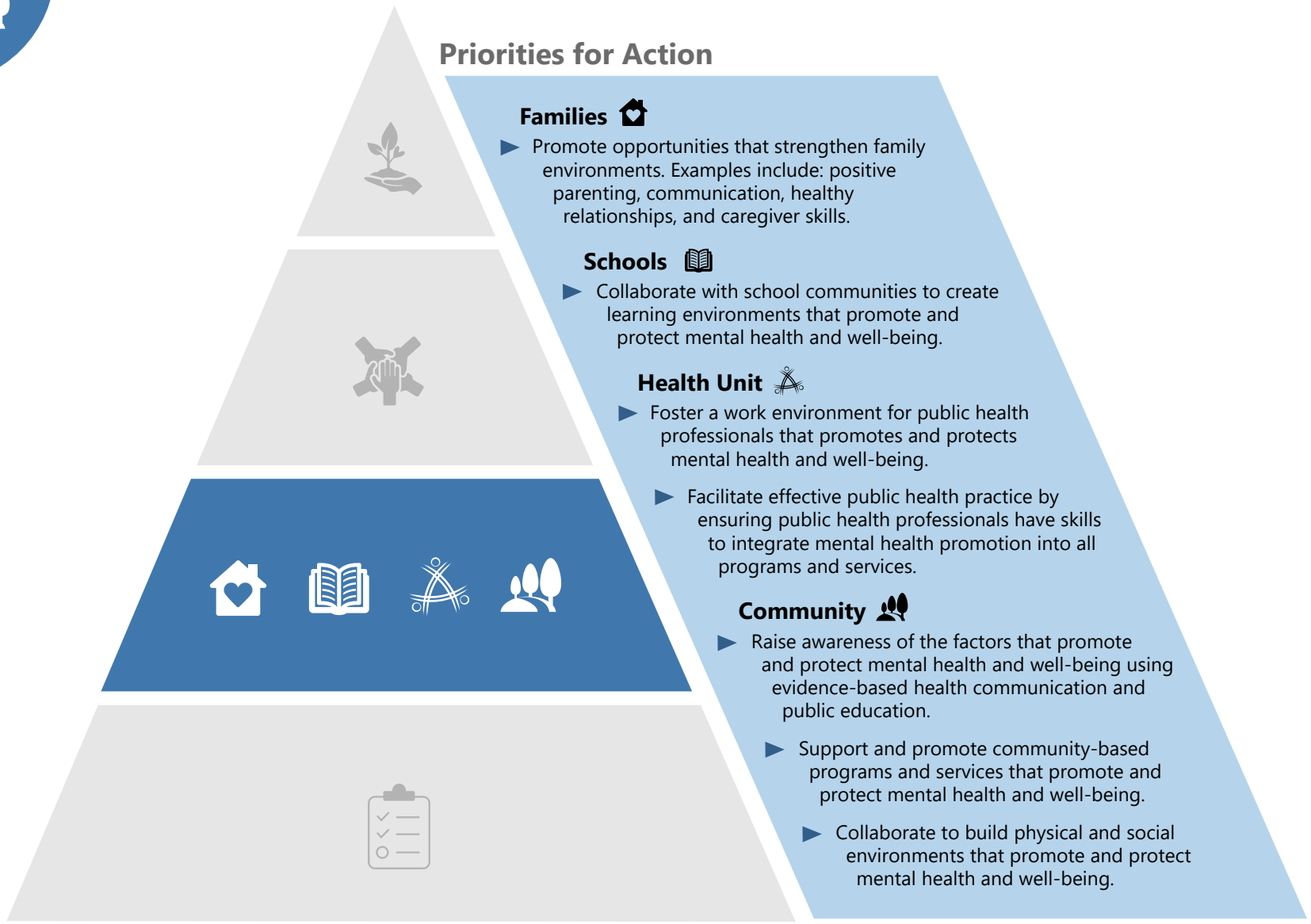
The Health Unit collaborates with local municipal governments in the review of public policies that impact mental health including land use planning, transportation, housing, public safety, and the environment.

The Health Unit, along with a diverse range of community partners, participates at municipal tables to collaborate, plan, and prepare for emergencies.

Best Practices and Evidence-Informed Recommendations:

- Raise awareness among partners and local influencers of the policies that influence mental health and well-being. Examples include mental health care, pharmacare, daycare, working and living conditions, stigma, and discrimination.
- Participate in community initiatives advocating for equitable public policy around food systems, housing, and poverty.
- Contribute to the strengthening of community action in pursuit of healthy public policy.
- Advocate for a Mental Health in All Policy approach across the Health Unit and among partners.
- Strengthen emergency response and recovery plans by prioritizing psychosocial support and community engagement.
- Invest in research and knowledge translation including population level indicators, equity outcomes and different ways of knowing.
- Work collaboratively with individuals with lived experience of health inequity and Indigenous Peoples, community groups, partners, researchers, and decision-makers to advocate for public policy that promotes and protects mental health and well-being.

Create Supportive Environments



Create Supportive Environments

Health is created and experienced by people in the settings of their everyday lives: where they live, learn, work and play. Creating supportive environments is a socio-ecological approach to health and well-being that aims to ensure that these spaces are inclusive, supportive, and promote connection.

Environments supported by public health initiatives include families, schools, the Health Unit as a workplace and communities.

Families

Current Initiatives

The Health Unit contributes to strengthening the family environment by promoting skill-based opportunities that enhance family resilience such as parenting, communication, and healthy relationships.

The Health Unit works with childcare providers to create healthy and safe environments for infants and children.

Best Practices and Evidence-Informed Recommendations:

- Invest in early childhood development and family resilience.

Schools

Current Initiatives

In collaboration with three local school boards, the Health Unit takes a "whole of school" approach involving all parties that foster a positive school environment including families and community agencies.

The Health Unit supports school communities to implement the Ontario Health and Physical Activity Curriculum including mental health literacy, health literacy, food literacy, and universal skill-based Social and Emotional Learning programs.

We support empowerment initiatives that provide opportunity for physical activity, food literacy, skill development and social connection, such as the Healthy Playground Activity Leaders in Schools Program.

All schools in the HKPR District Health Unit area have school nutrition programs and we continue to support community partnerships and volunteers securing healthy food and funds at the local level.

Best Practices and Evidence-Informed Recommendations:

- Collaborate with local school boards and communities to support initiatives that promote and protect mental health and well-being.

Create Supportive Environments

Health Unit

Current Initiatives

The Health Unit is committed to creating a supportive environment for its employees that promotes and protects mental health and well-being. This includes:

- Workplace policies to promote employee work-life balance.
- Internal mental health supports for employees (online resources, an Employee and Family Assistance Program, staff education and training, etc.).
- A Psychological Health and Safety (PHS) Working Group to monitor, measure and report on PHS.

The Health Unit is working to ensure a supportive environment for customers by integrating mental health promotion into all programs and services. The creation and implementation of the MHP Framework will build the capacity of the Health Unit workforce to achieve this. Additionally, the Health Unit implements the Customer Experience Standard and Pledge for customers and is committed to measuring and improving the experience of the customer.

Best Practices and Evidence-Based Recommendations:

- Monitor PHS at the Health Unit.
- Assess skills and competencies required to ensure a workforce that can plan and implement mental health promotion across all program areas.
- Provide opportunities for training and skill development in mental health promotion and the determinants. For example, training or enhanced learning in trauma and violence-awareness practice.
- Develop a policy that outlines the expectations of public health professionals to build and maintain skills and confidence in mental health promotion.
- Evaluate and monitor the Customer Experience Standard and Pledge to determine if we have the right skills and are consistently meeting expectations.

Create Supportive Environments

Community

Current Initiatives

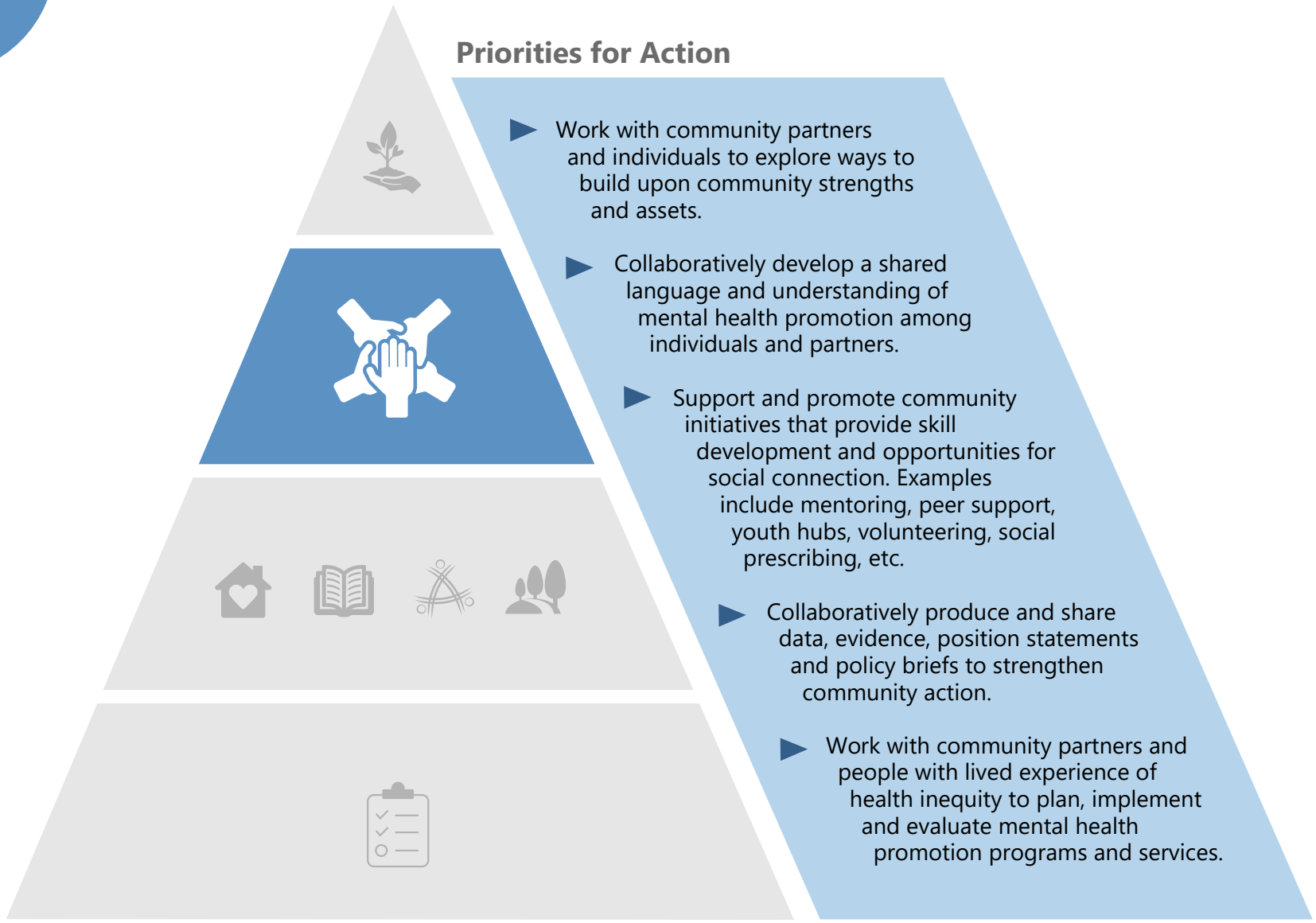
The Health Unit collaborates with several community agencies and organizations to improve the health and well-being of residents. An example is the collaboration with KidSport Ontario to improve access to sports and recreation for local youth by providing grants to help cover enrolment costs to kids aged 18 and under to play a season of sport.

The Health Unit engages with health care and community partners to advocate for specialized perinatal mental health care.

Best Practices and Evidence-Informed Recommendations:

- Raise awareness among community partners of the factors that influence mental health and well-being.
- Identify, support, and promote existing community-based programs and services that promote and protect mental health and well-being (physical activity, healthy eating and food literacy, mindfulness, social connection, safe and welcoming spaces, rural and community outreach, arts/nature based, employment services and environmental, etc.).
- Support and promote the expansion/ enhancement of programs and services in the community.
- Identify evidence-informed supports available provincially and/or nationally and promote in the community.
- Advocate for a mental health promotion approach among local health and human services providers.

Strengthen Community Action



Strengthen Community Action

At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.[36]

Current Initiatives

As of June 2022, the Health Unit implemented a permanent School Health Team that engages with schools and health partners using the foundations of a healthy school approach to build healthy and equitable school communities. Mental health promotion has been the priority health topic for this team since its inception.

In 2023, the Health Unit initiated a public education campaign to raise awareness of perinatal mental health and encourage community action. In conjunction with the campaign, the Health Unit promoted the use of the Provincial Council for Maternal and Child Health's Care Pathway for the Management of Perinatal Mental Health among primary care providers. We also worked collaboratively with Lakeview Family Health Team to develop and pilot the Parental Wellness Program focusing on emotional health and wellness during pregnancy and after birth.

HEALTH EQUITY means that all people have FAIR ACCESS and opportunities to achieve their full health POTENTIAL.

The Health Equity team at the Health Unit works closely with community partners to strengthen advocacy efforts around health equity issues in our communities such as poverty, food insecurity, and housing and homelessness. Health equity means that all people have fair access and opportunities to achieve their full health potential regardless of their social position or other socially determined circumstances. Support provided includes data and information sharing, support for funding initiatives and tailored person-centred supports for individuals experiencing barriers to accessing Health Unit services.

Strengthen Community Action

The Health Unit collaborates on the regional Haliburton, Kawartha Lakes, Northumberland (HKLN) Drug Strategy. We work locally with community groups that contribute to the work of HKLN Drug Strategy Steering Committee. We are implementing a survey, *People Who Use Drugs' Perceived Needs for Drug Poisoning Prevention* and will disseminate key learnings and integrate them into HKLN Drug Strategy. We support information sharing, identification of community assets and strengthening engagement and participation of context experts (i.e., individuals with lived and living experience of substance use) to enhance the development of drug poisoning and overdose prevention strategies.

The Health Unit collaborated with each of the municipalities served by the HKPR District Health Unit, Northumberland County, the City of Kawartha Lakes, and the County of Haliburton, to develop local Community Safety and Well-Being Plans as required under the Safer Ontario Act (2018). These plans explore how to mitigate situations of elevated risk, how to reduce or mitigate risk factors that influence safety and well-being, as well as promoting and maintaining community safety and well-being. In addition to exploring feelings of safety and sense of belonging, all these plans look at the determinants of mental health and well-being such as: poverty, housing, employment, mental illness, substance use and health care system access.

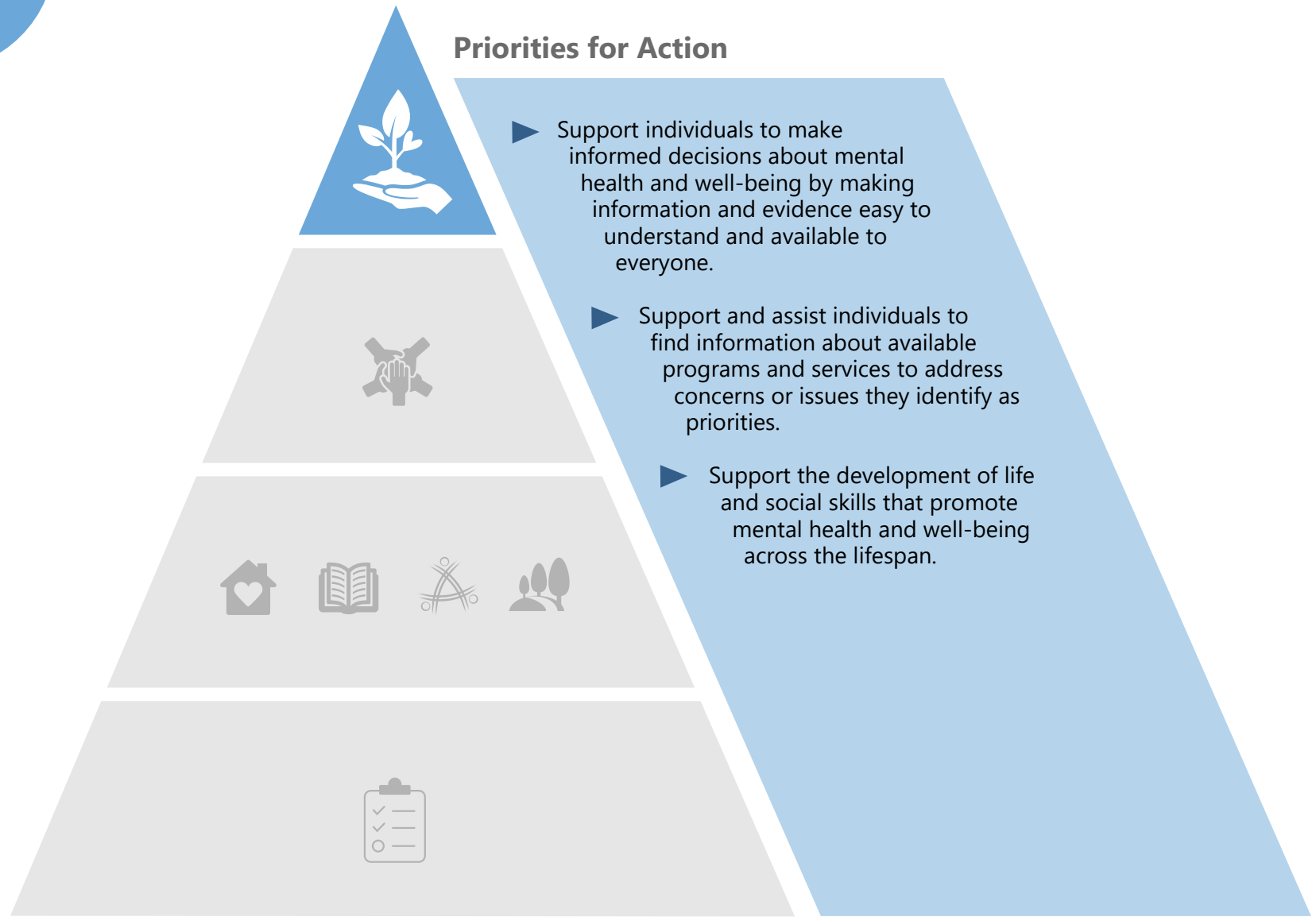
To support informed decision-making at the community level, the Health Unit develops annual reports including a Community Health Summary, Child Health Report, Food Insecurity and Poverty Report and the Climate Change Health Vulnerability and Adaptation Assessment. The Board of Health has endorsed policy position statements on the Basic Income Guarantee (n.d.) and the Decriminalization of Small Amounts of Illegal Drugs (2021).

Strengthen Community Action

Best Practices and Evidence-Informed Recommendations:

- Engage and collaborate with partners to develop a shared language around mental health promotion.
- Explore and build upon community strengths and assets.
- Support and collaborate to promote and implement initiatives that foster hope, empowerment and belonging through meaningful participation: volunteering/ service, mentoring, peer support, youth action, spirituality.
- Support advocacy initiatives that build healthy public policy to address determinants of health: education, income supports, access to physical/mental health supports and services, universal affordable daycare, housing, food security, substance use health, universal pharmacare, universal oral health care, and climate change adaptation.
- Collaboratively produce and share data, evidence, position statements and policy briefs to strengthen community action.
- Monitor and report on positive mental health indicators: Sense of Belonging/Social well-being, Life Satisfaction, Happiness, Self-Rated Mental Health.
- Create opportunities for individuals with lived experience of health inequity to participate in the planning, implementation and evaluation mental health promotion programs and services supported by the Health Unit.
- Engage health care and community partners to establish specialized perinatal mental health care.

Support Individuals



Support Individuals

Providing information, education, and enhancing life skills,

> *...increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.*[36]

Current Initiatives

We support individuals to make informed decisions about their mental health and well-being by making information and evidence easy to understand and available to everyone.

All materials and resources on our website are made available in alternative accessible formats upon request.

The Health Unit supports every child to have the best possible start in life by providing tailored, family-centred support to individuals during pregnancy and throughout parenting. We provide psychotherapeutic care within home visiting to support optimal prenatal health, parenting, child development and service navigation.

The Health Unit offers low-cost or no cost options for Health Unit services such as rabies clinics, oral health care, sexual health, and safe food handling training.

We offer customers helpful information about available programs and services to address their self-identified concerns or issues. In 2023, the Health Unit internally launched the Customer Experience Standard and Pledge to measure, monitor, report and improve the experience of the customer.

Best Practices and Evidence-Informed Recommendations:

- Support individuals to make informed decisions about their mental health and well-being through our website and social media.
- Increase awareness of risk and protective factors for mental health and well-being.
- Assess/identify barriers to accessing information from the Health Unit and mitigate.
- Support every child to have the best possible start in life.
- Promote life and social skills development being offered by community partners. Collaboratively identify gaps and roles for public health.
- Provide help-seeking, self-efficacy, and navigation support to individuals in a manner consistent with our Customer Experience Standard and Pledge.

Next Steps

As previously stated, the intent of the HKPR District Health Unit's MHP Framework is to guide our mental health promotion work and facilitate the implementation of the Mental Health Promotion Guideline (2018).

Recommendations to implement the framework across the organization will be developed by the MHP Working Group members. These recommendations will lead to a detailed implementation plan or guide with key activities, indicators, and timelines so that the framework can be monitored and evaluated and ultimately be integrated as a foundational underpinning for mental health promotion work across the Health Unit.

At the same time recommendations are developed, there are immediate actions that can be taken to promote mental health and well-being.

Immediate Actions by all Public Health Professionals

There is a role for all public health professionals at the HKPR District Health Unit to promote and protect mental health and well-being. The following actions can be taken immediately:

- Understand determinants, risk, and protective factors for mental health and well-being.
- Understand your own mental health and act on the ways in which it can be maintained or enhanced.
- Understand the influence and impact of your public health role, skills and practices on the mental health and well-being of others.
- Identify and understand how Health Unit services, programs and practices contribute to mental health promotion.
- Commit to learn from people who experience health inequities.
- Respect and value diverse and distinct perspectives of mental health and well-being.
- Advocate for services, programs, practices, and policies that promote mental health and well-being.
- Learn and share knowledge of resources in the community and make appropriate referrals to support the mental health and well-being of people across the lifespan.
- Seek opportunities to collaborate about mental health promotion activities and interventions within and between departments and divisions.

Conclusion

Having good mental health and well-being is vital; it is a resource for living. It allows us to enjoy life and manage the problems we experience. Mental health and well-being are profoundly important for growth, development, learning and resilience. It is essential for quality of life for all individuals regardless of life stage, socioeconomic status, or environment. Understanding the concepts and factors that influence mental health and well-being is crucial to also understanding ways that it can be promoted and protected.

Promoting mental health and well-being is broad and is interconnected with many actions taking place each day in ourselves, our families, our schools, and our communities. The HKPR District Health Unit is already promoting mental health and well-being in many areas. There is an opportunity to continue, expand and increase our efforts by making the links between what initiatives are already taking place and what is recommended for our future work explicit.

The completion of the MHP Framework supports the commitment of the Health Unit to promote and protect the mental health and well-being of people and communities. This is not to suggest that the framework will not change over time, it should be revisited in the future and where appropriate, content revised to reflect new evidence.

A broad range of partners share the responsibility for promoting the mental health and well-being of individuals and communities. The Health Unit is committed to working with individuals, partners, and communities to strengthen our direction and approach to mental health promotion so that we can all experience positive mental health and well-being.

MENTAL HEALTH and well-being are profoundly important for growth, development, learning and RESILIENCE.

Glossary of Terms

BEST PRACTICE is the most efficient and effective course of action in a specific situation. It represents the proven way to achieve desired outcomes. For public health, these practices are experience based public health programs, interventions, and policies that have been evaluated, shown to be successful, and have the potential to be adapted and used by others working in the same field.

CUSTOMER EXPERIENCE STANDARD AND PLEDGE is a standard for HKPR District Health Unit employees that outlines the expectations for customer service. The Standard has two components: an internal standard for employees and a public facing pledge that applies to all customers including clients, community partners, and the public. In all areas of the standard, the perspective of the customer is prioritized.

DETERMINANTS OF MENTAL HEALTH AND WELL-BEING are those multitude of factors or circumstances that affect a person's mental health throughout their lifetime. A person's mental health is shaped by physical, social, and economic conditions and environments. For example, factors such as access to health services, economic resources, education, social inclusion, safe neighbourhoods, and housing influence mental health and well-being.[45]

EVIDENCE-INFORMED: is the collection and wide-spread distribution of the best available evidence from research, context, and experience. It is important to consider community health issues and local context, community and political preferences and actions, and public health resources as factors in public health decision making.[31]

HEALTH EQUITY means that all people (individuals, groups, and communities) have fair access to, and can act on, opportunities to reach their full health potential. It means that people are not disadvantaged by social, economic and environmental conditions, race, gender, sexuality, religion, and social status. Achieving health equity requires acknowledging that some people have unequal starting places. It also means that different strategies and resources are needed to correct the imbalance and make health possible. Health equity is achieved when differences in health status between groups are reduced or eliminated.[28]

HEALTH PROMOTION is the process of enabling people, individually and collectively, to increase control over the determinants of health and thereby improve their health.[44]

HEALTHY PUBLIC POLICY aims to improve the conditions in which people live and creates a supportive environment for health equity. These policies enable people to lead healthy lives by making healthy choices possible or easier and by making social, economic, and physical environments health enhancing. For example, creating safe, secure, and sustainable environments such as housing, education, and community services.[38]

LIVED EXPERIENCE OF HEALTH INEQUITY is a term that reflects the validity of experience and knowledge as evidence that comes only from living in the context of structural and social inequities. This term acknowledges the multiple intersecting issues and circumstances affecting a person's health and well-being.[27]

MENTAL HEALTH is a positive sense of emotional and spiritual well-being. It means a person has the capacity to feel, think and act in ways that enhance their ability to enjoy life, realize their abilities, learn and work well and cope with the stresses and challenges they face.[24]

MENTAL HEALTH LITERACY encompasses four components; 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 (knowledge of when and where to seek help and developing competencies designed to improve one's mental health care and self-management capabilities).[24]

MENTAL ILLNESS refers to conditions where thinking, mood, and behaviours severely and negatively impact how a person functions. Mental illnesses are affected by "a complex mix of social, economic, psychological, biological, and genetic factors," and may take many forms, including mood disorders, personality and eating disorders, and addictions such as substance dependence and gambling.[24]

MENTAL HEALTH PROMOTION is the process of enhancing the capacity of people and communities to increase control over their lives and improve their mental health. It aims to improve the health of individuals, families, communities, and society by influencing the interactions between social and economic factors, the physical environment, and individual behaviours and conditions across the lifespan.[24]

ONTARIO PUBLIC HEALTH STANDARDS (OPHS) outline the minimum requirements of public health programs and services to be delivered by Ontario's public health units/boards of health. The protocols and guidelines referenced within the OPHS provide direction on how public health units/boards of health must deliver or approach specific OPHS requirements.[25]

OTTAWA CHARTER FOR HEALTH PROMOTION identifies goals, principles, and strategies of health promotion action. The Charter identifies five components of health promotion action and lists the prerequisites (fundamental conditions and resources) for health including peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity.[36]

POPULATION HEALTH is the health status and health outcomes of a particular group of individuals. It is an approach to health where the goal is to improve the health of an entire population. To achieve this, a range of factors and conditions that have a strong influence on our health are examined and acted upon. "Population health describes the state of health, and public health is the range of practices, procedures, methods, institutions, and disciplines required to achieve it."[24]

PRIORITY POPULATIONS* are populations experiencing and/or at increased risk of poor health outcomes due to the burden of disease and/or factors for disease; the determinants of health, including the social determinants of health; and/or the intersection between them. These populations are identified by using local, provincial, and/or federal data sources; emerging trends and local context; community assessments; surveillance; and epidemiological and other research studies.[24]

**Note to the reader: The term "priority populations" can be found in many guidance documents related to public health. The health equity language guide released in 2023 by the National Collaborating Centre for the Determinants of Health, notes this term as vague and one that reinforces stigma, blames individuals, and is deficit-based. Inclusive language to support health equity are terms that are person-first, system-focused and asset-based. As such, terms such as "groups who are economically/socially excluded by systems who can profit" or "communities who are exploited/oppressed by others in power" are suggested to replace the term "priority populations."*[27]

PUBLIC POLICY is about how the rules of society, such as laws, public priorities and funding, influence and affect people's health. It does not only focus on health policies, but on many other policies that influence and impact health. For example, policies about education, employment, and environment can create conditions that can result in people living healthy lives or limit people's opportunities to live healthy lives.

SOCIO-ECOLOGICAL APPROACH recognizes the complex interactions between individuals, families, organizational, communities, and societal factors that influence mental health and well-being. It recognizes that individuals affect and are affected by a range of social influences and environmental interactions.[22]

STIGMA refers to negative attitudes, beliefs, or ideas (prejudice) about people with mental health problems. When stigma is acted upon, it can result in the unfair treatment of the person (discrimination).

WELL-BEING "refers to the presence of the highest possible quality of life in its full breadth of expression focused on but not necessarily exclusive to good living standards, robust health, a sustainable environment, vital communities, and educated populace, balanced time use, high levels of democratic participation, and access to and participation in leisure and culture."[24]

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Appendix A

Developing a Mental Health Promotion Framework: What We Heard, A Summary Report

DEVELOPING A MENTAL HEALTH PROMOTION FRAMEWORK

COMMUNITY CONSULTATION:
2023 Virtual Mental Health Promotion Forum
Summary Report of Findings

Background

Purpose of this Project

To support the development of the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) Mental Health Promotion Framework, the HKPRDHU engaged individuals from key community agencies and organizations through a local community virtual consultation. The virtual forum aimed to gather information about mental health promotion and priorities in our region.

Community Consultation: Virtual Forum

On February 28 and March 2, 2023, 36 individuals attended a 90-minute facilitated consultation on the topic of mental health promotion. Participants represented a variety of roles in health, education, community services, and social services including but not limited to management, nurses, counsellors, Communications Officer, health promoters, social workers, client service workers, mental health substance workers, and outreach workers. A total of 22 local agencies and organizations were represented, such as non-profits, community agencies, libraries, hospitals, primary care, Ontario Health Teams, colleges, school board, and municipality/local governments. See Appendix A for list of agencies and organizations that attended the plenary.

The 2023 Virtual Mental Health Promotion Forum opened with a welcome, overview, and introductions. Consultation participants were asked to introduce themselves and share where they were from by typing into the plenary chat. Following introductions, Dr. Natalie Bocking, Medical Officer of Health, HKPRDHU presented the land acknowledgement, an overview of the public health approach, and the HKPRDHU Strategic Objectives. The Forum Chairpersons then presented on the goals of the forum, introduction to mental health promotion (including definitions), examples of current mental health promotion activities and interventions, and rationale for the HKPRDHU in developing a framework. Next, participants were split into breakout rooms for facilitated discussions (i.e., virtual focus groups). Summaries of those discussions were then shared with the full group back within the plenary. The consultation closed with a brief overview of HKPRDHU's next steps. See Appendix B for consultation agenda.

During the forum, participants answered polls and discussed questions (during the focus groups within the breakout rooms) that served to both encourage dialogue among participants and to collect data for the HKPRDHU project. It should be noted that 24 individuals (67% attendees), from 20 agencies and organizations, participated in the breakout rooms (i.e., spoke and/or typed in the chat). See Appendix A for list of participating agencies and organizations within the breakout rooms. See Appendix C for

overview of breakout rooms and data analysis methodology. See Appendix D for data collected from the polls.

The community consultation data collection objectives were to learn about and describe:

1. **Perceptions related to shared language and understanding around mental health and mental health promotion;**
2. **Community strengths and assets and;**
3. **Community weaknesses, gaps, and related priority interventions**.

The summary of findings from the consultation are outlined within this report to inform the development of the framework and ongoing conversations on mental health promotion.

Limitations

Limitations of the virtual consultation included technical issues, dematerialized participation, inconsistencies as to how questions and probes were asked by facilitators, facilitator bias, and differing understanding of mental health promotion by participants.

More specifically:

- All attendees were unable to participate in the polls, during the plenary of the forum, as some individuals were logged into the virtual forum on the same device as other participants.

- A few attendees reported in the chat that they were unable to contribute to the virtual focus groups within the breakout rooms due to technical issues (e.g., unable to turn on video, unmute). Therefore, there is potential that some individuals may have been excluded due to technical skills and/or access to appropriate devices/internet connection.

- Virtual focus groups are at "greater risks associated with dematerialized participation…, resulting in boredom, distraction, and stress generated by computer use, which can lead to a participation deficit, the latter aspect being particularly important when attempting to elicit further comments"[1]

- Insufficient training of facilitators may have contributed to –

    - The inconsistency of how questions and probes were asked by facilitators within the breakout rooms. For example, one question (i.e., unofficial Question #1A) was added by facilitators to 6 out of the 8 breakout room sessions. Another example is that one breakout room ran out of time and Question #3 was not specifically asked by the facilitator.

    - Facilitator bias. For example, some facilitators did not remain neutral during all portions of the discussion within their focus group (e.g., they stated their agreement, added supporting examples from their own professional experiences). This might have resulted in some participants only voicing opinions that are in alignment with the facilitator.

- Not all participants had a clear or same understanding of mental health promotion, resulting in some portions of the discussion within their focus group being centered on mental health treatment rather than mental health promotion.

[1] Reference: Poliandri, D., Perazzolo, M., Pillera, G.C., & Giampietro, L. (2023). Dematerialized participation challenges: Methods and practices for online focus groups. *Frontiers in Sociology, 8*(1), p.1-18. https://doi.org/10.3389/fsoc.2023.1145264

Perceptions related to Shared Language and Understanding Around Mental Health and Mental Health Promotion

Unofficial Question 1A: Currently, do we have a shared language and understanding around mental health and mental health promotion?

– Asked by facilitators during 6 out of 8 breakout rooms

Question 1: "What is needed to ensure a shared language and understanding around mental health and mental health promotion (MHP)?"

Some consultation participants were asked about whether there is a shared language and understanding around mental health and mental health promotion (by facilitators during 6 out of 8 breakout rooms; an unofficial question). Furthermore, all participants were asked about what could be done to achieve a shared language and understanding around mental health and mental health promotion.

A few participants asked for clarification and further explanation around the definition of mental health promotion as they were still uncertain.

Perceived shared language and understanding around mental health and mental health promotion

Some consultation participants reported that in general, there is no shared language and understanding around mental health and mental health promotion (e.g., by the public, differing sectors, and even between agencies and organizations). A few participants expressed their belief that they did not think there would ever be a shared language around mental health and mental health promotion.

More specifically, a few participants stated that there is a shared language and understanding around mental health and mental health promotion by mental health providers. Furthermore, a few other participants said that there is a shared language and understanding around mental health and mental health promotion within their agencies/organizations.

Suggested approaches to achieving a shared language and understanding of mental health and mental health promotion

Consultation participants shared their thoughts on how to achieve a shared language and understanding around mental health and mental health promotion. Participants suggested the need for:

- **Meaningful conversations with the public around mental health and mental health promotion**
- **Normalizing mental health**
- **Not labelling individuals as 'client', 'patient', nor by their diagnosis**
- **Education**
- **Collaboration between community partners (e.g., different sectors)**
- **Engaging with people with lived experience**
- **Using equity and cultural lens**

Community Strengths and Assets

> ***Question 2: "If we were to think about strengths and assets around mental health promotion [MHP], what is working well in our community? In other words, to build on these strengths/assets what interventions do we want to ensure are included in the MHP Framework?"***

Consultation participants were asked to list local strengths and assets around mental health promotion that should be considered for the HKPRDHU Mental Health Promotion Framework. While strengths and assets were reported during each breakout room, related interventions were not always discussed.

Current strengths and assets around mental health promotion

Consultation participants noted the following strengths and assets in their community related to mental health promotion. Strengths and assets identified included:

- **People with lived experience**
- **Local Library Hubs**
- **Community Outreach**
- **Hard copies of resources (i.e., not just offered electronically)**
- **Collaboration amongst community partners**
- **Support from the community**

Table 1 provides a summary of community strengths and assets submitted by consultation participants, organized by category.

Table 1. Community strengths and assets to inform the HKPRDHU Mental Health Promotion Framework.

CATEGORIES	STRENGTHS/ASSETS IDENTIFIED
PEOPLE WITH LIVED EXPERIENCE	Experiences/stories of people with lived experiences
	Peer support programs
	Advisory committee(s) and/or representative(s) on agency/organization's decision-making committee(s)
LOCAL LIBRARY HUBS	Safe, welcoming, common spaces (including daytime warming space for people who are unsheltered)
	Willingness to expand their role to support the community
COMMUNITY OUTREACH	Face-to-face connections with the community
	Strategies to connect with those who live in rural communities
	Strategies to connect with those who do not have phones, and/or access to digital technology, and/or technical skills to use the technology
HARD COPIES OF RESOURCES (I.E., NOT JUST OFFERED ELECTRONICALLY)	Providing resources in hard copy format (e.g., handouts, pamphlets, flyers) as well as offering resources online
COLLABORATION AMONGST COMMUNITY PARTNERS	Agencies/organizations are working well together to support the needs of the community
	Work has been done to eliminate some of the silos between agencies/organizations
SUPPORT FROM THE COMMUNITY	Community support (including volunteers) for programs and/or services offered by agencies/organizations

Community Weaknesses, Gaps, and related Priority Interventions

> ***Question 3: "If we were to think about the weaknesses or the gaps around mental health promotion [MHP], what are the interventions urgently needed (ones that have not been discussed as strengths or assets) to inform our MHP Framework? Top 3 priorities."***

Consultation participants were asked to identify urgently needed interventions that would address weaknesses or gaps around mental health promotion and should be considered for the HKPRDHU Mental Health Promotion Framework. Additionally, participants were asked to identify their priority interventions.

While a range of weaknesses and gaps were discussed during each breakout room, interventions to address these weaknesses and/or gaps were not always identified. Most breakout rooms did not report their top three priority interventions. One breakout room (out of eight) ran out of time and the facilitator did not specifically ask Question #3.

Current weaknesses and gaps around mental health promotion

Consultation participants shared existing weaknesses and gaps in their community related to mental health promotion. Weaknesses or gaps mentioned (not discussed as priority interventions) included:

- **Ineffectively addressing the social determinants of health (e.g., lack of housing, lack of transportation, food insecurity)**
- **Lack of engagement with people with lived experience**
- **Lack of timely access to services (e.g., long wait times)**
- **Insufficient funding**

Desired priority interventions and target populations around mental health promotion

Participants mentioned the need for priority interventions around mental health promotion in the categories of partner collaboration, data needs, education of public, and in-person support groups. Table 2 provides a summary of desired priority interventions submitted by consultation participants, organized by category. Consultation participants also identified target populations of mental health promotion. See Table 3 for a summary of target populations.

Table 2. Desired priority interventions to inform the HKPRDHU Mental Health Promotion Framework.

CATEGORIES	DESIRED PRIORITY INTERVENTIONS
PARTNER COLLABORATION	Information sharing between agencies and organizations about types of services offered
	Enhance and reduce duplication of services
DATA NEEDS	Information at the city-level and/or county-level (rather than regional-level)
	Information to support advocacy (e.g., public policy)
EDUCATION OF PUBLIC	Anti-stigma campaigns
	Substance use prevention education
	Self-care education
IN-PERSON SUPPORT GROUPS	In-person social groups

Table 3. Target populations to inform the HKPRDHU Mental Health Promotion Framework.

TARGET POPULATIONS OF MENTAL HEALTH PROMOTION
Children and youth
Parents
Seniors
New Canadians (and non-native English speakers)

Next Steps

An integral component of the development of the HKPRDHU Mental Health Promotion Framework is community consultations. It should be noted that a post-forum online survey occurred from April 11 to 21, 2023 as another opportunity for attendees to provide feedback and build on the breakout room discussions. Due to insufficient sample size, data from the post-forum survey will not be released.

The HKPRDHU Mental Health Promotion Working Group will review the data collected from local agencies and organizations during the virtual forum to inform the framework and its priorities. Further community consultation will occur with those forum attendees who self-identified that they are willing to review and provide feedback on the draft framework (see Appendix D for further information).

A summary report on the virtual forum (including next steps), by the HKPRDHU Mental Health Promotion Working Group, will be provided to all attendees.

<table>
<tr><td rowspan="2">Report Prepared by:

Beatrice Kowalska, Research and Evaluation Coordinator, Foundational Standards Division

On behalf of HKPRDHU Mental Health Promotion Working Group

Date: July 31, 2023</td><td>Data Analysis Completed by:

Beatrice Kowalska, Research and Evaluation Coordinator, Foundational Standards Division

Adedotun Anibi, Data Analyst, Foundational Standards Division</td></tr>
<tr><td>Transcripts (from Breakout Rooms) Prepared by:

Courtney Schouwerwou, Administrative Assistant, Foundational Standards Division

Beatrice Kowalska, Research and Evaluation Coordinator, Foundational Standards Division</td></tr>
</table>

Appendix A: Consultation Participants

Table 4. Consultation participants: Plenary & breakout rooms. *Note: * = spoke and/or typed in the chat*.

PLENARY	BREAKOUT ROOMS
36 individual attendees from *22 Agencies/Organizations*	24 individual participants* from *20 Agencies/Organizations*
Brighton Public Library	Brighton Public Library
Campbellford Memorial Hospital	Campbellford Memorial Hospital
City of Kawartha Lakes	City of Kawartha Lakes
Community Care of Kawartha Lakes	Community Care of Kawartha Lakes
Community Health Centres of Northumberland	Community Health Centres of Northumberland
County of Haliburton	Fleming College
Fleming College	Green Wood Coalition
Green Wood Coalition	Haliburton Highlands Health Services
Haliburton Highlands Health Services	Kawartha Haliburton Children's Aid Society
Haliburton Public Library	Kawartha Lakes Haliburton Housing
Kawartha Haliburton Children's Aid Society	Kawartha North Family Health Team
Kawartha Lakes Haliburton Housing	Kawartha Pine Ridge District School Board
Kawartha North Family Health Team	Loyalist College
Kawartha Pine Ridge District School Board	Northumberland Family Health Team
Loyalist College	Northumberland Hills Hospital
Northumberland Family Health Team	Ontario Health Team of Northumberland
Northumberland Hills Hospital	Point in Time
Ontario Health Team of Northumberland	Rebound Child & Youth Services Northumberland
Point in Time	Ross Memorial Hospital
Rebound Child & Youth Services Northumberland	Trent Hills Family Health Team
Ross Memorial Hospital	Other (no agency affiliation named x1; retired x1)
Trent Hills Family Health Team	
Other (no agency affiliation named x1; retired x1; anonymous guest x1)	

Appendix B: Consultation Agenda

Table 5. Consultation agenda. The 2023 Virtual Mental Health Promotion Forum was approximately 90 minutes in length. Two sessions of the forum occurred (on February 28, 2023, from 10:00 a.m. to 11:30 a.m.; and March 2, 2023, from 1:30 p.m. to 3:00 p.m.).

ACTIVITIES	TIME (approximate)
OPENING AND WELCOME	3 minutes
OVERVIEW, INTRODUCTIONS, AND LAND ACKNOWLEDGEMENT	4 minutes
PRESENTATION: A. *The public health approach & Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) Strategic Objectives* B. *Goals of the forum* C. *Introduction to mental health promotion* • Definition of mental health and mental health promotion • Two continua model of mental health D. *Mental health promotion: Examples* • Mental health promotion approaches • Individual level • Relationship level • Organization level • Community level • Public policy level **E.** *Why a framework?*	35 minutes
BREAKOUT ROOMS	30 minutes
REPORTS BACK FROM BREAKOUT ROOMS (FULL GROUP SHARING)	15 minutes
CLOSING AND NEXT STEPS	3 minutes

Appendix C: Breakout Rooms

Overview of Breakout Rooms

The virtual community consultation included focus groups within the breakout rooms. A total of 24 individuals (67% attendees), from 20 agencies and organizations, participated in the breakout rooms (i.e., spoke and/or typed in the chat). See Appendix A for list of participating agencies and organizations within the breakout rooms.

Each plenary on February 28 and March 2, 2023, split into 4 breakout rooms; a total of 8 breakout rooms occurred during the forum. The duration of the breakout room sessions on February 28 and March 2, 2023, were approximately 25 and 30 minutes, respectively. Each breakout room consisted of a HKPRDHU facilitator, HKPRDHU recorder, and 2 to 4 community participants. Some breakout rooms also had an observer, from the HKPRDHU, join the room. Forum Chairpersons did not join any breakout rooms. The facilitators and 63% participants turned on their video; however, there was one breakout room where only the facilitator turned on their video. A few participants had technical difficulties and/or were unable to turn on their video and/or unmute, and instead, some of these participants typed into their breakout room chat.

Within some breakout rooms, all participants added equally to the discussion. A few breakout rooms primarily had one to two participants who provided information, while the other participants shared minimally and/or passed when it was their turn to contribute.

Within one breakout room, the facilitator did not ask the last discussion question as they ran out of time.

Data analysis methodology

All (eight) breakout room discussions were recorded and transcribed semi-verbatim with timestamp. Two reviewers independently checked the transcripts for accuracy against the recordings. Inductive thematic analysis was conducted by two evaluators using NVivo Software.

Appendix D: Polls

Overview of polls

A total of five polls were conducted during the plenary of the forum. The total number of attendees that were able to participate in the polls was 32 individuals (as 4 individuals were logged into the virtual forum on the same device as other participants).

Poll #1: Understanding of the public health approach

Nearly half (45%) attendees had a 'basic' to 'average' understanding of the public health approach (see Table 6).

Table 6. Poll #1: Understanding of the public health approach by 2023 Virtual Mental Health Promotion Forum attendees on February 28 and March 2, 2023. Attendees could choose the options of 'basic', 'average', 'intermediate', or 'advanced'.

OPTIONS	NUMBER OF RESPONDENTS	% ATTENDEES
'Basic'	5	14%
'Average'	11	31%
'Intermediate'	6	17%
'Advanced'	3	8%
No response/option selected	7	19%
Unable to respond (i.e., on the same device as other participants)	4	11%
****TOTAL – Attendees*	36	100%

Poll #2: Alignment of agency/organizational perspective on mental health with the two-continua model of mental health

A total of 36% attendees reported that their agency/organizational perspective on mental health does align with the two-continua model of mental health (see Table 7). On the other hand, 28% attendees were 'not sure' if their agency/organizational perspective aligns with the model.

Table 7. Poll #2: Alignment of agency/organizational perspective on mental health with the two-continua model of mental health by 2023 Virtual Mental Health Promotion Forum attendees on February 28 and March 2, 2023. Attendees could choose the options of 'yes', 'no', or 'not sure'.

OPTIONS	NUMBER OF RESPONDENTS	% ATTENDEES
'Yes'	13	36%
'No'	2	6%
'Not sure'	10	28%
No response/option selected	7	19%
Unable to respond (i.e., on the same device as other participants)	4	11%
****TOTAL – Attendees*	36	100%

Poll #3: Quadrants of two-continua model of mental health

Respondents reported that their work falls within all quadrants of the two-continua model of health (see Table 8). The top two quadrants that respondents' work fits within are 'Quadrant C' (i.e., poor mental health with mental illness) and 'Quadrant D' (i.e., poor mental health without mental illness).

Table 8. Poll #3: Quadrants of the two-continua model of mental health that respondents' work falls within by 2023 Virtual Mental Health Promotion Forum attendees on February 28 and March 2, 2023. Attendees could choose the options of 'Quadrant A' (i.e., good mental health with mental illness), 'Quadrant B' (i.e., good mental health without mental illness), 'Quadrant C' (i.e., poor mental health with mental illness), or 'Quadrant D' (i.e., poor mental health without mental illness). Respondents could select all options that applied.

OPTIONS	NUMBER OF RESPONDENTS	% ATTENDEES
'Quadrant A'	6	17%
'Quadrant B'	6	17%
'Quadrant C'	11	31%
'Quadrant D'	13	36%
No response/option selected	13	36%
Unable to respond (i.e., on the same device as other participants)	4	11%
****TOTAL – Attendees*	36	---

Poll #4: Level of Work by Agencies/Organizations

Respondents reported that their agency/organization's work is at all levels, from the 'individual' level to the 'public policy' level (see Table 9). The top two levels that many respondents are working is the 'community' level and 'individual' level. The lowest number of attendees (under 10% attendees) are working at the 'public policy' level.

Table 9. Poll #4: Level of work by agency/organizations from 2023 Virtual Mental Health Promotion Forum attendees on February 28 and March 2, 2023. Attendees could choose the options of levels for their work by 'individual', 'relationships', 'organizations', 'community', and 'public policy'. Respondents could select all options that applied.

OPTIONS	NUMBER OF RESPONDENTS	% ATTENDEES
'Individual'	13	36%
'Relationships'	10	28%
'Organizations'	9	25%
'Community'	15	42%
'Public Policy'	3	8%
No response/option selected	11	31%
Unable to respond (i.e., on the same device as other participants)	4	11%
****TOTAL – Attendees*	36	---

Poll #5: Willingness to review and provide feedback on draft HKPRDHU Mental Health Promotion Framework

A poll was conducted to determine if and who would be willing to review and provide feedback on the draft HKPRDHU Mental Health Promotion Framework. A total of 20 (56%) attendees agreed to review the draft framework.

Appendix B

Developing a Mental Health Promotion Framework: Engagement Summary Report

HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

DEVELOPING A MENTAL HEALTH PROMOTION FRAMEWORK

Engagement Summary Report

Community Partners and Employees Feedback on the Draft Haliburton, Kawartha, Pine Ridge District Health Unit Mental Health Promotion Framework Visual

Introduction

During August 2023, the Haliburton, Kawartha, Pine Ridge District Health Unit (the "HKPRDHU") engaged with local community partners and HKPRDHU employees on the draft HKPRDHU Mental Health Promotion Framework Visual (the "Framework Visual"). The HKPRDHU is developing a Mental Health Promotion Framework to support the operationalization of the Mental Health Promotion Guideline[1] (that lays out the Ontario Ministry of Health's expectations for boards of health to consider in terms of meeting the mental health promotion requirements of the Ontario Public Health Standards) as it applies to the local context.

The HKPRDHU is grateful to those who provided feedback on the draft Framework Visual. All information received from community partners and HKPRDHU employees was carefully considered and used to inform revisions to the Framework Visual. The engagement process, key findings, HKPRDHU's responses, key limitation, and next steps are presented in this engagement summary report.

[1] Ontario Ministry of Health and Long-term Care. (2018). *Mental Health Promotion Guideline, 2018*. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Mental_Health_Promotion_Guideline_2018.pdf

Engagement Process

The engagement process for the draft Framework Visual included two parts: a) online survey for community partners, and b) virtual interviews with HKPRDHU employees. The purpose of engagement was to gather overall impressions and feedback on the content and language/terminology of the draft Framework Visual.

Online survey with interested community partners

Individuals from key community agencies and organizations, who had experience and expertise in mental health and/or substance use or other relevant experiences, were invited to participate in an online survey from August 18 to 31, 2023. Those individuals invited to participate in the survey had self-identified that they were willing to review and provide feedback on the draft Framework Visual during the 2023 HKPRDHU Mental Health Promotion Forum (see the forum report, *Developing a Mental Health Promotion Framework, What We Heard, A Summary Report*, for details and key findings). The online survey questions were a combination of rating scale questions and open-ended questions. Survey responses were submitted anonymously. In total, 36% (8/22) of invited community partners completed the survey.

Targeted virtual interviews with HKPRDHU employees

A select number of key HKPRDHU employees were invited to participate in virtual interviews from August 9 to 22, 2023. Those HKPRDHU employees invited to participate in the interviews were management and staff representative of each Department/Division that do not have active representation on the Mental Health Promotion Working Group. The interview questions were open-ended. Interviews were conducted virtually by an interviewer and were video recorded. Notes were taken by both the interviewer and a notetaker. The length of the interviews (from when the first question was asked to the end of the interview) were approximately 21 to 47 minutes. In total, 86% (12/14) of invited employees participated in the interviews.

Key Findings

Overall, community partners had mixed responses (favourable and unfavourable) to the draft Framework Visual whereas HKPRDHU employees were generally supportive of the draft Framework Visual. Key themes that emerged from the feedback received during the engagement process include:

- **The reading level of the Framework Visual is too high**
- **HKPRDHU terms and health promotion principles (e.g. Ottawa Charter) were overused and may not be familiar to all community partners, HKPRDHU employees, and/or the public**
- **Language/terminology is not consistently used**
- **Health Equity needs to be integrated better**
- **Requests for glossary of terms that are used within the Framework Visual**
- **Requests for an accompanying document that explains the concepts used**
- **Requests for tools and resources to support implementation of the Framework Visual (within the work of community partners and HKPRDHU employees)**

It should be noted that suggested revisions to the draft Framework Visual (e.g. language/terminology, layout) were also carefully considered.

HKPRDHU's Responses

The HKPRDHU has made several revisions to the draft Framework Visual for clarity and simplification, many of which were based on the feedback from community partners and HKPRDHU employees. Tables 1A and 1B provide a summary of the HKPRDHU's responses to the key themes that emerged from the feedback received during the engagement process.

Table 1A. The Haliburton, Kawartha, Pine Ridge District Health Unit's (the "HKPRDHU") responses to the feedback received during the engagement process on the draft HKPRDHU Mental Health Promotion Framework Visual.

FEEDBACK FROM COMMUNITY PARTNERS AND HKPRDHU EMPLOYEES	HKPRDHU RESPONSE
• **The reading level of the Framework Visual is too high**	• The HKPRDHU agrees that the reading level of the Framework Visual is too high. • The HKPRDHU has revised the Framework Visual to improve the readability and lower the reading level.
• **HKPRDHU terms and health promotion principles (e.g. Ottawa Charter) were overused and may not be familiar to all community partners, HKPRDHU employees, and/or the public**	• The HKPRDHU acknowledges that some terms and concepts within the Framework Visual may have been overused and may be unfamiliar to some individuals. • The draft Framework Visual was developed using information gathered from multiple sources (research and evidence review, background documents, Ontario Ministry of Health guidelines, the 2023 HKPRDHU Mental Health Promotion Forum). The Framework Visual reflects the best available evidence. • The HKPRDHU has revised the Framework Visual to remove and/or simplify the overused/repetitive terms and concepts. • A supporting document for the Framework Visual is under development, which will explain the components of the Framework Visual and includes a glossary of terms.
• **Language/terminology is not consistently used**	• The HKPRDHU agrees that language/terminology is not consistently used within the Framework Visual. • The HKPRDHU has revised the Framework Visual to address this feedback.

Table 1B. The Haliburton, Kawartha, Pine Ridge District Health Unit's (the "HKPRDHU") responses to the feedback received during the engagement process on the draft HKPRDHU Mental Health Promotion Framework Visual.

FEEDBACK FROM COMMUNITY PARTNERS AND HKPRDHU EMPLOYEES	HKPRDHU RESPONSE
• **Health Equity needs to be integrated better**	• The HKPRDHU's approach to mental health and well-being is an "equity-focused, population-based approach grounded in health promotion". • The HKPRDHU has revised the Framework Visual to clarify and/or better integrate Health Equity terms and concepts.
• **Requests for glossary of terms that are used within the Framework Visual**	• The HKPRDHU recognizes the importance of a glossary of terms for the Framework Visual. • A supporting document for the Framework Visual is under development, which will explain the components of the Framework Visual and includes a glossary of terms.
• **Requests for an accompanying document that explains the concepts**	• The HKPRDHU understands the need for an accompanying document that explains concepts within the Framework Visual. • A supporting document for the Framework Visual is under development.
• **Requests for tools and resources to support implementation of the Framework Visual (within the work of community partners and HKPRDHU employees)**	• The HKPRDHU appreciates that there is a general interest in guidance to support the implementation of the Framework Visual. • Once the HKPRDHU Mental Health Promotion Framework is developed, then the HKPRDHU will consider how it may be able to provide additional tools and resources related to implementation of the Framework Visual.
• **Suggested revisions to the draft Framework Visual (e.g. language/terminology, layout)**	• The HKPRDHU values the detailed feedback and comments received from community partners and HKPRDHU employees. • The HKPRDHU has made several revisions to the Framework Visual for clarity and simplification, many of which were based on the feedback.

Key Limitation

A key limitation of the engagement process is that feedback was collected during peak vacation time (August 2023) for many community partners and HKPRDHU employees. While the number of community partners and HKPRDHU employees that participated in the engagement process was sufficient, more community partners may have been available to participate during another month.

Next Steps

The feedback received from community partners and HKPRDHU employees is an integral component of the development of the Framework Visual. The HKPRDHU has considered the feedback provided during the engagement process and revised the draft Framework Visual. The Framework Visual was finalized and approved by the Executive Management of the HKPRDHU in November 2023. It should be noted that the Framework Visual is one component of the HKPRDHU Mental Health Promotion Framework. A supporting document for the Framework Visual (that explains the components of the Framework Visual and includes a glossary of terms) is under development.

The HKPRDHU Mental Health Promotion Framework is expected to be released by summer 2024. Once the HKPRDHU Mental Health Promotion Framework is developed, then an action plan to implement the framework across the HKPRDHU will be created.

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