Mental Health promotion

Region of Waterloo
PUBLIC HEALTH AND
EMERGENCY SERVICES

let's start speaking
the same language

June 2016

Acknowledgements

Authors

Stephanie Watson RN, Public Health Nurse, Region of Waterloo Public Health & Emergency Services
Katie McDonald, Public Health Planner, Region of Waterloo Public Health & Emergency Services

Editors

Contributors

Suggested Citation

Mental Health Promotion: Let's Start Speaking the Same Language

Introduction

The purpose of this report is to define mental health, review mental health promotion concepts and theories, and highlight effective mental health promotion interventions. This report will help inform the work of the Waterloo Region Mental Health Work Group (WRMHWG) and Region of Waterloo Public Health & Emergency Services (ROWPHE).

Mental health can be defined as, the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life, realize our potential, deal with challenges, and contribute to society.[1–3] Using this definition, mental health promotion can be understood as focusing on encouraging positive mental health and wellbeing for everyone across the lifespan which includes those currently experiencing mental health problems or those at risk of developing mental health problems.[4–6] However, mental health and mental health promotion are often more nuanced and complex than these definitions relay. This report will explore those

complexities as they apply to population mental health promotion and will demonstrate that higher levels of mental health, independent of mental illness, are associated with positive outcomes in not only physical health and quality of life, but also in measures such as education, employment, relationships, and health behaviours.[7] Additionally, this report will show how mental health and mental health promotion apply across sectors and will demonstrate how intersectoral collaboration is required as everyone has a role to play in mental health promotion.

Note, when referring specifically to Mental Health Promotion Strategies or Interventions, the acronym MHP will be used. However mental health promotion will be written out in full when referring to the overall concept.

Box 1: Summary of key messages found within this literature review.

Key messages
• Mental health and mental illness are separate but interrelated concepts
• The concept of mental health and wellbeing needs to be understood consistently across the community
• Mental health promotion is extremely broad and is related to multiple determinants of health
• Many health promotion initiatives already promote mental health, but the impact on mental health and wellbeing should be more explicit
• All sectors need to understand their role in mental health promotion

Background

In 2010, the Ontario Ministry of Health and Long Term Care asked Public Health units to form Healthy Communities Partnerships and required that the partnerships focus on promoting policies that help people to be healthy in any of six health promotion priority areas – physical activity, sport and recreation, injury prevention, healthy eating, tobacco use/exposure, substance and alcohol misuse, and mental health promotion. The Waterloo Region Healthy Communities Partnership (WRHCP) was subsequently formed and conducted a community consultation process in 2010-2011 to set local policy priorities based on the needs, issues, and capacities of Waterloo Region. Resulting from the community consultation, a community picture was released in March 2011 that identified healthy eating, physical activity, and mental health as three priority areas in which to focus local policy advocacy work. The WRHCP approached organizations and networks already doing work in Waterloo Region related to the priority areas and asked them to take the lead. The Waterloo Region Food System Roundtable agreed to take the lead on the healthy eating policy work and The Waterloo Region Active Living Network agreed to lead the work on the priority of increasing physical activity. The

Waterloo Region Mental Health Work Group (WRMHWG) was formed in 2012, composed of individuals representing a variety of mental health agencies and academia, and was tasked with working together on the priority of promoting mental health and wellbeing.

In 2013, the WRMHWG took initial steps to develop a plan for mental health promotion through policy advocacy. The WRMHWG's aim was to identify and prioritize local policy options to promote mental health, working from a social determinants of health perspective. A social determinants of health approach incorporates an understanding of the broader factors that affect people's wellbeing, and seeks to identify and address underlying factors that are barriers to health.[3,8] The group worked with consultants to: review key areas for local policy advocacy to promote mental health; consult with local stakeholders; and set priorities for the WRMHWG. The scope of the consultation was focused on mental health promotion at a population level, with the aim to produce community-level change. Several key policy areas were identified as areas the WRMHWG could work in to promote mental health. These policy areas were presented to community stakeholders at a community engagement forum in November 2013 and through an online survey in December 2013. Participants ranked community mental health promotion and building inclusive communities as the highest priorities.

Following the community consultation, the WRMHWG decided that the most effective actions for the group would be: 1) to connect with existing healthy eating and physical activity initiatives to support their work by adding a mental health perspective; and 2) to develop a comprehensive framework for mental health in the form of a mental health charter or mental health policy statement. Therefore, the group decided to conduct a literature review on mental health promotion to discover what evidence-based strategies existed for promoting mental health and wellbeing at a population level. The goal was to use this information to identify strategies to help the work group achieve their mission. The WRMHWG believes that every person has the right to be supported in living a healthy positive life and that a community benefits when mental health is encouraged and supported. The group's mission is to promote mental health and wellbeing for all across the lifespan and to foster stronger, connected communities where everyone feels they belong. This report contains the results of the literature review which the WRMHWG has utilized to inform their proposed next steps to promote mental health and wellbeing in Waterloo Region.

Methods

In consultation with the WRMHWG , the following research questions were developed to guide the literature review on mental health promotion:

- What are evidence-based strategies for promoting mental health and wellbeing?

- What can be done at a population level to improve community mental health, including changes in policy and environment?

A PISO (population, intervention, setting, and outcome) framework was used to guide the literature search as follows:

- Population = everyone (universal)
- Intervention = policy or supportive environment
- Setting = community
- Outcome = mental health promotion, promotion of wellbeing, etc., but specifically improvements in the determinants of mental health (e.g., social inclusion)

The National Collaborating Centre for Methods and Tools 6S Pyramid was used as the search approach.[9] The abstracts of the articles identified through this search approach were reviewed for relevance. A grey literature search was completed by reviewing the National Collaborating Centre for Healthy Public Policy's scan of MHP strategies across Canada.[10] The websites of major community and governmental organizations that work on mental health were also reviewed for relevant grey literature. Initially, only universal community based strategies were the focus; however, after reviewing articles on the effective mental health promotion interventions it was clear that many of the effective interventions mainly focused on specific populations or settings. In order to better understand interventions focused on specific populations or settings, reference lists of articles were reviewed and the following databases were re-searched: National Collaborating Centre for Healthy Public Policy, Health Evidence, Canadian Best Practice Portal and the Cochrane Database of Systematic Reviews. Articles were then reviewed for quality. The following inclusion criteria were applied to articles found on health promotion interventions:

- Focus on MHP interventions.
- Published after 2004.
- Systematic reviews or meta-analysis that were rated as 'strong' quality on Health Evidence.
- Evidence sources that were not in the Health Evidence Database were reviewed for: systematic review or meta-analysis methodology, clear methods, critically appraised evidence, reputable source, and expert consultation.
- If there were any key sources of evidence that fit the criteria, but were already included in a comprehensive systematic review, these articles were not included (to avoid double counting).

Many review articles, concept and theory articles, organizational and governmental frameworks, and strategy documents retrieved were not included when reviewing effective

interventions since they did not meet the above criteria. However, these documents contributed to background information on mental health promotion including: definitions, key concepts, theories, and rationale.

Limitations

The review of evidence for effective interventions specifically considered effects on mental health and wellbeing and therefore only articles and interventions with a focus on MHP were included. For the interventions that are noted as less effective for MHP it doesn't mean that these interventions are ineffective in other health promotion areas. For example, though there is little evidence that links sexual health education to increased positive mental health, there is a large body of evidence that demonstrates the significant impact of well-designed adolescent sexual health interventions on the reduction of sexual risk behaviours.

Since the scope of this topic and this review is extremely broad, it is likely that some studies or specific programs were missed in the search and retrieval process despite extensive searching, especially if mental health promotion was a secondary focus.

For the section of this literature review on effective interventions, only articles with a focus on mental health promotion and an intervention were included. Articles that examined the specific relationship between mental health and a certain behaviour or health outcome (e.g., healthy eating or chronic disease) were not included. The scope of this review did not allow for rigorous analysis of each topic area (e.g., physical activity) within mental health promotion and the associated details of specific strategies or interventions. Therefore, the overview of effective interventions should be considered a starting point for further investigation on specific topics or interventions within mental health promotion.

Definition of Mental Health

Prior to looking at effective methods for promoting mental health across the population, there needs to be a clear understanding of how mental health is conceptualized. In 2007, the Canadian Population Health Initiative commissioned a public opinion survey to look at Canadians' views of mental health.[1] Results showed a lack of awareness and understanding of the true definition of mental health as 56 per cent of Canadians thought mental health and mental illness meant "about" or "exactly" the same thing.[1] However, mental health and mental illness are not opposites and mental health is not "just the absence of mental disorder."[8] The World Health Organization defines mental health as "a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."[8] With this conceptualization, the absence of mental illness does not necessarily mean the presence of good mental health. Those living with mental illness can achieve good levels of well being; live a

satisfying and meaningful life; and contribute to society.[8] Another well known definition of mental health comes from the Public Health Agency of Canada who states, "mental health is 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 wellbeing that respects the importance of culture, equity, social justice, interconnections and personal dignity."[1]

Figure 1 below depicts the mental health continuum and the relationship between mental health and mental illness. It shows that individuals living with a mental health condition can experience positive mental health and individuals without a mental health condition may experience poor mental health.[11] Mental health affects all of us and is not fixed but rather is shaped by individual life experiences, physical environments, social networks, cultural factors, and social and economic conditions.[1,11]
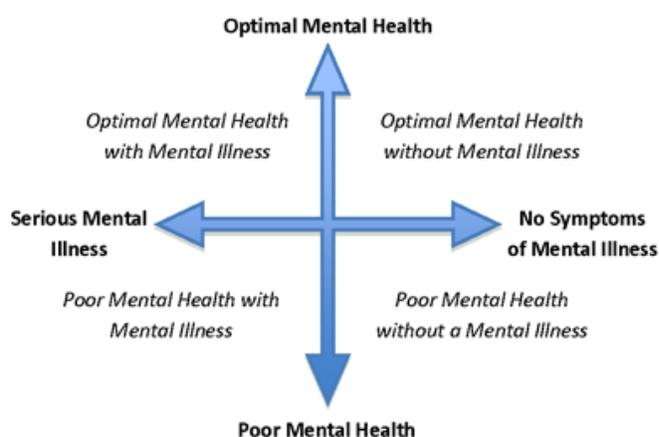
Figure 1: The Mental Health/Illness Continuum from the Canadian Mental Health Association[11]

Connection between mental health and physical health

Mental health is intricately connected to physical health as evidenced by The World Health Organization's (WHO) statement, "there is no health without mental health." The WHO has even included mental wellbeing in the definition of health as "…a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."[8] Research has clearly demonstrated that mental health, mental illness, and physical health are closely associated and interconnected elements of wellbeing; physical ill health is detrimental to mental health as much as poor mental health contributes to poor physical health.[1,3,5,6,12–14] The importance of mental health in the maintenance of good physical health and in recovery from physical illness is also well substantiated.[3] Co-existing mental and physical health conditions can diminish quality of life and lead to longer illness duration and worse health outcomes.[15] Individuals living with mental health problems are at higher risk of developing a wide range of chronic physical health conditions and conversely individuals living with chronic physical health

conditions are at increased risk of developing symptoms of poor mental health.[15,16] Specifically, research has established that individuals living with serious mental illness experience higher rates of diabetes, heart disease, and respiratory conditions. Conversely, individuals living with chronic physical conditions experience depression and anxiety at twice the rate of the general population.[15]

The relationship between mind and body is complex. Individuals living with mental illness experience a range of physical symptoms resulting from the illness itself, such as altered hormonal balance and sleep cycles, which can affect overall physical health.[15] In addition to this, those living with mental illness can experience further physical symptoms resulting from treatment such as side effects of weight gain or irregular heart rhythms from psychiatric medications.[15] Furthermore, individuals can become more susceptible to developing poor physical health due to the way mental illness impacts social and cognitive functioning through decreased energy levels and reduced motivation, which can negatively impact the adoption of healthy behaviours.[15] Individuals living with mental illness may adopt unhealthy eating and sleeping habits or use tobacco and other substances as a coping mechanism, all of which can contribute to adverse health outcomes.[15,16] Unfortunately people living with mental illness are often further disadvantaged by experiencing higher rates of poverty, unemployment, lack of stable housing, and social isolation, which make it even more difficult to afford healthier food options or to engage in physical activity. [15] All of these factors can further increase the vulnerability of developing chronic physical conditions. On the converse, individuals living with chronic physical conditions often experience emotional stress and chronic pain, which are associated with the development of depression and anxiety. The resulting experience with disability can cause further distress and isolation from social supports.[15]

By understanding the connection between mental and physical health, it is clear that mental health promotion and physical health promotion overlap. Mental health promotion activities can prevent the development of physical ill health and general health promotion activities can promote mental health and wellbeing. It is clear that addressing mental health is a key consideration in changing the overall health status of the community.[1,2,5,12,13,17] After understanding the definition of mental health and the connection between physical health and mental health, the next section of this review will more specifically define mental health promotion.

Definition of Mental Health Promotion

Mental health promotion has a broad application and is focused on encouraging positive mental health and wellbeing for everyone across the lifespan which includes those currently experiencing mental health problems or those at risk of developing mental health problems.[4,6,5]

Going back to the definition of mental health that was presented earlier, mental health promotion involves much more than preventing illness and includes a focus on achieving overall wellbeing that is more than "happiness" or the subjective feelings we may have about our lives.[18] Mental health promotion involves consideration of social connectedness and feelings of belonging, meaning and purpose; the control and autonomy we have in our lives; it encompasses factors such as our work, social and recreational activities; our physical environments; our participation in community and society; and our sense of justice, equality, trust, and security.[18] MHP therefore involves actions that support individuals to adopt and maintain healthy ways of life and actions that create the living conditions and environments required to support health.[19] As such, mental health promotion is distinct from mental health prevention, sometimes called mental illness prevention, which focuses more specifically on the causes of disease and those exposed to specific risk factors associated with the development of mental health problems.[3,4,6,12] The terms mental health promotion and mental health prevention are often used interchangeably and are sometimes confused. MHP can be thought of as an the umbrella term that includes actions to promote mental wellbeing, to prevent mental illness and to improve quality of life for those living with mental health problems.[3,4,6,12,20]
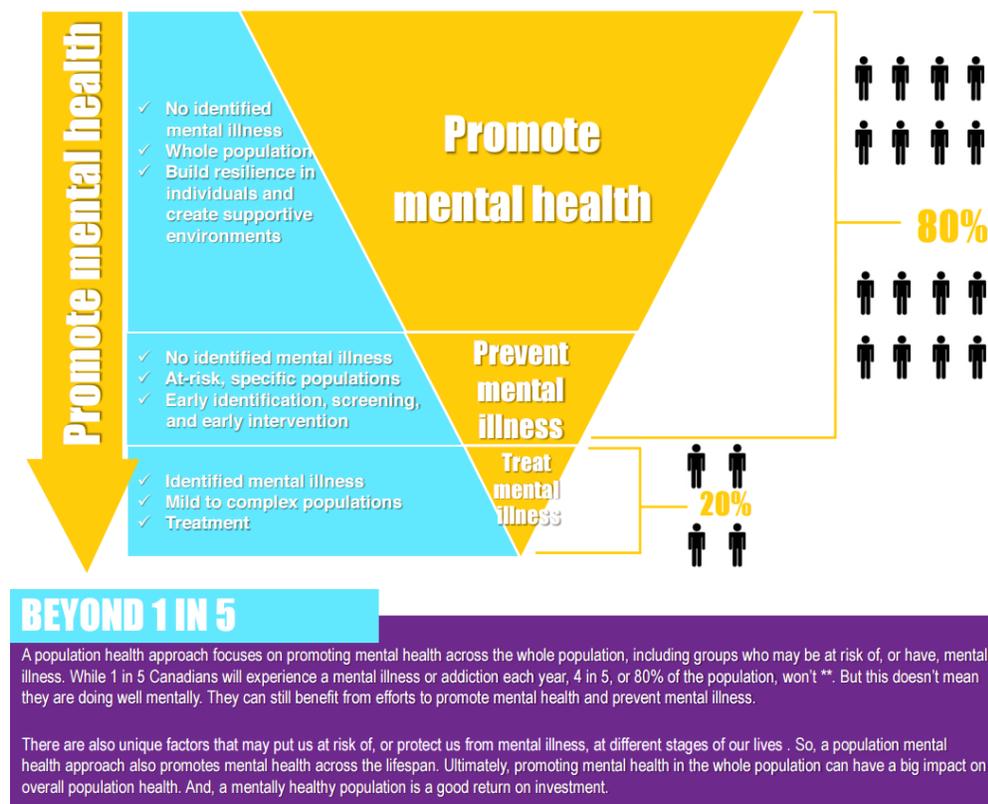

Figure 2: Centre for Addictions and Mental Health depiction of mental health prevention and mental health promotion[21]

Factors impacting mental health

MHP involves many facets and levels and in order to understand these, it is necessary to review the factors that influence mental health. Mental health is determined by biological, psychological, social, and environmental factors,[22] and is produced through dynamic interactions between the individual, the family, the community, and the macro level of society.[23] While the biological, genetic, and demographic factors such as age, gender and ethnicity are important determinants of mental health, MHP tends to focus more on modifiable factors that can be altered to improve mental health and wellbeing and reduce the likelihood of mental ill-health.[22] Among these modifiable factors are protective and risk factors for mental health that operate at multiple levels including: individual, family, community, and the macro levels of society.[22,23] Protective factors enhance positive mental health and reduce the likelihood that a mental illness will develop.[22,23] These protective factors enhance people's capacity to successfully cope with and enjoy life and mitigate the effects of negative events.[22,23] Risk factors, on the other hand, increase the likelihood that mental health problems and disorders will develop and may also increase the duration and severity of mental illness.[22,23] It should be noted that the strength of association and evidence of causation of risk and protective factors varies considerably.[22] However, it is necessary to understand these risk and protective factors to understand MHP interventions since positive mental health can be encouraged by boosting protective factors and reducing risk factors.[2,24]

Table 1: Examples of risk and protective factors at the individual, social, and structural & environmental levels, from National Collaborating Centre for Healthy Public Policy.[7]

Level	Protective Factors	Risk Factors
Individual	**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; etc. 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 & 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.

In addition to risk and protective factors, the broad **social determinants of health** influence mental health and mental illness. Many of these determinants coincide with the risk and protective factors mentioned in the table above under the structural and environmental level. There are different views on the main determinants of mental health but across the literature there is universal recognition of the overall impact the social determinants of health have on the mental wellbeing of the population. It is clear that addressing the social determinants of health and providing people with a healthy environment will improve both physical and mental health and contribute to the prevention of mental illness.[1,12–14] The literature sometimes categorizes the social determinants of mental health into three overarching areas: 1) social inclusion, 2) freedom from violence and discrimination, and 3) access to economic resources.[6,25,26]

Social inclusion

Social inclusion means feeling you belong, are valued and respected, and able to both take part in your community and to benefit from what it has to offer.[27] Social inclusion is a broad term that incorporates concepts such as social connectedness, social capital, and civic engagement.[28] Without these, social isolation can ensue.[28] A socially inclusive society ensures all people feel

valued, their difference are respected, and their basic needs are met so that they can live in dignity.[25]

- Social connectedness includes having formal relationships and social ties with people – family, friends, teachers, co-workers, etc. – that help people feel a sense of belonging and an enhanced sense of purpose.[28]
- Social capital refers to the resources available to people and to society that are provided through social relationships and networks.[28] These resources can include things like libraries, schools, workplaces, community centres, sports teams, faith-based groups, etc., and they foster a sense of neighbourliness, mutual trust, shared values and cooperation amongst members.[28]
- Civic engagement means getting involved in the community to address issues or to advocate for change and involves participating in decision making.[28]

Freedom from violence and discrimination

Discrimination is defined as "the process by which a member, or members, of a socially defined group is, or are, treated differently (especially unfairly) because of their membership of that group".[25] Higher levels of discrimination are associated with poorer mental health.[25]

- Violence is not a clearly definable term but includes both self-directed, interpersonal, and community violence.[25]
- Violence is frequently the vehicle through which discrimination is played out and social exclusion, isolation, and discrimination can lead to violence.[25]
- Many people face discrimination and violence because of stigma. Stigma refers to negative attitudes and stereotypes held against a group of people.[28]

Freedom from violence and discrimination includes promoting and valuing diversity; physical security; and opportunities for self-determination and control of one's life.[6,25,26] Positive mental health and wellbeing can be achieved when people live in communities that value diversity and where they feel physically safe.[28]

Access to economic resources

Access to economic resources and thus economic participation is strongly correlated with mental health at all life stages.[25]

- Outcomes of economic participation include not just access to appropriate levels of income, but also the enhancement of life skills, the promotion of attachment and belonging, and increased opportunities for control.[25] Economic participation is a key dimension of social inclusion as access often enables people to connect with others.[28]

- Lack of access to economic resources results in income poverty and its consequences (difficulty or inability to access things such as housing, good food, clothing, transportation, etc., that are needed to be healthy physically and mentally), of which inequity is the most prominent.[25]
- Access to economic resources such as housing, education, meaningful employment, and income, protects and promotes the mental health and wellbeing of individuals, families, and communities.[6,25,26]

In order to improve population mental health, interventions are required in both mental health promotion and mental health prevention.[4] MHP aims to raise the position of mental health in the scale of values of individuals, families, and societies. By doing this, governments and business will be encouraged to make decisions that improve rather than compromise the population's mental health and support all individuals to make informed choices about their behaviours.[12] MHP requires more than just being aware of the mental health outcomes of policies, social change, and our actions; it means actively promoting these policies and actions to enhance mental health and wellbeing for all.[25,29]

Measuring Mental Health

What we measure is a sign of what we value as a society. To the extent that a society increases the value that it places on mental health, it will likely also increase its investment in mental health programs and policies.[3,30] A genuine progress index for mental health would assess the personal, societal, and public policy costs related to mental health and illness, which could potentially be done through the development and monitoring of mental health indictors.[3,30]

Practitioners of MHP encounter a number of challenges for the monitoring and surveillance of mental health indicators.[31] Historically, indicators tended to measure the presence or absence of disease, typically leading to indicators focused on mental illness, morbidity, and mortality.[31] However, as described previously, mental health is a continuum, so although an individual may be diagnosed with a mental illness, positive mental health is still attainable. Equally, an individual may not have a diagnosed mental illness but could still be experiencing poor mental health. As such, many MHP models focus on mental health and wellbeing as positive concepts, which facilitates the need for positive mental health indicators[31,32] Indicators that capture the varying degrees of wellbeing, the different levels of abilities to cope with everyday stressors, and the ability to thrive in a community are required.[31] In Canada, some data on positive mental health has been collected, measured or researched, but in varied and inconsistent ways.[1] The variability and lack of consistent positive mental health indicators may speak to the need for more "public awareness of positive mental health as a construct different from mental illness."[33]

"Changing Directions Changing Lives: The Mental Health Strategy for Canada" emphasizes that a better understanding is needed of what actually helps to improve mental health and wellbeing.[2] Not enough data is being collected and shared to fully understand the effects that many mental health programs and activities have on mental health outcomes.[2] Previously, the Public Health Agency of Canada (PHAC) did not have a surveillance system focusing on positive mental health, though one was established for mental illness.[34] Therefore, PHAC developed a framework and core set of indicators for positive mental health and its determinants.[34] In January 2016, PHAC released its positive mental health surveillance indicator framework for adults (18 years of age and older). PHAC integrated four components into the conceptual framework that provided the base for indicator selection:

- Positive mental health was defined as a state of wellbeing that all individuals can achieve, regardless of whether they are experiencing mental illness.

- Risk and protective factors as the focus of efforts to intervene and improve population mental health.

- Socio-ecological model identifying individual, family, community, and society as potential entry points for interventions that promote health.

- Life course stages because risk and protective factors can vary and accumulate throughout the life course.

The indicators are intended to inform programs and policies that will lead to improved mental health of Canadians throughout the life course.[34] The basis for the framework aligns with the concepts and theories presented in this literature review; therefore data was sought for Waterloo Region on the indicators listed in the framework.

Rationale for Mental Health Promotion

There are clear benefits to both preventing mental illness as well as engaging in population level MHP initiatives that focus on promoting overall mental wellbeing. The benefits of promoting mental health and wellbeing extend to those not currently experiencing a mental illness, to those at risk of developing a mental illness, and to those living with mental illness. As mentioned earlier, the distinction between mental health promotion and prevention is not always definitive. As such, the benefit of mental health promotion should not be viewed as solely the prevention of mental illness with a subsequent reduction in mortality and morbidity. However, this is the most commonly cited rationale, especially when trying to assign a dollar value to the return of investment for mental health promotion. Higher levels of mental health, independent of mental illness, are associated with positive outcomes in physical health,

education, productivity, employment and earnings, relationships, recovery rates, health behaviours, and quality of life.[7] The best outcomes are found in those who are "flourishing" in life.[7] The section below outlines the costs of mental health on society as a whole and the benefits of mental health promotion.

Mental Illness

Mental illness constitutes 10 per cent of the global burden of disease.[4] By the year 2030, depression will be the second leading cause of disability world wide (HIV/AIDS will be the first) and the number one leading cause of disability in high-income countries.[35] It is known that mental illness is one of six major chronic diseases in Canada[36] and in any given year, one in five people in Canada experience a mental illness.[37] In 2012, approximately 2.8 million people, or 10.1 per cent of Canadians aged 15 and older, reported symptoms consistent with at least one mental health or substance use disorder in the past 12 months.[38] Around half of people with common mental health problems are limited by their condition and around a fifth disabled by it.[39] Therefore, the benefits of promoting positive mental health and wellbeing is likely to be considerable.[39]

Mental illness was estimated to cost the Canadian economy over $42.3 billion dollars in 2011.[40] However, this is likely an underestimate because these costs do not include costs to the justice system, social service and education systems; costs for child and youth services; informal care giving costs; or costs attributable to losses in health-related quality of life.[40] Of note, the costs of mental ill-health may be so high because of the length of time over which illness is experienced. The majority of mental health problems begin early in life and cause disability when those affected would normally be at their most productive.[39] For example, 28 per cent of people aged 20-29 experience a mental illness in a given year and one in two people in Canada will have had or will have a mental illness by the time they reach 40 years of age.[37] The early manifestation of poor mental health and its persistence over the life course is unique from physical illness such as cancer and heart disease that normally have an onset later in life.[39] It is evident that overall, mental illness imposes an enormous burden on individuals, the community, and the wider society.

Population mental health

The benefits of promoting positive mental health among the general population are likely to be substantial given that mental health and wellbeing are applicable to absolutely everyone across the life course.[39] However, these benefits are less clearly established in quantitative and financial terms as compared to the benefits of preventing mental illness. In Canada, 71.1 per cent of the population rate their mental health as very good or excellent; Ontario is comparable at 70.4 per cent.[41] Some research suggests that even small improvements in overall levels of population mental wellbeing could result in significant benefits for many individuals.[39] There is

also evidence that people who have good mental health, compared to those with average or poor mental health (but no identifiable mental illness) are healthier overall.[39] Keyes argues that when compared with those who are flourishing, moderately mentally healthy and languishing adults have significant psychosocial impairment and poorer physical health, lower productivity, and more limitations in daily living.[39,42,43] There is reasonably robust evidence that positive mental health has a significant causal influence on: physical health and longevity, health behaviours, economic productivity, and social engagement.[39] One way promoting positive mental health influences overall physical health and quality of life is through reducing risk behaviours including: alcohol intake; smoking; drinking above recommended levels; and delinquent activity.[18] Another result of effective evidence-based MHP interventions is improved educational attainment which can influence subsequent occupation, economic productivity, access to resources, and wellbeing outcomes.[18] There is difficulty in establishing causality as much of the literature is based on cross-sectional studies; however, the associations between positive mental health and positive outcomes are increasingly being confirmed in longitudinal and experimental studies.[39]

Health and Social Care

There is increasing evidence demonstrating that investing in MHP programs can contribute to direct cost savings through the reduced use of mental health services[18] by preventing mental illnesses, delaying their onset, and reducing associated ill health and disability.[37] In 2012, 17 per cent of Canadians aged 15 and older perceived themselves as having had a need for mental health care in the past 12 months.[38] Annually, approximately one in seven Canadians use health services for a mental illness.[44] The Risk Analytica study by the Mental Health Commission of Canada estimates that if policy initiatives could reduce incidence of mental illness by an average of 10 per cent, an annual savings of four billion dollars on direct (health and social care) costs for mental health problems and illnesses could be achieved after 10 years.[37] In addition to reducing mental health service costs, MHP programs can result in reduced overall health care expenditures. This is due to the fact that individuals living with mental health problems have been shown to experience higher rates of physical illness, as discussed earlier.[18]

Workplace

The effect of mental health problems is especially felt in workplaces and amongst working aged people with 21.4 per cent of the working age population (20-64 years of age) living with a mental health problem in 2011, with prevalence peaking for both males and females at 20-29 years of age.[37] The experience of mental health problems in the working population not only affects individuals through lost income, delayed careers, and personal or family distress, but it

also affects productivity through absenteeism, presenteeism[*], or leaving the workforce altogether.[37] The annual Canadian productivity impacts of mental illness in the workplace was estimated to be over $6.4 billion in 2011.[37] Furthermore, in 2013, 30.4 per cent of Canadian Pension Plan (CPP) disability benefits were for mental health reasons.[45] Literature has demonstrated that improved mental health and wellbeing reduces sickness absence and increases productivity and employment retention.[18,39]

Crime and Justice

Population based MHP activities such as those that improve access to peer support, housing, and community-based services can improve quality of life and help to keep people living with mental health problems and illnesses out of the criminal justice system.[2] Preventing conduct disorders[+] through early childhood interventions represents significant potential savings given that 85,000 children in Canada are currently experiencing conduct disorders.[2] In an analysis of adolescents, Keyes found that the prevalence of conduct problems decreased (e.g., arrests, truancy, alcohol, tobacco and marijuana use) and measures of psychosocial functioning increased (e.g., self determination, closeness to others, and school integration), as mental health increased.[39] Overall good mental wellbeing has been associated with safer communities with less crime.[18]

Box 2: Summary of some of the benefits of Mental Health Promotion, adapted from "Commissioning Mental Wellbeing for All: A toolkit for commissioners."[18]

Individuals
• Better physical health and reduced health problems
• Reduced mental illness and associated burdens
• Improved wellbeing of those at risk of developing mental health problems
• Improved wellbeing and recovery of people with identified mental health problems
• Increased quality of life and overall wellbeing (improved psychosocial functioning in all of life's domains)
Organizations
• Reduced absence from work due to sickness
• Improved productivity and employment retention
• Improved school integration and educational attainment
Communities
• Safer communities with less crime
• More inclusive and cohesive communities

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[*] Presenteeism is the practice of coming to work despite illness, injury, anxiety, etc., often resulting in reduced productivity.

[+] Conduct disorder is a group of behavioral and emotional problems that usually begins during childhood or adolescence.

Society
• Reduced health inequalities – both physical and mental health related • Lower health care and social costs • Increased social and economic participation and productivity

Mental Health Promotion Strategic Documents

The importance of mental health promotion has been increasingly demonstrated in recent years with the release of several strategy documents that outline goals for mental health promotion. At the global level, the World Health Organization released the Mental Health Action Plan 2013-2020 which set the goal to promote mental wellbeing, prevent mental disorders, provide care, enhance recovery, promote human rights, and reduce the mortality, morbidity, and disability for persons with mental disorders.[46] At the national level, the Mental Health Commission of Canada produced the report, "Changing Directions Changing Lives: The Mental Health Strategy of Canada." This report highlights six strategic directions; the first direction focuses on mental health promotion and mental illness prevention. The goal is to promote mental health across the lifespan in homes, schools, and workplaces, and to prevent mental illness and suicide wherever possible.[2] At the provincial level in 2008, the report "Mental Health Promotion in Ontario: A Call to Action" was released which stated that the Government of Ontario needs to act now to address the three most significant determinants of mental health: social inclusion, freedom from discrimination and violence, and access to economic resources.[26] Later in 2011, the Province of Ontario released "Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy" which outlines four guiding goals: 1) improve mental health and wellbeing for all Ontarians; 2) create healthy, resilient, inclusive communities; 3) identify mental health and addictions problems early and intervene; and 4) provide timely, high quality, integrated, person-directed health and other human services.[47] It is obvious that preventing mental illness and promoting mental health and wellbeing are becoming increasingly important to governments and policy leaders at all levels.

There is also an increasing focus on the role of Ontario Public Health Units (PHUs) in promoting mental health. In 2015, the Centre for Addiction and Mental Health released "Pathways to Promoting Mental Health: A 2015 Survey of Ontario Public Health Units."[48] This report provided insight into the current MHP work of PHUs. PHUs are guided by the Ontario Public Health Standards (OPHS), which state that PHUs are responsible for "providing public health programs and services that contribute the physical, mental, and emotional health and wellbeing of all Ontarians."[49] Though MHP is not explicitly outlined in the OPHS, there are many links to mental health, especially considering the inter-connections between mental health, physical health, and health behaviours.[50] Although the majority (61 per cent or 22 PHUs) of PHUs indicated that MHP was not explicitly articulated in their current strategic plans or other strategic planning or

accountability documents, all health units were engaged in some type of mental health promotion.[48]

In the report, all PHUs indicated their MHP work is at the universal level to promote mental health and prevent mental illness, with 69 per cent of PHUs also identifying that their activities align with targeted MHP and mental illness prevention, and 28 per cent of PHUs also participating in activities that are targeted mental illness interventions.[48] Only a third of survey respondents (31 per cent or 11 of 36 PHUs) indicated that there is a team or staff member exclusively dedicated to promoting mental health.[48] A range of MHP activities were reported by PHUs with the most activities being programs (56 per cent) and knowledge exchange (16 per cent) and the fewest activities being reported in planning (4 per cent), surveillance (3 per cent), and research (0.4 per cent).[48] The top populations for MHP activities were new parents/postnatal mothers (37 per cent), parents/guardians of children and youth (36 per cent) and pregnant women (35 per cent).[48]

MHP activities were mainly concentrated in the Family Health Standard (50 per cent) and Chronic Disease and Injury Prevention Standard (40 per cent) of the OPHS.[48] This is not surprising since the mental health of pregnant women is acknowledged under the Reproductive Health Standard and postpartum mood disorders are noted within the Child Health Standard.[48] However, there are opportunities to further expand the scope of MHP by intentionally embedding MHP into existing PHU activities in alignment with the OPHS and broadly across all standards. PHUs may look to apply a MHP lens to work in the areas of substance use, injury prevention, healthy eating, and physical activity.[48] Additionally, specific populations that are currently less likely to be the beneficiaries of MHP activities including, young adults, older adults, newcomers, LGBTTTIQ individuals, and First Nations, Inuit and Metis groups could be reached by using targeted approaches such as the Healthy Babies, Healthy Children program which may better promote health equity and reduce potential disparities.[48] Based on the information collected for this report, several recommendations were outlined to help identify mechanisms and opportunities to better integrate MHP within PHU practice.[48] At a systems level, the report recommends:

1. Establish a common understanding of MHP to inform cohesive, consistent, and measurable strategies for promoting mental health across Ontario's PHUs, the public health sector, and other sectors.
2. Establish evidence-informed guiding principles for integrating MHP programming in public health and support the public heath workforce to implement MHP at the PHU level, across the public health sector, and other sectors.

For individual PHUs, the report recommends:[48]

1. Align current and new MHP activities within the existing OPHS to/and promote health equity and mental health.
2. Continue to leverage partnerships to strengthen MHP in the public health system and the mental health and addictions system.
3. Continue to improve and promote the sustainability of effective MHP programming with performance measurement and evaluation strategies.

Additionally, A Locally Driven Collaborative Project, "Identifying Areas of Focus for Mental Health Promotion in Children and Youth for Ontario Public Health" was released in 2015 with several recommendations outlined for the public health sector and PHUs:[51]

1. Develop a shared understanding of mental health and mental health promotion across various sectors.
2. A clear and consistent mandate is needed for mental health promotion within the public health sector.
3. Develop a shared understanding of the link between physical health and mental health (holistic health).
4. Mental health promotion should occur across the lifespan.
5. Intersectoral collaboration is required to advance the mental health promotion agenda.
6. Mental health promotion for children and youth must include a focus on the underlying social determinants of health.
7. Mental health promotion for children and youth should include a focus on social connectedness, parenting, resiliency, stigma reduction, physical health, and mental health literacy.

Public Health England, in its "Public mental health leadership and workforce development framework" outlined the following characteristics for a public health workforce to be well positioned to help improve health and wellbeing across the whole population:[52]

- Confidence: belief in its capability to improve mental health.
- Competence: the ability to apply mental health promotion knowledge, skills, and values effectively in everyday practice.
- Commitment: valuing the centrality of mental health to all health and social outcomes and commitment to improving it within everyday practice.

Additionally, the Public Health England report outlined 12 core principles for public mental health practice that describe the common knowledge, beliefs, and skills needed for the entire public health workforce (See table 5 below).[52]

Table 1: Core principles for public mental health practice by Public Health England [52]

Know	Believe	Act
Know the nature and dimensions of mental health and mental illness.	Understand your own mental health, what influences it, its impact on others and how you can improve it.	Communicate effectively with children, young people and adults about mental health.
Know the determinants at a structural, community and individual level.	Appreciate that there is no health without mental health and the mind and body work as one system.	Integrate mental health into your own area of work and address mental and physical health holistically.
Know how mental health is a positive asset and resource to society.	Commitment to a life course approach and investment in healthy early environments.	Consider social inequalities in your work and act to reduce them and empower others to.
Know what works to improve mental health and prevent mental illness within own area of work.	Recognise and act to reduce discrimination against people experiencing mental illness.	Support people who disclose lived experience of mental illness.

In summary, mental health is intricately inter-connected with much of the work of public health. Mental health promotion may be enhanced by making the connection to mental health more explicit, strengthening these connections, and further embedding MHP concepts and principles within current public health programs.

Mental Health Promotion Concepts and Theory

Mental health promotion draws from a number of disciplines for conceptual and theoretical frameworks to provide coherent and sound models for designing, implementing, and evaluating MHP programs and interventions.[22] This section highlights three frameworks identified throughout the MHP literature: the social ecological model, life-course approach and positive mental health (competence enhancement approach). These concepts and theories can be used to help guide the development of effective evidence based interventions that promote mental health. The evidence based interventions will be detailed in the next section of this report. Regardless of the framework used to conceptualize mental health promotion, the best results for mental health promotion, mental illness prevention, and suicide prevention, are achieved with interventions that attempt to address a combination of known risk and protective factors, address the social determinants of health, set clear goals, support communities to take action, and are sustained over a long period of time.[2]

Socio-Ecological Model

The inextricable link between people and their environments forms the basis of the socio-ecological approach to health promotion.[5] This perspective recognizes that mental health is embedded in and influenced by a wider social, economic, and cultural ecology and stresses the interdependence of the individual, family, community, and society.[5] Using this framework moves the concept of mental health beyond an individualist focus to consider the broader social determinants of health and underlines the importance of synergies across sectors and settings, strong political action, broad participation and sustained advocacy.[5] There is a strong body of evidence that demonstrates there are personal, social and environmental factors that specifically influence mental health. These factors were mentioned above under risk and protective factors and the social determinants of mental health and are highlighted Figure 3.

Figure 3: Application of socio-ecological model to mental health promotion by the Public Health Agency of Canada.[34]

Under this framework, MHP strategies involve developing healthy public policies, creating supportive environments, reducing stigmatization and discrimination, and supporting the social and emotional wellbeing of individuals, families, and communities.[5] Using the socio-ecological model, MHP interventions can be organized using the following levels to address both positive and negative influences on mental health and wellbeing:[25]

- strengthening individuals,
- strengthening organizations,
- strengthening communities, and
- strengthening whole societies.

Life Course Approach

Taking a life course approach recognizes that mental health at each stage of life is influenced by both unique and common factors and recognizes that mental health accumulates throughout life.[5] Using this framework, interventions are organized by stage of life, including infancy, childhood, adolescence, adulthood, and older-age.[46] Organizing MHP interventions by stage of life often coincides with a settings-based approach that emphasizes that mental health is created in the settings that individuals are involved in during different stages of life.[5] Using this framework, one way to organize MHP interventions is into the following categories: early year settings, the home, schools, workplaces, and community settings.[2] By addressing mental health in everyday settings, broader goals can be achieved such as increasing productivity and rates of employment, improving physical health across the lifespan, helping people to do better in school, and reducing crime.[2]

Competence Enhancement Approach (Positive Mental Health)

The competence enhancement model focuses on enhancing strengths, resilience, competence, life skills and enabling self-efficacy in many life areas.[22,32,53–55] This model assumes that as an individual becomes more capable and competent, wellbeing improves.[53] When the competence enhancement model is applied to MHP, the goal is to promote positive mental health, wellbeing, and enhance potential rather than reduce mental disorders. [22,32,53] Mental health is considered in positive rather than negative terms. [22,32,53] This approach builds on the life course theory and the socio-ecological model (described previously), by taking into account all the stages of life and the interactions between micro and macro levels of society.[53]

Intersectoral Collaboration

Regardless of the framework used to organize MHP interventions, there is a need for integrated action at all levels (individual, organization, community, and society) in order to bring about sustainable change that will create and promote positive mental health for all.[3,5,56] Mental health promotion is often thought to be the sole responsibility of those working in the health

care field, but as shown, the determinants of mental health extend well beyond the health sector. As such, a multi-sectoral approach with a comprehensive and coordinated response is required and calls on partnerships between multiple sectors such as health, education, employment, justice, housing, social services, and the private sector.[1,2,5,12,47,56,46] The ability of the health sector to influence mental health and wellbeing is unlikely to be significant without support from these other sectors.[1,3–5,12,14,25,29,46] In order to develop effective MHP activities at a population level, synergies across these sectors need to be developed with a common language used that has a focus on health as opposed to illness.[1,3–5,12,14,25,29,46]

Implementing Mental Health Promotion

A mental health promotion approach builds on the basic framework of health promotion as outlined in the Ottawa Charter.[22,54,57] The key areas of the Ottawa Charter: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services, can all be applied to MHP strategies.[3,5,56] Evidence supports including mental health promotion in broader health promotion strategies as many of these activities promote the same healthy behaviours that improve both physical health and mental health.[13] However, it is recommended that mental health promotion advocacy remains distinct from other health promotion initiatives and that programs acknowledge mental health as an explicit goal to ensure sustainability and support for policies.[1,3–5,13,14,25] Mental health promotion requires an advocacy role to enhance the visibility and value of mental health to individuals and societies and there is a clear need for advocacy, since mental health issues are often implicit rather than explicit.[3]

MHP implementation therefore involves the same processes and planning steps as any other health promotion initiative, with the application of a mental health lens using the theories and principles outlined in the previous sections. Some key implementation principles have been identified for mental health promotion, but overall there is a lack of research on specific details.[58] One article identified the following cross-cutting principles to help guide effective implementation of MHP interventions:[54]

- Use a socio-ecological approach that addresses change in each of the levels (individual, family, community, society).
- Use a social competence approach that focuses on resourcefulness, coping skills and competence.
- Ensure the interventions are theory based and grounded in human functioning and social organization.
- Design programs intended to have long term effects (comprehensive and sustained).

- Develop a supportive implementation system that will ensure high-quality program delivery.
- Plan systematic evaluation methods for process, outcomes, and impact in order to contribute to ongoing improvement and sustainability.
- Ensure program sustainability by building organizational and system level practices and policies.

Another source outlines the following characteristics for successful programs:[22]

- Use a focused and targeted approach when planning, implementing and evaluating.
- Develop a program based on theory, research principles of efficacy, and needs assessment.
- Apply a competence enhancement approach and processes that are empowering, collaborative and participatory.
- Involve key stakeholders.
- Address a range of risk and protective factors.
- Use a combination of intervention methods at different levels.
- Apply an ongoing comprehensive approach (i.e., not one-off).
- Ensure training and support mechanisms for quality implementation and sustainability.

Effective Mental Health Promotion Interventions

MHP interventions are informed by a number of theories and models, as outlined previously. Below are a few specific ways the theories and concepts can be applied to interventions:

- Based on **the competence enhancement model**, the goal of MHP interventions is to enhance potential and promote positive mental health rather than focus on reducing mental health disorders. [32]
- Based on the evidence around **risk and protective factors** for mental health, MHP interventions often focus on reducing risk factors and enhancing protective factors. [54,59]
- Due to the link between **mental health and physical health**, many interventions focus on improving aspects of physical health that are known to impact mental health.[20]
- The theoretical basis of MHP in the **socio-ecological model** means interventions usually focus on a combination of policy, structural and environmental change, organizational change and the individual level (e.g., whole school approaches). [20,32]
- Population level interventions must apply an **equity lens** to ensure population subgroups are not affected disproportionately.[20]

The complexity of MHP strategies and interventions make evaluation of effectiveness difficult. For example, many measures are available to evaluate mental health (e.g., resilience, self-

esteem, sense of mastery), but the use of different measures varies widely between interventions.[32] However, as with general health promotion evaluation, there are multiple methodologies that can help determine effectiveness.[59] Throughout academic and grey literature there are examples of effective MHP interventions in various contexts and settings and as such there is a growing evidence base on MHP interventions.[59] High quality systematic reviews and evidence reviews are available and there is sufficient evidence to support the local application and evaluation of a number of MHP interventions.[19] Some of the evidence sources additionally take into account expert opinion and varying study designs suited to mental health promotion.

The tables below provide a high level overview of MHP interventions, showing the breadth of options and identifying the varying levels of research on their effectiveness. This overview only lists possible interventions but does not detail the specific implementation methods or strategies for each listed intervention. However, more information on the specific strategies, principles, and conditions most likely to produce positive mental health outcomes for specific interventions can be obtained by reviewing the sources cited for each respective intervention. As with any health promotion intervention, further research and planning is required to adapt recommendations to the local context to ensure interventions are effective. One resource titled "Implementing Mental Health Promotion" by Barry and Jenkins[22] may be a helpful starting point. Though not a systematic review, this resource provides an overview of some mental health promotion topic areas, including:

- mental health promotion in the home for children and families,
- mental health promotion in schools,
- promoting mental health in the workplace,
- mental health promotion in primary health care, and
- mental health promotion within mental health services.

The interventions below have been divided into two parts; the first section encompasses MHP interventions broadly, and the second section focuses on policy and structural interventions. Policy and structural interventions were included separately since the evidence for these interventions is fairly distinct, as described below. However, since sometimes it is difficult to separate policy and structural interventions, some interventions in the first section may include these components.

As noted in the methods section, the review of evidence for effective interventions specifically considered effects on mental health and wellbeing, meaning interventions listed below may or may not be effective in other health promotion areas. For example, though there is little evidence that links sexual health education to increased positive mental health however, there

is a large body of evidence that demonstrates the significant impact of well-designed adolescent sexual health interventions on the reduction of sexual risk behaviours.

Mental Health Promotion Interventions: General Interventions

For this section, the MHP interventions identified from the literature search have been divided into three tables based on the evidence and information available. Evidence sources used for this review, as outlined above and in the methods section, included at minimum, a high quality systematic review or meta-analysis.

- Table 2 outlines interventions with at least two evidence sources indicating effectiveness
- Table 3 outlines interventions with at least one evidence source indicating effectiveness and other sources indicating the intervention as promising or plausible
- Table 4 outlines interventions that require more research

There are some interventions that appear to be very promising or at least plausible, but may still require more research. These interventions should not necessarily be ignored or discounted. Depending on the local context and situation, these interventions may be appropriate to implement with key evaluation measures in place, such as a pilot test or developmental evaluation. On the other hand, due to the complexity of MHP interventions, even some interventions with multiple sources indicating effectiveness still require further exploration and consideration of the types of evidence available in order to appropriately implement the intervention. Evidence in the field of MHP continues to improve and become more refined as new information becomes available.

Table 2: Interventions with at least two evidence sources indicating effectiveness

Intervention	Research Highlights
Maternal and child health interventions including, perinatal and child programs[20,29,60–64]	These interventions can include group-based parenting education, home visits, positive parenting, skin-to-skin, breastfeeding and many others. The economic consequences of poor mental health across different sectors persisting into adulthood means that effective home visiting and parenting programs can have high cost-benefit.[61] One review reported all economic analyses of these interventions were cost-effective from a societal perspective.[61] In general, a healthy start in life, free from most determinants of poor mental health, greatly enhances a child's functioning in school, with peers, in intimate relations, and with broader connections with society which leads to improved health and wellbeing across the lifespan.[14]
School based mental	School-based mental health promotion is gaining momentum across

Intervention	Research Highlights
health promotion[20,29,60,63,65–68]	Canada.[67] The school setting may provide a particularly efficient and systematic means of promoting the health and positive development of young people as most children and adolescents spend a large proportion of their time in school.[14] Adopting a whole-school approach creates a culture of wellbeing and a sense of belonging and can lead to positive mental health, social, and education outcomes. [67]
High quality day care and pre-school provision[20,29,60,63,64]	Foundations for good mental health lie in the prenatal period and early childhood.[3,5,46] The purpose of preschool interventions is often optimal child development through an organized environment and a curriculum of activities covering all areas of development, combined with interventions to engage parents.[60]
Mental health literacy [29,60,69,70]	Mental health literacy has the potential to improve individual and population health through increasing knowledge of mental health, reducing stigma, promoting early identification of mental disorders, improving mental health outcomes, and increasing use of health services.[70]
	Specifically, community awareness and mental health first aid[*] were consistently effective. Even though two sources confirmed effectiveness, there appears to be a paucity of research on health literacy, especially in regards to implementation strategies. Research into school-based mental health literacy is still in its infancy.[69] In addition, it appears many mental health literacy interventions focus more on mental illness prevention than MHP.[70]
Improving nutrition[7,29,60]	Improving nutrition in children through comprehensive food and nutrition programs can lead to healthy cognitive development and improved educational outcomes, especially for children living in impoverished communities.[29]
Interventions to prevent and support perinatal depression[29,60,62]	Post-partum depression can have a detrimental impact on infant and child mental wellbeing.[62] Psychosocial interventions to prevent or reduce the effects of depression can be effective when focused on high risk groups.[60]
Divorce/family breakdown interventions[29,60]	Generally, these interventions focus on enabling children and youth to talk about their difficulties and adopt emotional management strategies and problem solving abilities.[60]

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[*] Mental Health First Aid (MHFA) is the help provided to a person developing a mental health problem or experiencing a mental health crisis.

Table 3: Interventions with at least one evidence source indicating effectiveness and other sources indicating the intervention as promising or plausible

Intervention	Research Highlights
Workplace mental health promotion [20,29,60,61,71–73]	Organizational and individual actions can be implemented at the workplace, including: awareness of the importance of mental health, promoting wellbeing at work, reviewing work conditions and work hours, modifying workloads, providing time management training etc. [61] There is evidence of effectiveness for some workplace MHP strategies; however it appears more research is warranted to fully understand the impact. [72,73] Workplace MHP is likely to have favourable cost-effective outcomes. [61]
Older adult interventions [20,29,61,74,75]	Interventions to remain connected and reduce social isolation, volunteering, patient education, hearing aids, income support, and physical activity promotion may improve mental health in older adults. There is strong rationale for older adult mental health promotion; however more research is required to determine which interventions are effective. Reasonable cost-effectiveness was reported for some group activities and home visiting activities. [61]
Physical activity/ exercise [29,60,75,76]	Physical activity may promote psychological wellbeing; reduce stress, anxiety and feelings of depression and loneliness. [29] Some sources indicate specific population segments benefit from physical activity interventions (especially older adults), but overall there appears to be a lack of evidence directly related to mental health promotion outcomes. Though, the impact on mental health is very plausible.
Community capacity [20,29,60]	Many community interventions focusing on strengthening community capacity, building a sense of ownership and social responsibility have demonstrated positive mental health outcomes. However, there appears to be a lack of high quality impact data and specific effective approaches are unclear. [77]

Prevention of harms from substance use [7,29,60]	Substance use can contribute to mental health problems or exacerbate symptoms of mental health problems.[28] School-aged youth are generally the focus of substance prevention programs and are targeted through their living environments (school, media or community).[60] Reducing or delaying exposure to the harmful use of alcohol and other substances can serve as a MHP initiative.[46]
Youth depression prevention[29,60,78,79]	Research indicates there is some evidence that selective and universal depression prevention programmes may prevent the onset of depressive disorders compared with no intervention (e.g. psychological interventions, cognitive behavioural group education).

Table 4: Interventions that require more research and evaluation

Intervention	Notes
Universal mental health promotion and prevention for post-secondary students[80]	One review offers empirical support for future research and practice on MHP programs for higher education students. Although future research is needed to confirm and broaden the understanding of interventions, there appear to be several promising strategies.
Early Interventions for people with mental disorders [29]	Mental health promotion within mental illness treatment services means adopting a holistic approach to mental health by considering people's mental, physical, spiritual, and emotional needs.[29] Only one source indicated "programs that promote supported employment, strengthen opportunities for creativity and social support and reduce the stigma and discrimination associated with mental illness have all been shown to be effective in promoting the mental health of people with mental disorders."[29]
Informal caregiver interventions[60]	Interventions to support informal caregivers caring for the elderly have contradicting evidence regarding effectiveness. Support for informal caregivers caring for people with a mental disorder may be effective.
Sexual Health Education[29]	Access to effective, broadly based sexual health education, which includes an affirmative view of sexuality and access to safer sex resources, is an important factor in the health and wellbeing of youth. Although there is little evidence that links sexual health education to increased positive mental health, there is a large body of evidence that demonstrates the significant impact of well-designed adolescent sexual health interventions on the reduction of sexual risk behaviours, many of which are mediating variables in a range of negative physical and mental health outcomes.

Spirituality[29]	Spirituality can include involvement in religion, qualities such as awe, meaning of life, faith, and connection to a spiritual being. Higher levels of religious involvement are positively associated with positive mental health indicators. Spirituality may also help prevent depression.
Community arts programs[20,29]	Investment and action in arts and culture may have a significant impact on mental health and wellbeing of individuals and populations, especially in the community setting.[7]
Primary health care interventions[81]	Primary health care setting may be well-positioned within the community for MHP because it is often a primary point of contact in health systems and fairly accessible.[81] Health care professionals could be equipped with skills to promote a holistic and integrated approach that ensures detection, treatment, prevention and promotion of mental health.[81] More research is needed to clearly understand the benefits of promoting mental health in the health care setting.
Internet based programs[20,82]	Online youth prevention initiatives (such as skill-based modules) may be effective but it appears more research is needed.
Prevention of harms from substance use for pregnant women[29,60]	Education, screening and brief interventions may have an impact on mental health, but it appears more evidence is needed, especially for alcohol use.

Mental Health Promotion Interventions: Policy and Structural Interventions

Mental health policy can be described as "an organized set of values, principles, and objectives for improving mental health and reducing the burden of mental health disorders in a population. It outlines a vision for the future and helps to establish a model for action."[33] Mental health policy is generally developed in three forms:[33]

- Subsumed as part of a larger and broader social policy
- Integrated into a more general health policy
- A stand-alone policy

There may be more stakeholder involvement and support at the social, political and cultural level if mental health is part of a broader social policy as the scope is not narrowed to the health or mental health sector.[33] Mental health policy has the potential to facilitate stakeholder involvement in mental health promotion and can contribute to intersectoral collaboration by clearly outlining roles and responsibilities.[33]

Healthy public policies favouring mental health (HPP-FMH) are defined as:

"Public policies, generally outside the formal mental health sector, that have an impact on mental health and mental health inequalities...HPP-FMH aimed at improving mental health in the population have an objective to promote mental health (wellbeing) in the whole population (while considering inequalities in mental health) to prevent mental health problems and disorders, and to improve the quality of life for people experiencing mental health problems and disorders."[7]

To date in Canada, mental health policy has mainly focused on people living with mental illness.[1]

Due to the complex nature of mental health, policies to improve mental health should take into consideration risk and protective factors, life stages and transition, the determinants of mental health, and the interactions between all these factors.[1,6,7] Generally, HPP-FMH aim to influence mental health risk and protective factors.[6,7] Unfortunately, it is difficult to determine the ultimate effects of a policy since:[7]

- effects can take a long time be observed;
- it is difficult to prove cause and effect of a policy; and
- published evidence on links between policies and their ultimate effects is scarce, especially for mental health.

Therefore, most of the evidence around HPP-FMP examines alignment of policies with the determinants of mental health. [7] However, it is expected that polices that focus on established links between living conditions, behaviours, and physical health will have an impact on mental health and mental health inequalities. [7] Since there is evidence of associations between many determinants of mental health and mental health outcomes, policies that aim to improve the determinants could plausibly improve mental health.[7] For example, in some cases, there is sufficient evidence linking structural determinants and mental health outcomes, such as higher levels of education, improved standards of living, freedom from discrimination, reduced poverty, and reduced inequality. [7,32] Therefore, policy effectiveness in these areas is plausible.[7,32]

There are some policies that have specifically demonstrated effectiveness in promoting mental health. [7] For example, in less advantaged and low-income settings, policies aiming to improve the following factors have led to measureable improvements in mental health outcomes: [7]

- nutrition,
- iodine supplementation,
- housing, and
- access to education.

Some other examples of plausible HPP-FMH are outlined below. The World Health Organization argues for proportionate universalism in all mental health policies meaning that support for mental health is population wide (universal), yet also focuses on those particularly in need (proportional).[8] More research is needed to provide evidence on the effectiveness, benefits, harms, and costs of policy interventions on mental health.[20]

Table 5: Plausible structural and policy interventions

Intervention	Notes
Nutrition and iodine supplementation policies[7]	In less advantaged and low-income settings, policies aiming to improve these factors have led to improvements in mental health outcomes directly.
Income support policies[7,29]	Income adequacy and income equality are key determinants of physical health, but more research specifically looking at their link to positive mental health is needed.
Housing access and improvement[7,29]	Interventions include increasing access to affordable housing and safe housing environments and offering services and support for those who are most vulnerable. More research specifically looking at link to positive mental health is needed.
Work-family Balance[20,60]	Public policies and interventions targeting work-family balance may be effective to reduce stress and improve wellbeing of all family members by improving parenting abilities.
Employment: Work programs for young people and adults [7,29]	Policies aimed at improving employment chances, such as local employment initiatives, occupational training or basic qualification, literacy, and job readiness (interview and job search skills training) may be effective to improve mental health throughout the life course.[7,25] More research specifically looking at link to positive mental health is needed.
Access to education[7]	Policies that improve access to education have shown effectiveness, mainly in low-income and less advantaged populations.
Cultural continuity[7]	Policies enabling cultural continuity for Aboriginals and valuing Aboriginal culture in mainstream Canadian urban settings may play an important role in increasing the Aboriginal population's mental health.
Living conditions and life settings policies[7]	Plausible policies in this area include: policies favouring neighbourhood renewal, those specifically tackling availability of open spaces, place-based strategies that include physical activity policies,[25] strategies to improve transport, and policies favouring protection of natural environments.

Addressing Social Inclusion

As previously mentioned, social inclusion is a key determinant of mental health but due to the relatively early stage of research in this area, effective interventions to influence social inclusion were not identified through this literature search. However, due to the strong link between social inclusion and mental and physical health, it is still important to address this topic. For example, social isolation and loneliness are predictors of mortality similar to that of well-documented clinical risk factors, such as physical inactivity, obesity, substance abuse, and injury.[83,84]Lacking social connections and social isolation are also connected to a number of other negative health outcomes and health risk factors (e.g., premature death, obesity, high blood pressure).[84,85]

Social inclusion can be viewed as the opportunity to be involved, valued, and respected as a part of a community (with social exclusion as the converse).[86] Inclusion involves providing people with basic access and respect so that individuals can feel a sense of belonging. [87] Some indicators for measuring social inclusion can include: sense of belonging; level participation in community and civic life; sense of agency and capacity to choose whether to participate; and opportunities and barriers for participation.[88] Through the process of social inclusion and exclusion, individuals may experience social isolation and loneliness. Often social isolation is measured objectively by looking quantitatively at social contact and network size.[84,85] Indicators of social isolation can include: living alone, having few social network ties, and having infrequent social contact.[84] Loneliness is a subjective emotional state, or the perception of social isolation by the individual.[84,85]

Data from the NEWPATH study can provide a few examples of social inclusion in Waterloo Region.[*] For example, 10 per cent of individuals indicated they never spoke with their neighbours and 42 per cent indicated they spoke with their neighbours 3-6 times a week. Additionally, 6 per cent of individuals strongly agreed that they regularly borrow and exchange favours with their neighbours, and 30 per cent somewhat agreed, 19 per cent somewhat disagreed and 46 per cent strongly disagreed.

Considering the evidence that social isolation and loneliness are risk factors for negative health outcomes and trends suggest the risk for social isolation is increasing, better recognition within public health is necessary.[84] Nationally, The Mental Health Commission of Canada has identified social inclusion as a priority in the "Changing Directions Changing Lives: The Mental Health Strategy of Canada" Report by highlighting the need to help older adults to participate in meaningful activities, sustain relationships, and maintain good physical health.[2] At the provincial level, the report "Open Minds, Healthy Minds: Ontario's Comprehensive Mental

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[*] Results reflect weighting that was applied to the survey results to reflect the population demographics of Waterloo Region

Health and Addictions Strategy", identifies the goal to improve mental health and wellbeing for all Ontarians and to create healthy, resilient, inclusive communities. Part of this goal includes recognition that all Ontarians deserve access to opportunities to participate in meaningful ways in their community.[47] Furthermore, a Locally Driven Collaborative Project (LDCP) on early child and youth mental health indicated that supporting social connectedness for children and youth should be a main area of focus when developing upstream approaches to mental health promotion.[51] Social connectedness was seen as a 'crucial' element for child and youth mental health promotion and consistently recognized by key stakeholders as an important protective factor.[51] Social connectedness and social inclusion were also identified as key factors for targeted approaches.[51]

In Waterloo Region, belonging and leadership was identified as a key priority area in the 2015 Vital Signs Report.[89] This report identified that within Waterloo Region, 57 per cent of residents reported a 'somewhat strong' sense of belonging to the community and 31 per cent of residents reported a 'very strong' sense of belonging.[90] From the NEWPATH data, 24 per cent of individuals strongly agreed that living in their neighbourhood gave them a sense of community and 49 per cent somewhat agreed, 19 per cent somewhat disagreed, and 8 per cent strongly disagreed. The Vital Signs report further showed that many people are not leading, sharing experiences, or actively engaging in making the community better through donations or volunteering.[90] Additionally, some populations tend to feel a lower sense of belonging including: people who identify as lesbian, gay, bisexual or other-identified; immigrants who have been in Canada 11-20 years; people with low incomes; and single parents.[90] People who report a lower sense of belonging are less likely to participate in community events, are less satisfied with their neighbourhood, and are less satisfied with their local government.[90] Interestingly, 81.8 per cent of those with a high sense of belonging are satisfied with their mental wellbeing, whereas 58.1 per cent of those with a weak sense of belonging are satisfied with their mental wellbeing.[90]

Though research on social isolation and loneliness as risk factors for negative health outcomes is well established, there is little information available on the causal pathways and strategies to reduce social isolation and loneliness.[84,85] A meta-analysis on strategies to reduce loneliness noted that there is a paucity of well-designed research studies.[85] However, a few programs have demonstrated promise in reducing loneliness, specifically those that aim to improve social skills, enhance social support, increase opportunities for social interaction, and address deficits in social cognition.[85] The results from the meta-analysis suggest that working to improve social interactions (correcting maladaptive social cognition) offers the best chance for reducing loneliness.[85] The authors also recommended that interventions incorporate theory and concepts related to the nature of loneliness.[85] Available data also suggests that efforts to

mitigate risk should focus on both social isolation and loneliness, rather than one or the other separately.[84]

"Evidence-based mental health promotion resource" produced by VicHealth suggests that the interventions listed below may increase social connectedness by building social capital, promoting community wellbeing, overcoming social isolation, increasing social connectedness and addressing social exclusion.[91]

1. Community building and regeneration programs—local neighborhood renewal programs; community building programs. Community-wide programs should be considered at individual, community and organization levels if they are to be effective.
2. School based programs for mental health and wellbeing—whole-of school programs that create a supportive environment, rather than topic-specific approaches to issues such as self-esteem or coping skills.
3. Structured Opportunities for participation—civic structures that encourage engagement via local governance, community participation and other forms of social contribution;
4. Workplace mental health promotion— employee participation programs and modification to stressful occupational environments are key mechanisms for mental health promotion in the workplace;
5. Social Support—individual support which might modify behavior and create supportive environments, such as home-visiting programs by nurses and midwives or parent training programs;
6. Volunteering—such as structured opportunities for people to do voluntary work for their community as part of civic engagement;
7. Community Arts Programs—may involve community participation, social inclusion, capacity building and regeneration;
8. Physical activity/exercise—has a positive effect on mental health outcomes for adults and children, but emotional benefits and feelings of wellbeing are likely from increased social interaction as solitary exercise may not improve depression;
9. Media campaigns for mental health promotion—social marketing campaigns that challenge stigma and raise awareness of attitudes towards mental health

Mental Health Literacy

The literature clearly demonstrates a need for more public awareness of positive mental health as a construct that is distinct from mental illness.[1] More specifically, to understand how to foster and maintain positive mental health, individuals require information to enhance mental health and wellbeing, to understand the signs and symptoms of mental illness, and to know when to seek help themselves or how to respond to others needing help.[51] To promote

understanding, public awareness campaigns can be used to increase what has become called 'mental health literacy' - "the ability to gain access to, understand, and use information to promote and maintain positive mental health."[1,3,25,47,46,92] Mental health literacy can be defined as having four unique but integrated components: 1) understanding how to foster and maintain positive mental health, 2) understanding mental disorders and their treatments, 3) decreasing stigma, and 4) enhancing help seeking behaviours.[51] Increasing mental health literacy can promote mental health and wellbeing at the individual and organizational level, across all sectors.

Additionally, there is national and provincial recognition of the need to increase mental health literacy. The Mental Health Commission of Canada has identified three related priorities in the "Changing Directions Changing Lives: The Mental Health Strategy of Canada Report:" 1) increase awareness about how to promote mental health, prevent mental illness and suicide wherever possible, and reduce stigma, 2) increase people's understanding of how to improve their own mental health and wellbeing, and support communities to take action to foster mental health and wellbeing, and 3) increase people's understanding of how to recognize mental health problems and illnesses, how to get support if they need it, and how to get help for someone else. This report highlights the need to demonstrate to policy makers, employers, and the general public how positive mental health contributes to Canada's social and economic prosperity and to increase people's understanding of how to improve their own mental health and wellbeing and support communities to take action to foster mental health and wellbeing.

At the provincial level, the report "Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy," identifies the goal to improve mental health and wellbeing for all Ontarians and to create healthy, resilient, inclusive communities. The report highlights the following actions related to these goals:

1. Reduce stigma by promoting equity and diversity, physical activity, healthy eating and self-esteem.
2. Improve mental health literacy, foster resilience and mental wellness – work with partners to encourage the development of targeted education and awareness programs to reach people most at risk.
3. Developing workplace programs – work with communities and the private sector to deliver education and awareness campaigns and to develop best practices.
4. Reduce stigma and discrimination – implement more mental health promotion and anti-stigma practices.

Individual level

Evidence has shown that increasing public knowledge and understanding about mental health through public awareness campaigns can work to encourage individuals to talk more openly about feelings and emotions leading to a reduction in stigmatization and discrimination.[1,46] The

resulting increased dialogue around mental health and the subsequent reduction of stigma is essential to mental health and wellness as stigma is often what prevents individuals from seeking help.[47] Individuals of all ages can benefit from a better understanding of the skills they need to improve their own mental health and the factors that put them at risk – such as stress, a loss, or a lack of self-esteem.[47] By increasing mental health literacy, each person has the potential to become more resilient and to better cope with adversity.[47]

Programs that focus on improving mental health literacy by providing information and education for health and enhancing life skills can work to foster resilience, mental wellness, and support personal and social development.[56] Effective programs teach generic life skills and social competencies such as effective communication, effective cognitive style, problem-solving skills, relationship and coping skills, and promote positive self-esteem and a sense of control or efficacy.[5] Many of these programs focus on providing self-help information, facilitating access to services, offering skills training, and supporting personal growth.[1,2,46]

Organizational and Societal level

A locally driven collaborative project (LDCP) recently studied evidence-informed areas of focus for child and youth mental health promotion.[51] The research aim was addressed throughout three iterative phases of research including: 1) a comprehensive literature review, 2) one-on-one provincial stakeholder interviews, and 3) public health leader focus groups.[51] Consulted stakeholders indicated that there is a need to look at universal programs that focus on mental health literacy that could help reduce stigma and increase understanding about the difference between mental illness and mental health promotion.[51] Stakeholders expressed that there is inconsistency at an intersectoral level regarding what language is used to define mental health and mental wellness.[51] This lack of shared knowledge is a call for action to enhance mental health literacy across sectors. Stakeholders noted the value of mental health literacy and specifically identified that raising awareness and understanding of mental health and wellness has the ability to reduce stigma and enhance accessibility to services for those who require support.[51] The public health leaders who were interviewed also identified the lack of clarity in how mental health promotion is defined and understood in society.[51] Specifically, public health leaders identified that the focus predominantly remains on mental illness with very little attention being given to mental health promotion at a societal level.[51]

Individuals and organizations in business and industry; housing; employment services and workplaces; local government; sports and recreation; arts and popular culture; education; transportation; and justice may already be promoting or in some case, demoting mental health.[93] Often these sectors are unaware of the effect they have on mental health and therefore with education and encouragement, they can be supported to either expand their health promoting work or reduce the health damaging effects of their work.[4,12,93]

Demonstrating to policy makers, employers, and the general public how positive mental health contributes to Canada's social and economic prosperity will help to advocate for MHP initiatives.[2,12] Promoting community understanding about the nature of mental health and mental illness is the key to supporting leaders across sectors to change the policies and practices in education, employment, law, and health that are critical to mental health promotion.[1,2,4,46] Increasing mental health literacy can help specific sectors in understanding their role in promoting mental health and encourage them to take action. With increased knowledge, coordinated efforts across sectors can effect organizational change where mental health and wellbeing become embedded in the work of the organization.[25,29] Furthermore, increasing mental health literacy across sectors will help to change perceptions and reduce stigma and discrimination across the community.[2]

Media

The media can be an advocacy tool to promote mental health by increasing public awareness and knowledge of mental health and wellbeing which contributes to increased mental health literacy, increased dialogue, and a reduction in stigma.[1,2,25,47,59,46] Mass media interventions, particularly if they are supported by local community action, can have a positive impact on mental health at the society level and can strengthen community capacity to take action, make decisions, and feel empowered.[13,25] Significant positive changes in knowledge of and attitudes towards mental health have been found in United Kingdom, United States, and Norwegian evaluations of media campaigns.[25] Effectiveness is increased when a campaign is complemented by a mix of focused community activities and used over time rather than as a brief intervention.[25] Principles for effective media campaigns include: using media campaigns with a mix of interventions where possible; reaching into segmented population groups or communities with culturally competent materials and practices; and including well designed evaluations to strengthen the evidence.[25]

Example of Mental Health Literacy Initiative: Five Ways to Wellbeing

An example of a strategy found in the literature to improve mental health literacy at the individual, organizational and society level is the initiative called the Five Ways to Wellbeing. The Five Ways to Wellbeing is a set of evidence-based mental health messages aimed at improving the mental health and wellbeing of the whole population that were developed by **nef** (the new economics foundation) as part of the UK's "Foresight Project on Mental Capital and Wellbeing." The stated intention of the project was to develop a "mental health equivalent" of the well-known message that people should eat five portions of fruits and vegetables a day in order to maintain good physical health.[94] The messages were developed to reflect the kinds of behavior that people can undertake that are likely to lead to improvements in their mental health and wellbeing.[94] Since the Five Ways to Wellbeing was developed based on evidence relating to individuals' behavior, empirical evidence suggests that if individuals incorporate

more Five-Ways-type activities into their daily lives, their subjective wellbeing should improve.[94]

In 2011, **nef** undertook a scoping exercise to look at how the Five Ways to Wellbeing have been used across the UK since the launch in 2008. The report, "Five Ways to Wellbeing: New applications, new ways of thinking" showed that the Five Ways to Wellbeing can be implemented at many different points of intervention including: individuals, groups/communities, organizations, and policies/strategies.[94] Interventions can be developed precisely in order to promote positive mental health; for example a mental health awareness campaign based around the Five Ways to Wellbeing ,or an understanding of wellbeing can be integrated into the design of interventions, programs, and strategies that are primarily aimed at achieving other health promotion outcomes.[94] This fits with the idea mentioned earlier of including mental health promotion into exiting health promotion programming.

The assessment of the application of the Five Ways to Wellbeing also showed that organizations and individuals were using the messaging in a wide variety of ways.[94] This information provides unique ideas of how wellbeing messaging can be applied to raise awareness and mental health literacy levels to improve positive mental health across the population. For example, some applications included:[94]

- Large scale campaigns or displays with wellbeing messaging in community centres, museums, or festivals;
- Incorporation into staff wellbeing strategies or staff training within organizations;
- Looking at current programming to see how the Five Ways to Wellbeing could be incorporated;
- Including the Five Ways to Wellbeing in community surveys to guide strategic planning; and
- Organizing strategic planning processes against the Five Ways to Wellbeing framework to help ensure that wellbeing is addressed systematically within departments and across partnerships.

The important note from the report, "Five Ways to Wellbeing: New applications, new ways of thinking" is that the focus of mental health literacy interventions need not always be at the individual level. Initiatives such as the Five Ways to Wellbeing or other mental health and wellbeing campaigns can be used to affect the wider circumstances in which people live in order to promote wellbeing.[94]

Conclusion

Mental health must be viewed differently than the absence of mental illness. It is time for individuals, communities, and the greater society to recognize the positive connotation of mental health and wellbeing and realize its importance to the quality of life of all individuals regardless of life stage, socio-economic status, or presence of mental illness. Mental health promotion is therefore a broad and complex concept that is interconnected with many actions taking place everyday in our community. Through prenatal classes, day cares, schools, workplaces, health and social services, neighbourhood and community groups, employment and housing supports, justice services, and public spaces; communities are already influencing mental health and wellbeing. However, there is a need for enhanced and consistent understanding of the concept of mental health and wellbeing in order for all organizations, sectors, and the general public to understand their role in mental health promotion. There is an opportunity to expand mental health promotion by making the links between the current work occurring across the community and mental health, explicit. When mental health is understood and recognized across a community, there is more value placed on mental health promotion which can lead to greater support for creating the programs, supportive environments, and policies that will contribute to increased mental health and wellbeing across the population.

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