Ministry of Health and Long-Term Care

# Mental Health Promotion Guideline, 2018

Population and Public Health Division,
Ministry of Health and Long-Term Care

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Ontario

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# 1. Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.[1,2] The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Guidelines are program and topic-specific documents which provide direction on how boards of health shall approach specific requirement(s) identified within the Standards.

# 2. Purpose

This Guideline is intended to assist boards of health in considering **mental health promotion*** within their processes for planning, implementing, and evaluating **programs of public health interventions**, according to the requirements of the Standards. It establishes the minimum expectations for strategies and approaches that boards of health shall consider. Content is organized as follows:

- Overview, Purpose, and References to the Standards provide a brief orientation to this Guideline and specific references to mental health promotion and related subjects in the Standards.
- Context provides a high-level introduction to mental health promotion as an area of consideration for public health in Ontario, and a brief overview of key concepts and frameworks to inform planning, implementation, and evaluation.
- Roles and Responsibilities identifies the core functions that boards of health shall consider in addressing their responsibilities for mental health promotion under the Standards, including the application of the Foundational Standards.
- Required Approaches provides additional considerations and guidance to support boards of health in implementing their roles and responsibilities. This includes considerations for embedding mental health promotion strategies and approaches across programs and services; offering mental health promotion programs and services across the life course; implementing whole-population and community-based interventions, and engaging in multi-sectoral collaboration.

Problems associated with mental health, mental illness and substance use share many common **risk and protective factors**, and promotion and prevention efforts employ similar approaches and considerations for interventions. Boards of health should consider mental health and substance use together when conducting population health assessments and developing programs and services. Nevertheless, there are important distinctions and unique considerations that are well served by the provision

* Terms marked in **bold** are defined in the Glossary.

of a separate Guideline to address substance use. Where appropriate, this Guideline makes references to related or companion guidance within the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current), as well as other relevant Protocols and Guidelines under the Standards.

# 3. Reference to the Standards

This section identifies the standards and requirements to which this protocol relates.

**Chronic Disease Prevention and Well-Being**

**Requirement 2.** The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the health unit population.

a) The program of public health interventions shall be informed by:
   i) An assessment of the risk and protective factors for, and distribution of, chronic diseases;
   ii) Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, and other relevant sectors;
   iii) An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication;
   iv) Consideration of the following topics based on an assessment of local needs:
      - Built environment;
      - Healthy eating behaviours;
      - Healthy sexuality;
      - Mental health promotion;
      - Oral health;
      - Physical activity and sedentary behaviour;
      - Sleep;
      - Substance† use; and
      - UV exposure.
   v) Evidence of effectiveness of the interventions employed.

b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Chronic Disease Prevention Guideline, 2018* (or as current); the *Health Equity Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).‡

†Substance includes tobacco, e-cigarettes, alcohol, cannabis, opioids, illicit, other substances and emerging products.

‡The *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current) provides guidance on alcohol, cannabis, opioids, and illicit substances.

### Healthy Growth and Development

**Requirement 2.** The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to support healthy growth and development in the health unit population.

a) The program of public health interventions shall be informed by:
   i) An assessment of risk and protective factors that influence healthy growth and development.
   ii) An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication.
   iii) Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, social, and other relevant sectors with specific attention to:
      - School boards, principals, educators, parent groups, student leaders, and students;
      - Child care providers and organizations that provide child care services such as Community Hubs and Family Centres;
      - Health care providers and LHINs;
      - Social service providers; and
      - Municipalities.
   iv) Consideration of the following topics based on an assessment of local needs:
      - Breastfeeding;
      - Growth and development;
      - Healthy pregnancies;
      - Healthy sexuality;
      - Mental health promotion;
      - Oral Health;
      - Preconception health;
      - Pregnancy counselling;
      - Preparation for parenting;
      - Positive parenting; and
      - Visual health.
   v) Evidence of the effectiveness of the interventions.
b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Health Equity Guideline, 2018* (or as current); the *Healthy Growth and Development Guideline, 2018* (or as current); and the *Mental Health Promotion Guideline, 2018* (or as current).

### School Health

**Requirement 3.** The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to improve the health of school-aged children and youth.

a) The program of public health interventions shall be informed by:
   i) An assessment of the local population, including the identification of priority populations in schools, as well as school communities at risk for increased health inequities and negative health outcomes;
   ii) Consultation and collaboration with school boards, principals, educators, parent groups, student leaders, and students;
   iii) A review of other relevant programs and services delivered by the board of health; and
   iv) Evidence of the effectiveness of the interventions employed.
b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Chronic Disease Prevention Guideline, 2018* (or as current); the *Health Equity Guideline, 2018* (or as current); the *Injury Prevention Guideline, 2018* (or as current); the *Healthy Growth and Development Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); the *School Health Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

**Substance Use and Injury Prevention**

**Requirement 2.** The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population.

a) The program of public health interventions shall be informed by:
   i) An assessment of the risk and protective factors for, and distribution of, injuries and substance use;
   ii) Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, and other relevant sectors, including LHINs;
   iii) An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication;
   iv) Consideration of the following topics based on an assessment of local needs:
      - Comprehensive tobacco control;[§]
      - Concussions;
      - Falls;
      - Life promotion, suicide risk and prevention;
      - Mental health promotion;
      - Off-road safety;
      - Road safety;
      - Substance use; and

[§]Comprehensive tobacco control includes: preventing the initiation of tobacco; promoting quitting among young people and adults; eliminating exposure to environmental tobacco smoke; and identifying and eliminating disparities related to tobacco use and its societal outcomes among different population groups.

- Violence.

v) Evidence of the effectiveness of the interventions employed.

b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Health Equity Guideline, 2018* (or as current); the *Injury Prevention Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

# 4. Context

This section provides a high-level introduction to mental health promotion as an area of consideration for public health in Ontario, along with an overview of key concepts and frameworks that boards of health shall consider to inform planning, implementation, and evaluation of mental health promotion within public health programs and services. In order to support the establishment of a common understanding of mental health and mental illness throughout Ontario's public health sector, additional terms and concepts are defined in the Glossary. However, mental health promotion must be grounded in an understanding of a particular sector or community's values and concepts relating to mental health and well-being, in order to be inclusive and responsive to diverse partners and community members. As the World Health Organization notes, "although the qualities included in the concept of mental health may be universal, their expression differs individually, culturally, and in relation to different contexts."[3]

## 4.1 Mental Health Promotion and Public Health

Mental health promotion is the process of enhancing the capacity of individuals and communities to increase control over their lives and improve their **mental health**. By working to increase self-esteem, coping skills, social connectedness and well-being, mental health promotion empowers people and communities to interact with their environments in ways that enhance emotional and spiritual strength. It is an approach that fosters individual and community **resilience** and promotes socially supportive environments.[4]

The majority of Ontarians (70%) aged 12 and older rate their mental health as very good or excellent. However, there have been notable increases in Ontarians who perceive their mental health as fair or poor (7%) as well as those who have experienced **mental health problems** or illness.[5] Among Ontario adults in 2015,

- 26% reported moderate to serious psychological distress;
- 10% reported frequent mental distress (14 or more days) in the past 30 days;
- 10% reported using prescribed antianxiety medication; and
- 9% reported using prescribed antidepressants.[6]

The mental health and **well-being** of Ontarians is heavily influenced by the social, economic, and physical environments where people live, learn, work, and play. Risk and protective factors affecting mental health and **mental illness** differ across regions of the

province, and certain populations are at a higher risk of mental health problems or illness because of greater exposure to discrimination or disadvantage. These disadvantages are often based on race, ethnicity, religion, age, sex, gender, sexual orientation, language, ability, family status, socioeconomic status, or other socially-determined circumstance. As Ontario is one of Canada's most diverse provinces, all public health efforts to promote mental health and prevent mental illness require a strong attention to principles of **health equity**, so that all people can reach their full health potential.

Promoting the mental health and well-being of Ontarians requires a collaborative, **proportionate universalism** approach, involving stakeholders across various sectors, including public health. It also requires that mental and physical health be considered together, not independently, as "there is no health without mental health."[3] Mental health and resilience are protective factors for physical health, recovery from physical illness, reducing harmful behaviours such as problematic use of substances, and unhealthy eating.[7] Considering mental and physical health holistically and simultaneously is an integral part of public health's mandate to reduce health inequities and improve and protect the overall health and well-being of the population of Ontario.

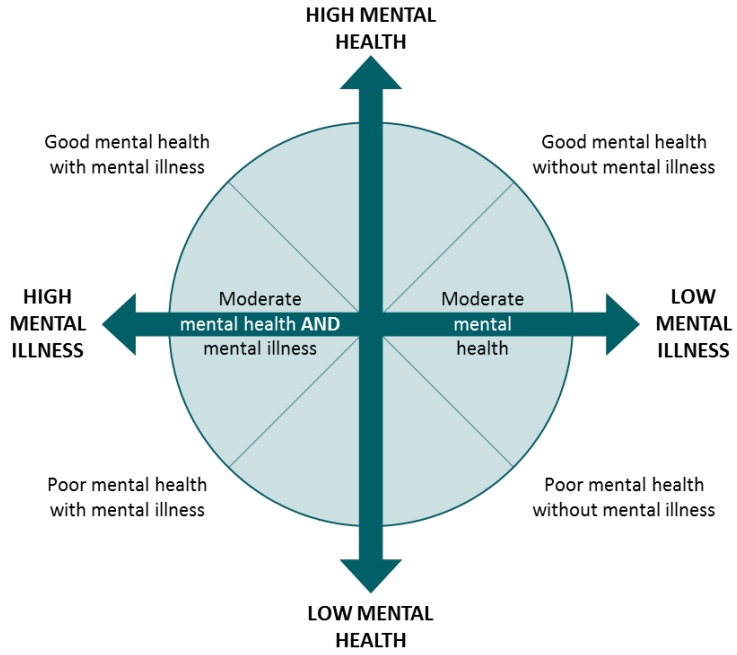
Overall, the impact of mental health, mental illness, and addictions in Ontario on life expectancy, quality of life, and health care utilization is more than 1.5 times that of all cancers and more than 7 times that of all infectious diseases.[8] Efforts to reduce the burden of **chronic diseases** in Ontario must include efforts to reduce the burden of mental illness and addictions through upstream interventions that promote positive mental health, resiliency, and well-being across the lifespan.

## 4.2 Two Continua Model of Mental Health and Mental Illness

Mental health is a positive concept and more than the absence of mental illness. The Public Health Agency of Canada defines it as "the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity."[4] Mental health may be used interchangeably with mental well-being, particularly outside of the health sector.

Mental illness refers to conditions where our thinking, mood, and behaviours severely and negatively impact how we function in our lives. Mental illnesses are affected by "a complex mix of social, economic, psychological, biological, and genetic factors," and may take many forms, including mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders, and addictions such as substance dependence and gambling.[4,9]

## Figure 1: The Two Continua Model of Mental Health and Mental Illness

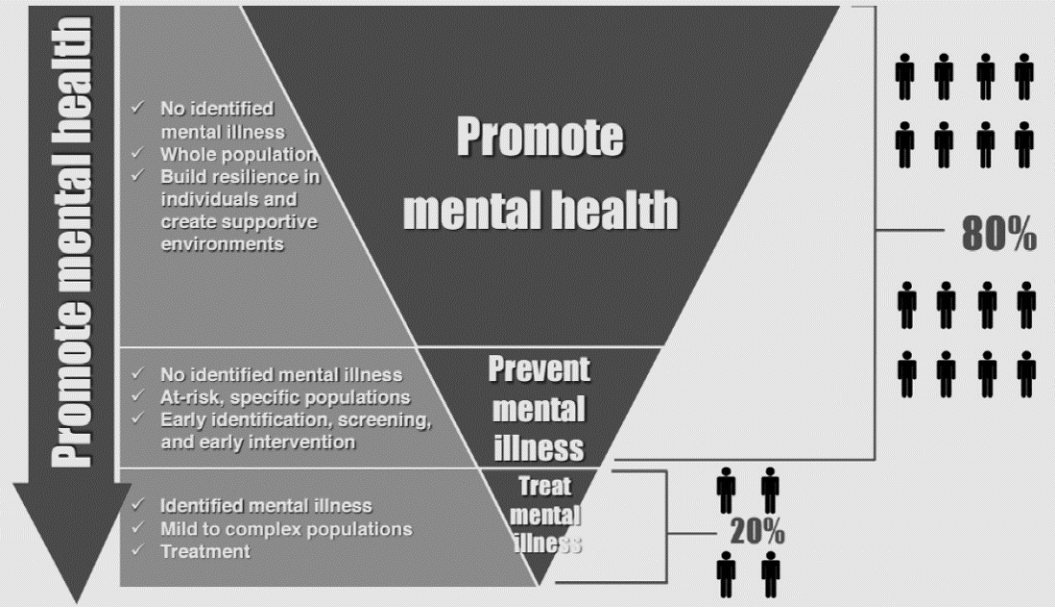



*Source: Keyes CL. The next steps in the promotion and protection of positive mental health. Can J Nurs Res. 2010;42(3):17-28. Reproduced with permission.*[10]

Mental health and mental illness are distinct but related concepts that need to be considered and addressed differently. The *Two Continua Model of Mental Health and Mental Illness* (Figure 1) illustrates how they intersect and co-exist in individuals and populations.[10] People with mental illness can experience good mental health that allows them to be resilient and thrive. Conversely, people without a mental illness can experience mental health problems and struggle to cope.[11] An individual or community's response to issues that arise will be influenced by their access to resources, social connectedness, and overall resiliency.[12]

## 4.3 Comprehensive Approach to Population Mental Health

### Figure 2: The Tiered Population Mental Health Approach




Source: *CAMH Provincial System Support Program. Population mental health infographic [Internet]. Toronto, ON: Centre for Addiction and Mental Health; 2018. Reproduced with permission*

A comprehensive approach to population mental health is comprised of three tiers of action (Figure 2), including 1) **promoting mental health**, 2) **preventing mental illness**, and 3) **treating mental illness**.[13] These three tiers may overlap, as promotion and prevention can be woven into treatment to enhance client outcomes by addressing risk and protective factors that support recovery and resiliency. Prevention may also include early identification and intervention initiatives that are appropriate for, and specifically target, people displaying the early signs and symptoms, or first episode, of mental illness or addiction.[14] Promotion, prevention, and treatment are interdependent tiers of an integrated system that requires coordination across multiple sectors with various stakeholders and partners working together.

Within an integrated health system, boards of health are an important contributor to a comprehensive approach to population mental health. In order to maximize the reach and impact of public health, their role centers on promoting mental health and preventing mental illness, extending as far as early identification and referrals. It is not anticipated that boards of health will engage directly in the delivery of early intervention or treatment services for mental illness. However, this may be appropriate in rare cases, such as where the discontinuation of historical programs might critically disrupt relationships with partners and stakeholders or create a significant gap in local services.

Mental health promotion:

- Focuses on the enhancement of well-being rather than on illness;
- Addresses the population as a whole, including people experiencing risk conditions, in the context of everyday life;
- Takes action on the determinants of health;
- Broadens the focus to include protective factors, rather than simply focusing on risk factors and conditions;
- Includes a wide range of strategies such as communication, education, and policy development;
- Acknowledges and reinforces the competencies of the population;
- Encompasses the health and social sectors; and
- Uses strategies that foster supportive environments and individual resilience while demonstrating respect for culture, equity, social justice, interconnections, and personal dignity.[15]

# 5. Roles and Responsibilities

## 5.1 Standards, Protocols, and Guidelines

Mental health promotion is a required consideration within four program standards. Board of health roles and responsibilities relating to mental health promotion should be read in conjunction with the corresponding standards (see Reference to the Standards section), and related protocols, guidelines, and reference documents, including the following:

- *Chronic Disease Prevention Guideline, 2018* (or as current);
- *Health Equity Guideline, 2018* (or as current);
- *Healthy Growth and Development Guideline, 2018* (or as current);
- *Injury Prevention Guideline, 2018* (or as current);
- *School Health Guideline, 2018* (or as current); and
- *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

## 5.2 Foundational Standards

Boards of health shall consider the application of the Foundational Standards to the topic of mental health promotion. Whether embedding mental health promotion and mental illness prevention into public health programs and services, or developing new initiatives on a **universal** or **targeted** basis, boards of health shall consider implications for population health assessment, health equity, and effective public health practice.

### 5.2.1 Population Health Assessment

Under the Standards, boards of health are responsible for assessing local needs and existing programs and services within the area of jurisdiction to build on community

assets and minimize duplication.[**] Surveillance efforts shall include consideration of relevant tools, such as the *Positive Mental Health Surveillance Indicator Framework* developed by the Public Health Agency of Canada, which identify a core set of indicators that include positive mental health outcomes and determinants at the individual, family and community level.[16]

For additional guidance, refer to the *Population Health Assessment and Surveillance Protocol*, *2018* (or as current).

### 5.2.2 Health Equity

The *Foundational Standard for Health Equity* articulates specific program requirements and outcomes that boards of health shall fulfill in relation to health equity. In particular, boards of health shall identify and engage **priority populations** and implement strategies to reduce health inequities.

Considerations relating to priority populations and mental health promotion are outlined in the Required Approaches section of this Guideline. For additional guidance, refer to the *Health Equity Guideline, 2018* (or as current), the *Population Health Assessment and Surveillance Protocol*, *2018* (or as current), and the *Relationships with Indigenous Communities Guideline, 2018* (or as current).

### 5.2.3 Effective Public Health Practice

Under the *Foundational Standard for Effective Public Health Practice*, boards of health are required to employ public health practice that is transparent, responsive to current and emerging evidence, and emphasizes continuous quality improvement. This requirement supports awareness among public health practitioners, policy-makers, community partners, health care providers, and the public of the factors that determine the health of the population.

The Required Approaches section of this Guideline outlines considerations and required approaches relating to public health practice that effectively considers mental health alongside physical health as an integral component of overall well-being, including leadership, planning, workforce development, and mental health literacy.

# 6. Required Approaches

This section provides an overview of the approaches that boards of health shall consider, at minimum, when implementing requirements for considering mental health promotion to inform programs of public health interventions under the program standards on Chronic Disease Prevention and Well-Being, Healthy Growth and Development, Substance Use and Injury Prevention, and School Health. All board of health decision-making and prioritization regarding mental health promotion activities

[**] Refer to the *Population Health Assessment and Surveillance Protocol*, *2018* (or as current) for related guidance.

shall be guided by the four principles established by the Policy Framework outlined in the Standards: Need; Impact; Capacity; and Partnership, Collaboration, and Engagement.

***Informed by situational assessments and a proportionate universalism approach, boards of health shall consider the following:***

- Embedding mental health promotion strategies and approaches across public health programs and services (see Section 6.1);
- Seeking opportunities to offer mental health promotion programs and services across the life course (see Section 6.2); and
- Seeking opportunities to implement whole-population and community-based interventions, particularly for cross-cutting issues (see Section 6.3).[††]

In operationalizing these approaches, and in alignment with board of health requirements under the *Effective Public Health Practice Standard,* boards of health shall consider the following:

- Strengthening effective leadership for mental health is one of four priorities established in the World Health Organization's *Mental Health Action Plan 2013 – 2020*.[17] Public health leaders share responsibility for considered mental and physical health equally and holistically within public health planning, and for developing and sustaining mental health promotion strategies, approaches, and interventions as a core feature of an integrated health system.
- The ability of the public health workforce to recognise and address mental and physical health equally and holistically is critical to the goals of the Standards, and to the delivery of effective public health practice. Boards of health shall consider strategies to develop core skills and capabilities within the public health workforce to deliver sustainable improvements in mental health promotion, mental illness prevention, early identification, and referrals.
- The degree to which public health practitioners may benefit from mental health literacy will depend on their core functions and the populations they routinely interact with; however, it is a necessary foundation for effective public health practice that promotes mental health and decreases stigma related to mental health problems and accessing mental health services. Mental health literacy encompasses four components:
    - Understanding how to obtain and maintain positive mental health;
    - Understanding mental health problems and forms of treatment;
    - Decreasing stigma related to mental health problems; and
    - Enhancing help-seeking efficacy (knowing when and where to seek help and developing competencies designed to improve one's mental health care and self-management capabilities).[18]

[††] Examples of interventions may be found on the *Canadian Best Practices Portal*: cbpp-pcpe.phac-aspc.gc.ca.

## 6.1 Embedding Mental Health Promotion Strategies and Approaches across Programs and Services

Boards of health shall consider embedding mental health promotion strategies and approaches across public health programs and services, in accordance with the requirements established in the relevant program standards. This includes consideration of the strategies and approaches listed below, as core components of a **comprehensive health promotion approach**. These strategies and approaches can also inform the development of universal or targeted programs and services that are specific to mental health promotion:

- Focus on health promotion;
- Address the **social determinants** of mental health;
- Address risk and protective factors for mental health and mental illness;
- Reduce stigma and increase mental health literacy for individuals and communities;
- Embed trauma-awareness into public health practice;
- Focus on strengths at the individual, community, and population level; and
- Engage with priority populations, communities, partners, and stakeholders.

### 6.1.1 Priority Populations

In operationalizing these strategies and approaches, and in alignment with board of health requirements under the *Standards*, boards of health shall employ multiple sources of information to identify priority populations. In some cases, there is sufficient data to demonstrate disparities in health outcomes at the provincial level. Concerning mental health promotion, there is sufficient evidence to demonstrate significant health inequities among the following population groups, which boards of health shall consider:[‡‡]

- Indigenous peoples and communities;[§§]
- Francophones;
- Immigrant, refugee, ethno-cultural and racialized groups (IRER);
- Lesbian, gay, bisexual, transgender, queer, questioning, and Two Spirit (LGBTQ2S+) populations;
- People with disabilities;
- People experiencing low-income or income insecurity;
- People who are underhoused or homeless; and

[‡‡] Additional priority populations may be identified through local needs assessments. Refer to the *Health Equity Guideline, 2018* (or as current) for related guidance.

[§§] The *Relationship with Indigenous Communities Guideline, 2018* (or as current) provides guidance on engaging the different Indigenous and First Nation communities that may be represented within a board of health's area of jurisdiction in a way that is meaningful for them.

- People experiencing mental health problems, mental illness, substance use problems, and/or addiction.[***]

Experiences of discrimination, exclusion, and mistreatment may be heightened for individuals who identify with multiple priority populations. Intersecting forms of prejudice and discrimination towards these individuals can affect the social determinants of mental health, compounding risk factors and/or reducing protective factors in unanticipated ways.[19] This can lead to diminished quality of life while increasing the chances of individuals experiencing mental health problems or illness.[7] For these reasons, the experiences of individuals with intersecting marginalized identities require particular consideration in mental health promotion programs and services.

Evidence pertaining to priority populations can be obtained through surveillance, epidemiological, or other research studies. It may also be identified through local data sources, including community assessments.[1] However, the social determinants of mental health, particularly social exclusion and discrimination, may also contribute to the under-representation or omission of priority populations within common data sets. Boards of health shall employ multiple sources of information, including an assessment of the social determinants of health and strong engagement with community groups and organizations, to identify priority populations and collect evidence at the local level. It should not be inferred that the absence of data regarding a particular population indicates an absence of need.

## 6.2 Offering Mental Health Promotion Programs and Services across the Life Course

Informed by the strategies and approaches identified in Required Approaches, boards of health shall consider seeking opportunities to develop and deliver mental health promotion and mental illness prevention programs and services on a universal or targeted basis, to advance the goals established in the relevant program standards.

In order to achieve meaningful outcomes, these interventions must be applied in a range of settings (e.g., the home, child care centres, schools, workplaces, the community, etc.) and be relevant throughout the life course, as the determinants of mental health and well-being influence people differently at different stages of life.[20,21] In particular, evidence shows that initiatives that focus on giving “every child the best possible start” will yield the greatest impacts.[22] For example, programs that target infants, children, adolescents, and their caregivers have the most potential to produce significant net cost benefits.[23]

[***] Refer to the *Substance Use Prevention and Harm Reduction Guideline*, *2018* (or as current) for related guidance.

Early years are a critical period due to rapid brain development. This phase lays the foundation for physical and mental health outcomes in later years. Adverse childhood experiences, such as poor attachment to parents, child abuse, family conflict, and neglect, have been clearly linked to risk for mental illness and addiction later in life. Meanwhile, strong attachment to a caregiver, and programs that support parents to develop positive parenting practices, can serve as protective factors for a child's mental health. [22] Investing in mental health early and often helps to buffer individuals from harms that may trigger or exacerbate mental health problems later on and support recovery if issues do emerge. Every $1 invested in early childhood is equivalent to $3 spent on school-aged children and $8 on young adults.[24]

Upstream investments in mental health promotion, mental illness prevention, and early identification across the lifespan can mitigate and reduce potential expenses in various systems like healthcare, education, justice and beyond. As such, they are an integral part of Ontario's overall approach to chronic disease prevention, healthy growth and development, school health, substance use, and injury prevention.

## 6.3 Implementing Whole-Population and Community-Based Interventions

Although effective mental health promotion efforts are well situated within a life course perspective, "whole system" strategies are also needed to support a universally proportionate approach.[25,26] Accordingly, boards of health shall consider seeking opportunities to implement whole-population and community-based interventions, to advance the goals established in the Standards and promote well-being. Such interventions may be particularly appropriate for cross-cutting issues that boards of health are also required to consider under the Standards, such as life promotion, suicide risk and prevention; substance use; violence and bullying; and built environments. Integral to these efforts is a focus on community engagement, education, skill building, empowerment, and resiliency, as well as the development of robust social support systems. [27-32]

## 6.4 Engaging in Multi-Sectoral Collaboration

In considering mental health promotion, and in alignment with the *Effective Public Health Practice Standard* and related program standards, boards of health shall foster relationships with community researchers, academic partners, and other appropriate organizations, and shall develop and implement programs of public health interventions that are informed by consultation and collaboration with local stakeholders, including the health, education, municipal, non-governmental, social, and other relevant sectors. Mental health and well-being are affected by many factors—both inside and outside the purview of the health system—and stakeholders and partners across multiple sectors contribute to a comprehensive population mental health approach:

- In Ontario, the health sector includes, but is not limited to: primary care, public health units, Local Health Integration Networks, acute care settings (e.g., hospitals), mental health and addiction services, community-based services, and programs/services administered by other government ministries (e.g., Ministry of Children and Youth Services, Ministry of Education, Ministry of Advanced Education and Skills Development, Ministry of Community Safety and Correctional Services, Ministry of Citizenship and Immigration).
- Other sectors that are involved in supporting the mental health and well-being of the population include, but are not limited to: municipal and social services, housing, refugee and settlement organizations, child and youth services, education, justice, human rights, and non-governmental/non-profit organizations.

The public health sector is one of many contributors to mental health promotion, and other sectors may have mandates that are mutually reinforcing. A board of health's comprehensive situational assessment should include a scan of existing programs and services within the area of jurisdiction to identify gaps as well as opportunities to build partnerships and relationships that increase the reach and effect of mental health promotion strategies, approaches, and interventions.

# Glossary

**Chronic diseases of public health importance** include, but are not limited to, obesity, cardiovascular diseases, respiratory disease, cancer, diabetes, intermediate health states (such as metabolic syndrome and prediabetes), hypertension, dementia, mental illness, and addictions.

**Comprehensive health promotion approach** applies diverse strategies and methods in an integrated manner—one of the preconditions for health promotion to be effective. Health promotion addresses the key action areas identified in the Ottawa Charter in an integrated and coherent way.[33]

**Cultural safety** refers to an environment which is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. Cultural safety is conceptualized on a continuum that begins with unsafe practises, moving to cultural competence, and culminating in culturally safe practices.[34]

**Health equity** means that all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance.[1]

**Mental health** is a positive concept and more than the absence of mental illness. The Public Health Agency of Canada defines it as "the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity."[4] Mental health may be used interchangeably with mental well-being, particularly outside of the health sector.

**Mental health problems** are the psychological changes that happen over time, affecting a person's ability to function and manage life. It is normal for a person to experience emotions such as sadness or feeling worried as a result of various life stressors; however, they become mental health problems if they affect daily functioning over an extended period of time. Mental health problems can affect everyone across the entire lifespan.[35]

**Mental health promotion** is the process of enhancing the capacity of individuals and communities to increase control over their lives and improve their mental health.[15] Beyond a focus on risk factors, it is an approach that aims to improve the health of individuals, families, communities, and society by influencing the complex interactions between social and economic factors, the physical environment, and individual behaviours and conditions across the lifespan (i.e., the social determinants of health).[36]

**Mental illness** refers to conditions where our thinking, mood, and behaviours severely and negatively impact how we function in our lives. Mental illnesses are affected by "a complex mix of social, economic, psychological, biological, and genetic factors," and may take many forms, including mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders, and addictions such as substance dependence and gambling.[4,9]

**Mental illness prevention** focuses on reducing risk factors for mental illness and enhancing protective factors. Prevention aims to address risk and protective factors before the onset of illness. However, prevention can also address risk and protective factors once symptoms of mental illness emerge to reduce their severity.[37]

**Population health** is the health of the population, measured by health status indicators. Population health is influenced by physical, biological, behavioural, social, cultural, economic, and other factors. The term is also used to refer to the prevailing health level of the population, or a specified subset of the population, or the level to which the population aspires. Population health describes the state of health, and public health is the range of practices, procedures, methods, institutions, and disciplines required to achieve it. The term also is used to describe the academic disciplines involved in studies of determinants and dynamics of health status of the population.[38]

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

**Program of public health interventions** includes the suite of programs, services, and other interventions undertaken by a board of health to fulfill the requirements and contribute to achieving the goals and program outcomes outlined in the Standards.

**Proportionate universalism** is an approach that balances targeted and universal population health perspectives. This approach makes health actions or interventions

available to the whole population, but with a scale, intensity and delivery that is proportionate to the level of need and disadvantage in particular populations.

**Resiliency** refers to the ability of an individual or community to effectively manage or cope with adversity or stress in ways that are not only effective, but increase their ability to respond to future adversity and enable them to thrive.[12]

**Risk and protective factors** are variables that can be present at the individual, interpersonal, community, and societal levels and that impact mental health and resiliency.[39] **Protective Factors** are determinants that affect health in a positive way. They help with maintaining good health, and can assist in effective management of health conditions.[40] **Risk Factors** are determinants that affect health in a negative way. They can increase the likelihood of developing chronic diseases, or hinder in the management of existing conditions.[40]

**Social determinants of health:** The interrelated social, political and economic factors that create the conditions in which people live, learn, work and play. The intersection of the social determinants of health causes these conditions to shift and change over time and across the life span, impacting the health of individuals, groups and communities in different ways.[41]

**Targeted approaches** use selection criteria, such as income, neighbourhood, health or employment status, to target eligibility and access to programs and services to priority sub-groups within the broader population.[42]

**Universal approaches** are programs and services that are available to the whole population.[42]

**Well-being** refers to “the presence of the highest possible quality of life in its full breadth of expression focused on but not necessarily exclusive to: good living standards, robust health, a sustainable environment, vital communities, an educated populace, balanced time use, high levels of democratic participation, and access to and participation in leisure and culture.”[43]

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