



MENTAL HEALTH PROMOTION

A Framework for Action by the Canadian Mental Health Association

INTRODUCTION

Mental health promotion is not a new concept, but it is still not well understood. Nevertheless, research is showing that mental health promotion initiatives can have concrete, positive outcomes for the entire population (Jane-Llopis et. al., 2005). *It is a powerful resource with significant potential for grounding the work of the Mental Health Commission of Canada.*

CONCEPTS: MENTAL HEALTH AND MENTAL HEALTH PROMOTION

An understanding of mental health promotion requires a clear concept of *mental health*. Key components of mental health generally include the capacity to: enjoy life, use abilities and achieve goals, contribute to community, deal with life's inevitable challenges and bounce back from adversity, and form and sustain relationships with others.

Because mental health is more than the absence of mental illness, a person can have a mental illness but still experience mental well-being (for example, attending college and enjoying reciprocal relationships). Conversely, a person can be free of a diagnosed mental illness, but still experiencing mental distress (for example, struggling to cope with a difficult life situation). This notion of mental health and mental illness as two separate constructs, first articulated by Health and Welfare Canada in 1988, is fundamental to our understanding of how mental health promotion principles apply to people with mental illnesses.

Mental health promotion refers to the actions taken to strengthen mental health. It applies to all people - specific groups as well as the general population. It:

- Enhances capacity to take control of life and health

Mental health promotion can help people take charge of circumstances that affect their mental health, and participate in decisions about their life and health.

- Promotes resiliency

Mental health promotion helps people bounce back from life's difficulties by enhancing protective factors, reducing inequities and ameliorating risk factors for poor mental health.

- Relies on intersectoral linkages

Mental health promotion requires linked policies and programs in government and business sectors including health, education, labour, justice, environment, finance, and housing, as well as prevention and treatment of illness.

- Takes a positive perspective

Mental health promotion is asset rather than deficit based. It is constructed on a foundation of empowerment, helping people and communities to recognize their strengths and determine their own destinies. And it provides resources to enable this empowerment in a supportive environment.

Busting the myths of mental health promotion

Like mental illness itself, mental health promotion is often misunderstood. In the development of policy, it tends to be dismissed entirely, lumped in with prevention, or sidelined to a peripheral role. This is a serious oversight, because its basic tenets can enrich any mental health planning initiative. Some common myths are discussed below.

- **MYTH: Mental health promotion is a soft concept, and less significant than clinical interventions.**

It is true that the outcomes of clinical interventions are more immediate and more easily measured than those of mental health promotion. But it is important to recognize that the two approaches are not mutually exclusive. Clinical practice can take a mental health promoting approach, focusing on people's recovery, enabling them to take control over their situation, and helping them connect to community.

- **MYTH: People with mental illness need a better system of services and treatments; mental health promotion is a lower priority.**

There is no question that an integrated system of services and supports is urgently needed, but if it is working effectively, it will also be promoting the mental health of the people it serves. Like all people, those with mental illness need a positive sense of self; a sense of inclusion and belonging; purpose, meaning, and hope; and a practical understanding of their own mental health strengths and challenges. These tools can enable them to gain greater control over their lives, deal more effectively with life's challenges, and work toward recovery.

- **MYTH: Mental health promotion refers to public education and broad determinants of health for the general population.**

While these are aspects of mental health promotion, they represent only a small fraction of its reach. Its universal principles apply to all sub-populations, and its strategies can take many forms. The sample of applications in the following section demonstrates a range of concrete mental health promotion strategies in a variety of settings.

APPLICATIONS

A selection of applications along with program examples in boxes follows, organized according to the five action areas for health promotion from the Ottawa Charter for Health Promotion (1986).

1. Creating Supportive Environments

- Creating better housing conditions
- Reducing the strain of unemployment
- Befriending program for older women to enhance social support
- Reducing stigma through a variety of approaches

Changing Minds (CMHA Newfoundland Division, current)

- instructional models based on real people's experiences, for community education about mental health and mental illness

- Supporting students with mental illness in higher education

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

- a guidebook and train the trainer program for promoting the mental health of young children in child care

2. Building Individual Skills

- Mental health clubs for youth in schools to enhance resilience and promote social competence
- Adult literacy programs to promote confidence and inclusion

Consumer Development Project (CMHA, BC Division, current)

- consumers developed tools to train peers for participation in mental health system planning

3. Developing Healthy Public Policy

- Workplace policies that support employee participation in organization and design of their work
- Policies for direct provision of funding to consumer controlled organizations

Ontario Peer Development Initiative (OPDI) (1991 - present)

Funded by Ontario Ministry of Health, OPDI supports consumer/survivors to develop their own programs for maintaining their mental health. All funded projects are consumer-run and all staff and board members are consumers.

4. Reorienting mental health services

- Intervening early in psychosis with an expectation of recovery
- Taking a consumer-centred, strengths-based approach
- Service models that support independent living, enhance participation in community life, and link to generic supports such as religious institutions and interest groups

Salmon Arm Mental Health System Progress Report (CMHA, BC Division, 1998)

This community-based approach to mental health system monitoring takes a consumer and community focus and recognizes determinants of health. It gathers information from consumers, families, providers, and external groups such as family doctors, RCMP, income support workers and other community organizations. It asks: How well does the mental health system work as a discrete system? How well do the services and supports within the system work together? How well does the system relate with other parts of the community (e.g. family doctors, police, drug/alcohol counselors)? How well does it support people with mental illness and their families to optimize their recovery?

- Promoting access to, and strengthening, the social determinants of health

A story about mental health promotion and determinants of health

From 2002 to 2004, CMHA National's *Citizens for Mental Health* project, funded by Health Canada through the Voluntary Sector Initiative, consulted with over 400 voluntary sector stakeholders to ask: "What are the significant mental health issues for the communities you deal with, and what actions should the federal government take on these?" The respondents represented a wide range of health and social groups and organizations, different cultures, and all regions of Canada, but they all raised the same themes. In particular, they identified social determinants of health such as housing, income, employment, and justice as mental health policy issues. This previously hidden consensus has significant implications for policy development and joint initiatives.

5. Strengthening Community Action

- Promoting social support and community empowerment for older adults through income generation, links with younger people to provide physical care, and visiting neighbours for social support and practical help
- Building collaborations between school and community to prevent drug abuse in at-risk youth
- Connecting people with mental illness to the natural community

Inclusion in Community (CMHA National, 1993)

This project fostered integration into regular community life by making generic services and groups more accessible to people with mental illness. In different sites across Canada, a range of community partners jointly identified and implemented inclusion strategies. Partners besides the mental health sector included business people, colleges, government, religious leaders, and recreation staff. Approaches included: community theatre troupe, consumer-run businesses, enhancing access to mainstream employment and to recreation programs at the YMCA, expanding volunteer opportunities, and outreach to peers in hospital to connect them to community.

RELEVANCE FOR THE WORK OF THE MENTAL HEALTH COMMISSION

The “Out of the Shadows” report provides a clear vision for recovery, choice, and participation. Mental health promotion is consistent with this vision.

Rather than a stand-alone issue tacked onto the MHCC’s agenda, mental health promotion should be an overall guiding principle. This principle can keep the Commission focused on helping people build on their capacities and direct their own recovery journey. A mental health promotion approach will help ensure that all the Commission’s work supports the assets, strengths and resilience of individuals and communities.

In particular, mental health promotion principles can inform the approach the Commission takes to its initial identified priorities. For example:

- **Fighting stigma**

A mental health promotion approach would ensure that the target population participates in planning, implementing and evaluating anti-stigma public education strategies. It would also broaden the anti-stigma agenda beyond just public education to incorporate community linkages and inclusion initiatives.

- **Promoting knowledge exchange**

The mental health promotion principles of building on community strengths and wisdom would lead a Knowledge Exchange Centre to accept the legitimacy and value of various sources of knowledge beyond just the clinical, and to ensure that its agenda includes promotion and recovery information.

- **Developing a national mental health strategy**

A national mental health strategy informed by mental health promotion concepts would be grounded by principles of participation, recovery, resilience, and maximizing control over life and health. It would also establish clear interdepartmental linkages for promoting joint action on the determinants of health.

CONCLUSION

The potential of mental health promotion goes far beyond public education. It is relevant for all people, including those with mental illness, and its principles can provide a solid foundation for the Mental Health Commission of Canada as it proceeds with its important agenda. This would ensure an explicit and continuous acknowledgment that the MHCC heard what people with mental illness have been saying about the importance of the social determinants of

health to their own quality of life, and the need for strategies in the service system and beyond that foster resilience and the potential for recovery.

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