Mental Health in the Field of Health Impact Assessment

Health impact assessment (HIA) is a practice that makes it possible to estimate the potential effects that projects, programs and policies will have on health determinants. It aims to set out recommendations for decision makers to prevent negative effects and maximize positive effects on the health of the affected population. It is highly relevant when used to inform decisions that are motivated by concerns other than health.

The practice began to gain traction over twenty years ago; today, there is a strong consensus among practitioners as to the successive-step approach and its underlying values (Douglas, Conway, Gorman, Gavin, & Hanlon, 2001; Kemm & Parry, 2004; Kemm, Parry, & Palmer, 2004; Quigley et al., 2006; Harris-Roxas & Harris, 2011; Bhatia et al., 2014). Concurrently, HIA has been generating diversified models of practice, depending on the nature of the projects and policies analyzed, the depth of the analysis conducted, or the importance given to the various precepts that inform the approach (Hebert, Wendel, Kenedey, & Dannenberg, 2012; Schuchter, Bhatia, & Seto, 2015). Such diversity is inevitable. The variations among the policies examined, the characteristics of the populations affected and the political and social contexts of decision making, as well as respect for principles such as democracy, equity and a holistic approach to health mean that, in application, the HIA approach takes on different aspects depending on the imperatives of the moment. In a way, HIA guides are like Ariadne's thread, guiding practitioners through the changing universe of decision making, and such flexibility remains a prerequisite for the success of HIA.

While some practitioners would welcome a universal guide to better establish HIA's disciplinary field (Fakhri, Maleki, Gohari, & Harris, 2014), others have instead focused on producing thematic guides (on transportation, urban development and housing, for example) to optimize the use of indicators that are specific to the subject under study. However, the HIA processes governed by the different guides do not always manage to adequately consider fundamental HIA aspects, such as equity and citizen participation (Wright, Parry, & Mathers, 2005). For example, the Equity-focused HIA guide proposes appropriate methods and measures to properly address inequalities in HIA (Harris-Roxas, Simpson & Harris, 2004; Mahoney, Simpson, Harris, Aldrich, & Williams, 2004). Given the observed failure of HIA processes to adequately factor in the mental health dimension, in recent years, a similar initiative was undertaken for mental health; it yielded a new practice, mental health impact assessment.

This briefing note provides a perspective on current practice of mental health impact assessment of projects, programmes or policies. It outlines its three approaches, the rationales put forth by the initiators of these streams, their contribution to health impact assessment practice and the various ways it is used today. It then offers a brief reflection on the potential contribution of this practice to government mental health strategies in Canada. This note is intended for HIA practitioners who want to learn about developments in the area of mental health impact assessment, as well as for professionals and others working to prevent mental disorders and promote mental health who want to learn more about this trend.[1]

Three movements in health impact assessment focused on mental health

MENTAL WELL-BEING IMPACT ASSESSMENT (MWIA)

Assessment of the mental health impact of programs, projects and policy has been going on for about ten years. The first movements to come to international attention emerged in England, with the publication and use of the *Mental Well-being Impact Assessment* (MWIA) guide (Coggins et al., 2007; West & Scott-Samuel, 2010).

---

[1] Those who are not familiar with HIA can visit http://www.ncchpp.ca/133/publications.ccnpps?id_article=302 for more information.

There, MWIA practice is among the government's mental health action strategies (Department of Health, 2011a; 2011b). Government authorities instituted support mechanisms (dedicated unit, training program, intersectoral committee, etc.), as well as incentives to encourage use at local levels. Today, many organizations in the health and other sectors use MWIA; about seven hundred projects have benefited from it (Cooke et al., 2011; Inukshuk & South London and Maudsley, 2011). The practice of mental well-being impact assessment (MWIA) is characterized by a salutogenic perspective: it stresses the protective factors that have demonstrated positive impact on community mental well-being (Cooke & Stansfield, 2009).

Mental health impact assessment (MHIA)[2]

A second movement arose a short time afterwards in the United States, at the Institute on Social Exclusion at the Chicago-based Adler School of Professional Psychology. Dedicated to both treating and preventing mental disorders, the Institute uses a mental health impact assessment (MHIA) approach to pinpoint the impacts on mental health's social determinants[3] of draft social policies and thereby intervene upstream. The approach is derived from HIA, although it focuses solely on the social factors that may impact mental health. It draws on both multidisciplinary expertise and the knowledge of people sensitive to the suspected impacts, whether or not they have mental health problems (Todman et al., 2013).

> A salutogenic perspective asks "what creates health?" and is primarily focused on the conditions that would secure "flourishing" mental health for all.

Mental health considerations integrated into health impact assessment (HIA)

Lastly, a third movement emerged recently from the Society of Practitioners of Health Impact Assessment (SOPHIA), which set up a mental health work group. Contrary to the other two movements, this organization of HIA practitioners does not aim to

develop an impact assessment guide specific to mental health, but rather to strengthen existing HIA practice to better factor in its determinants (Lucyk & Habitat Health Impact Consulting, 2015). In this situation, the effects considered concern both the physical and mental aspects of health.

Like the other types of prospective policy impact assessment, the three movements discussed above look at effects that occur at the population level rather than the individual level. Such initiatives emphasize societal factors with an impact on the state of mental health, factors that are generally overlooked or go unmentioned in the policy and program development process. Moreover, they promote the development of indicators more specific to mental health (both the positive aspect, such as well-being, and the negative aspect, associated with mental health problems) and greater consideration of population sub-groups deemed more vulnerable as a result of their personal or living situations.

These three movements converge and influence each other. All draw on the recognized HIA approach and subscribe to its fundamental principles, such as the adoption of a social vision of health and the importance of evidence. Methodologically, they are based on public participation and aim for equity. All are also characterized by a positive vision of mental health, in that they focus on the factors and situations that promote good mental health.

Despite their shared foundation, these three approaches also feature differences, as shown in Table 1. Prior to presenting the table, we will briefly describe the rationale for the emergence of the practice of mental health impact assessment and how it differs from classical HIA, and we will present the various ways in which it has been used to date.

> The term "positive mental health" is frequently used to underline the perspective used, which is distinct from a perspective that focuses on mental health services and preventing mental health problems (see CPHI 2011).

What needs is the practice of mental health impact assessment intended to meet?

Although HIA standards of practice include considering the mental aspect of health (see Quigley

---

[2]   In this briefing note, the acronym MHIA is used to specifically refer to the Adler School movement to distinguish it from the broad area of mental health impact assessment.

[3]   The Adler School defines the social determinants of mental health as living situations influenced by policy decisions which are the leading causes of mental health inequalities. The key social determinants of mental health are poverty, violence, racism, abandoned housing, green space, and clean air and water.

et al., 2006), numerous observers who are sensitive to this facet believe it is neglected. Either it is barely touched upon in the identification and analysis of the health determinants affected by a proposal under study, or it is poorly understood because of a limited conception of mental health (Cooke & Stansfield, 2009; Lalani, 2011; Todman, Hricisak, Fay, & Taylor, 2012; Lucyk & Habitat Health Impact Counselling, 2015). A 2015 study (Lucyk et al., 2015, cited by Lucyk & Habitat Health Impact Consulting, 2015) showed that, while a good proportion of the HIAs surveyed (73% of the 156 HIAs analyzed) considered elements linked to mental health at the scoping stage, only one third included mental health information in the initial portrait of the community studied, and an even smaller proportion analyzed the potential mental health impacts on the affected population. Better incorporation of the mental dimension of health in the impact assessment process would yield a better understanding of the complexity of a population's overall health and would reflect the holistic approach recommended by HIA (Lucyk & Habitat Health Impact Consulting, 2015). The mental health impact assessment therefore aims to counter the tendency seen in HIA to give precedence to physical health impacts. In addition, with a mental health preoccupation, a wider range of proposals is opened up to potential analysis through the inclusion of social policies (in the justice, education and family sectors, etc.), which are usually examined less within the framework of HIA practice (Todman et al., 2012).

A second reason put forward by HIA practitioners concerned by that issue is the need to pay greater attention to population sub-groups in which individuals are especially vulnerable in terms of mental health. These groups may be at risk of developing mental health problems due to common difficulties associated with their social and economic situations, living conditions and available social support. Also at risk are those with a mental disorder diagnosis who could be further marginalized. These groups are generally not among the population consulted within a "standard" HIA; the people who participate in consultations are usually in good physical and mental shape (Lucyk & Habitat Health Impact Consulting, 2015). Ordinary HIA practice could therefore obscure an important part of the potential impacts on these sub-groups.

Mental health outreach and education are also part of the rationale for using mental health impact assessment. Because of its prospective and intersectoral nature, it makes it possible to build bridges with sectors that have the leverage to take action to strengthen protective factors or mitigate risk factors, particularly for the more vulnerable. It provides information on the structural factors that undermine mental health, such as social inequalities, prolonged unemployment, discrimination, alienating work, to name but a few, and therefore raises awareness in sectors in which public decisions shape these conditions (Todman et al., 2013). Mental health impact assessment may provide the only moments in which mental health is explicitly considered in the policy development process (Lucyk & Habitat Health Impact Consulting, 2015). In addition, in mental health impact assessment, an understanding of positive mental health (instead of mental illness) is shared across stakeholders and diverse decision makers (Cooke & Snowden, 2010).

Lastly, many proponents of the approach believe it is in step with the rising concern not only with a positive vision of mental health, but also with quality of life and well-being, which are increasingly documented and considered (for example, the Canadian Index of Wellbeing and the OECD's Better Life Index). It therefore responds to public demand (Lucyk & Habitat Health Impact Consulting, 2015).

How does it differ from standard HIA practice?

Mental health impact assessment arises from the same source as HIA. It draws on its methodological approach, which is based on classic tasks, such as developing a profile of the affected community, searching for evidence through a literature review and interviews with members of the affected community and including stakeholders in an intersectoral dynamic. It also has its own unique features, primarily associated with its conceptualization, which then influences its methodology.

DIFFERENCES IN CONCEPTUALIZATION

The three initiatives cited stress the development of a positive notion of mental health. Here, it is interesting to note frequent reference to the two-continuum model that relates mental health and mental illness to point toward action that goes beyond illness and public services (Cooke et al., 2011; Lalani, 2011). The more traditional and more commonly-used single-continuum model positions mental health as the absence of illness, whereas the mental health axis of the two-continuum model has

"languishing" mental health at one extreme and "flourishing" mental health at the other (Keyes, 2002). The salutogenic approach primarily focuses on the conditions that would secure flourishing mental health for all.

> From the perspective of the two mental health continuums, individuals with no mental disorder diagnosis can still end up with precarious mental health (languishing) and be more vulnerable to the risks created by some social policies. On the other hand, even people diagnosed with a mental disorder may have flourishing mental health if their living and environmental situations are good.

Entrenched in this salutogenic perspective, European MWIA practice is structured around three core protective factors. These factors are a sense of control, resilience, social participation and social inclusion (Cooke & Stansfield, 2009). The choice of these factors was based on the Department of Health guidance on mental health promotion and on the results from a literature review conducted by the practice's initiators. The relevance of these factors has been also tested through a large number of pilot projects (Cooke et al., 2011; Lalani, 2011).

> **Protective factors according to MWIA:**
> - Sense of control
> - Resilience
> - Social participation and inclusion.

For its part, the SOPHIA work group focuses on a community's attributes and on three buffer factors: social connection, a sense of confidence and sleep (Lucyk & Habitat Health Impact Consulting, 2015). These protective or buffer factors help to overcome the pitfalls and stresses of daily life, reducing the likelihood that disorders will develop or worsen if they are present. Both protective (Cooke & Stansfield, 2009) and buffer (Lucyk & Habitat Health Impact Consulting, 2015) factors are also influenced by broader social determinants like housing, education and economic and social development. Lastly, all of these factors interact with individual characteristics.

The idea of protective or buffer factors arises from the broader field of mental health promotion (Hermann, Saxena, & Moodie, 2005); incorporating them into HIA is a way of enriching the practice.

> **SOPHIA: buffer factors**
> - Social ties
> - Confidence
> - Sleep.

By looking at protective factors through the lens of the mental health continuum, we seek to learn how a project may alter or strengthen protective factors (West & Scott-Samuel, 2010). This analysis makes it possible to connect flourishing mental health with the goals of a sound and prosperous society, positioning this type of impact assessment favourably with public decision makers whose mission is usually to contribute to a better society.

Lastly, another interesting paradigmatic distinction is the positioning of mental health as a mediator between the project, program and policy and physical health. For supporters of this approach, it is essential to focus on grasping the role of mental health in mediating between social conditions and chronic illness (Cooke et al., 2011; Todman et al., 2012). For example, Todman and colleagues (2013, p. 75) cite chronic poverty (a social condition) which induces psychological distress (mental health). This in turn contributes to hypertension and the illnesses it leads to (physical health). This perspective offers a dynamic dialectical analysis of mental and physical health and allows a more complete reading of the complex relationship between the determinants affected and potential impacts on the population.

CONTRIBUTIONS TO METHOD

In terms of method, this conceptual enrichment yields changes to standard HIA practice, such as a greater effort to be precise in identifying determinants and monitoring indicators. We have grouped the various changes suggested in the literature consulted according to the main parameters of HIA practice.

Community profile

The impact assessment usually starts by drawing up a profile of the affected community. The mental health impact assessment approach draws attention to new elements that yield a better assessment of the state of a population's overall health by considering, for example, the presence or absence of mental health protective factors, ambient stressors, or the accessibility of mental health services (Bird, 2008; West & Scott-Samuel, 2010; Lalani, 2011; Lucyk & Habitat Health Impact Consulting, 2015).

Selection of priority determinants

The greater room given to the mental aspect of health makes it possible to break some social determinants down into more precise items and explains why and how social determinants impact on health outcomes. This leads to an increased focus on situations that may deserve special attention during the impact assessment, or when choosing recommendations for improving the proposal under study. Factors such as transportation time, industrialization and community conflicts (Lucyk & Habitat Health Impact Consulting, 2015) are some examples that illustrate the opportunities for refining the impact analysis.

Nature of impacts

A more honed consideration of the protective and risk factors for wellbeing and mental health generally leads to a more detailed analysis of the potential impacts projected. It is therefore easier to spotlight the risk of developing states associated with poor mental health (languishing health) or more advanced mental health problems such as anxiety, post-traumatic symptoms, attention problems or dependency (Todman et al., 2012).

Monitoring indicators

The approach proposed by MWIA includes the development of precise indicators for the core protective factors or social determinants to be monitored in conjunction with the project analyzed, so that organizations can monitor, over time, the impacts on the groups most at risk of developing poor mental health (Cooke et al., 2011). The field of mental health enriches this reading by introducing specific indicators for a healthy community, such as community efficacy, social cohesion, or the psychological sense of community (Todman et al., 2013).

Differentiated impacts

Mental health impact assessment practice pays close attention to identifying sub-groups vulnerable to developing mental health problems, or those who live with such problems and may face social inequity and injustice. These problems may be a heavier burden on people who are socially and economically disadvantaged (Cooke et al., 2011; Lalani, 2011; Lucyk & Habitat Health Impact Consulting, 2015). It is sometimes even suggested that greater attention be paid to these groups than to the general population (Bird, 2008). The importance of the viewpoint of the people affected by a project is solidly entrenched in the mental health impact assessment, making it a highly participatory practice.

Makeup of the impact assessment team

The Adler School approach to MHIA stresses the value of including an expert in mental disorders in the team of assessors. According to the proponents of this approach, mental health is a complex field and calls for in-depth knowledge of the target clienteles. By combining analytical units (individual and populational), the team acquires a more accurate picture of the potential mental health impacts of social projects or policies on some populations (Todman et al., 2012).

In short, the field of mental health impact assessment draws on HIA practice with respect to its methodological approach and systematic use in the decision-making process. It is also heavily influenced by the broader mental health field, using concepts such as protective factors and the positive mental health outlook as determinants of healthy life expectancy. Moreover, a lot of room is given to acquiring and analyzing qualitative data by making consultations with vulnerable groups central to the impact assessment process. Lastly, it helps combat health inequalities by highlighting the effects a program, project or policy has on a specific category of individuals who are sometimes overlooked and by addressing the root causes of the health equity gap (Commission on Social Determinants of Health, 2008).

Various uses of mental health impact assessment

The three streams, or approaches, examined in this briefing note share the same principles underlying the need to factor a concern for mental health into decision makers' choices, regardless of their sector of action. In practice, the three streams are deployed in different contexts.

MENTAL WELL-BEING IMPACT ASSESSMENT (MWIA): TO RE-ALIGN RESOURCES

Mental well-being impact assessment is primarily practised in the United Kingdom. Its use there is recognized and supported by government authorities. It benefits from contributions from major national organizations that facilitate the development of knowledge and support the acquisition of new skills (Inukshuk & South London and Maudsley,

2011). Also, the approach to increasing use of MWIA is building capacity through 'train the trainers' types of activities and making the tool as accessible as possible for anyone to pick up and use.

An overview of the reports filed on the Public Health England (PHE) site indicates the type of projects that have been subject to impact evaluation and the context of their use. The MWIA approach is primarily used at the local level by public and non-profit organizations to frame community and partner reflection on the effects of the programs and services offered on their population's mental well-being. A variety of projects have benefited, and some involved programs for people with mental disorders or their carers, or for vulnerable groups like the homeless. For example, it allowed an organization to examine, with beneficiaries, how the services offered affected mental health protective factors and, crucially, how to re-orient illness services to a health focus (see the Inukshuk example, 2007). MWIA can be used to develop organizational policy on employee well-being, or assess current services offered by a mental health organization, or inform local authorities' decisions about their development projects' potential effects on protective factors.[4] In all cases, the approach is intended to steer resources toward actions that are as far upstream as possible from poor mental health or mental health problems (or their consequences, like criminality or intolerance), actions that bolster mental well-being protective factors (Cooke et al., 2011). In practice, the MWIA approach takes three possible forms: desktop analysis, or screening, used by commissioners or decision makers; the rapid, and most frequent approach, which consists of discussion workshops structured around tools provided by the MWIA; and the longer form, which goes through the five or six impact assessment steps, including the literature review, as recommended in the guide to practice promoted by the MWIA. The rapid form is within reach of many actors and sectors of intervention, reflecting the goals of government authorities who want it broadly used.

MENTAL HEALTH IMPACT ASSESSMENT (MHIA): AN EXPERT-LED APPROACH

The mental health impact assessment (MHIA) proposed by the Adler School relies on the contribution of public health and mental health experts to estimate the potential impacts on social determinants of public policies likely to negatively impact groups of people who are vulnerable to mental disorders. The projects selected therefore include significant risks to the mental health of individuals who are in precarious situations. The university's Institute on Social Exclusion of Adler School has conducted two major MHIAs to date. The first study dealt with a draft municipal bylaw on vacant buildings in a run-down Chicago neighbourhood (Todman et al., 2012). The second study assessed the effects on residents of that neighbourhood of the revision of a federal policy on employer access to criminal histories in the hiring process. The second study can be described as a comprehensive impact assessment insofar as, throughout the eighteen months of the MHIA, the team of assessors carried out numerous interventions in keeping with the precepts of each of the six steps in the standard HIA approach, including performing a review of the scientific literature, updating the causal relationships between the proposal and potential mental health problems and conducting intensive consultations with the groups concerned. This study received outside funding and the analysis was piloted by a team of experts, including a mental health clinician. According to this school of thought, one reason mental health is neglected in HIA is the lack of mental health clinicians on assessment teams (Todman et al., 2012).

SOPHIA'S APPROACH: STRENGTHENING GENERAL HIA PRACTICE

The SOPHIA work group draws on its report on how mental health determinants are usually handled in HIAs to put forward a toolkit and references that should help improve consideration and analysis of various social determinants of mental health. For example, concepts such as social isolation and social cohesion, and their causal relationships with overall health, receive greater attention. As with equity (see Gunter, 2011), the approach promoted by SOPHIA, which represents HIA practitioners, privileges the path of improving core HIA practice over a path that would yield a differentiated practice for mental health. With this decision, this stream rejects the idea of a separate guide which could impoverish the substance of HIA by depriving it of knowledge from the broader mental health field. Also responsible for this decision are concerns raised by a proliferation of types of impact assessment (health, social, environmental, equity, etc.) tied to the decision-making process.[5] In

---

4   For these examples, see the PHE's MWIA collection in the Key Resources section of this note.

5   For comments on this, see: http://www.healthscotland.com /resources/networks/otherassessments.aspx

closing, note that this stream is nascent in the HIA field and, for now, is restricted to the North American community of practice. However, the close relations the group maintains with the networks of the international community of HIA practitioners are likely to foster use of the knowledge produced outside of this area.

Table 1   Synthetic comparison of three streams of mental health impact assessment*

Elements	Well-being (MWIA)	Mental health (MHIA)	Enhanced HIA
Conceptual approach	Protective factors.	Social determinants of mental health.	Social and physical determinants and buffer factors.
Determinants	Protective factors and social determinants. Mental health as an intermediary between the project and physical health.	Social determinants. Most important: income, discrimination, social capital, immediate environment and local economic conditions.	Physical determinants and social determinants.
Impact types	Mental wellbeing. How are the protective factors affected?	Mental health and mental illness (depression, anxiety, post-traumatic symptoms, stress-related disorders, hyperactivity and psychoactive substance abuse).	Physical health and mental health. Mental health may be a factor that influences health or an outcome in itself, depending on the project.
Types of projects/policies	More frequently at the local level. To steer programs and services within or beyond the field of mental health that affect the vulnerable or the overall population.	For social policies at all levels that could negatively impact the vulnerable or people with mental disorders.	Non-health projects, programs and policies at all decision levels.
Role of the population	Central, to identify problems and directions.	Central, to document problems and develop recommendations.	Important, to identify problems, data sources and recommendations.
Integration with other impact assessments (IA)	Most often used alone, but has complemented other IAs.	No.	Mental health integrated into HIA which is used alone or included in other IAs.
Funding	Variable, usually included in the planning stages.	External.	From the HIA's funding.
By whom?	Decision makers, planners, participants responsible for projects, programs, policies.	Public health and mental health experts.	Multidisciplinary team of HIA practitioners.
Scope of analysis	Population groups, particularly at the community level.	Vulnerable groups and the individual level.	Overall population and vulnerable groups.

* Beyond the MWIA experience, information on the latest streams is piecemeal and information may be missing that would allow a more accurate classification. This table reflects the practice observed as described in published reports. It may not reflect all of the ambitions put forward by proponents.

What could the practice of mental health impact assessment contribute to government mental health strategies?

In Canada, nearly all provincial and territorial governments have adopted a mental health strategy; most say they want to take action upstream of mental disorders by promoting living situations that favour healthy, resilient communities.[6]

At the federal level, the imperative of upstream action is also recognized. The primary goal of the Mental Health Commission of Canada's (2012) strategy, *Changing Directions, Changing Lives,* is to "Promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible" (p. 10). The Commission, along with most of Canada's provinces, recognizes that:

> "Mental health is also not the concern of the health sector alone. The policies and practices of multiple government departments (including education, justice, corrections, social services and finance) have a major impact on people's mental health and well-being. Beyond government, it is clear that workplaces, non-government organizations, the media, and many others all have a role to play" (p. 12).

Such stances get mental health actors to think about approaches that would allow them to take action beyond service delivery to work toward instituting environments that provide for flourishing mental health. Similarly, the positive mental health perspective, protective factors and essential ties with physical health and health inequalities invite all public health actors to ask themselves how they can set up the necessary partnerships with those in sectors with well-known mental health impacts. Improving population health cannot be achieved without attention to mental health and wellbeing as a key determinant of health and as an outcome in its own right.

Mental health impact assessment is an approach that helps answer these questions and give concrete shape to the mental health promotion objectives in

Canadian strategies. Although it has some limits as regards global intervention strategies, which must encompass mental health promotion action (impact assessment is an ad hoc intervention that takes a snapshot at a specific moment in time), a major asset is that it brings together numerous intervention sectors. Thanks to its holistic perspective, it enjoins players from all milieus, – health, civil society, decision makers, to share a common vision of potential risks and possible solutions, while engaging those who are affected by and vulnerable to the impacts of a policy project. The synergy of effort channelled into a joint process has several advantages, including raising awareness about mental health and about more vulnerable groups in the general population (West & Scott-Samuel, 2010).

Canadian mental health strategies generally identify priority areas for intervention, such as school, early childhood or the workplace, in which efforts can converge. All of these settings could benefit from an MHIA process and could, in turn, contribute their knowledge to enrich the process.

Lastly, the current knowledge being developed within the three approaches to evaluating the impacts of projects, programs and policies on mental health, both theoretical and practical, is certainly a goldmine of valuable information for Canada's positive mental health sector.

Conclusion

The practice of assessing the mental health impacts of projects, programs and policies is still marginal and, outside of England, remains embryonic. This briefing note covers the three main streams emerging and attempts to highlight the diversity of practices. Supporters of the three streams described are all motivated by the fact that mental health and its determinants are insufficiently considered in government decisions. Although the approaches privileged differ (from a democratized approach within reach of many actors to an exclusively expert-based approach), they all subscribe to the principles of health impact assessment, a practice intended to draw on evidence and highlight citizens' knowledge so as to influence public decisions such that they promote public health and combat health inequalities.

The three approaches have incorporated into the impact assessment practice notions from the field of

---

[6] See the list of mental health strategies drawn up by the NCCHPP at: http://www.ncchpp.ca/en/TableMH.aspx?sortcode=2.10.13

mental health that are still relatively new to public health, such as protective and buffer factors, and positive mental health. Use of these notions marks the current evolution toward a concern for overall health which is now viewed much more holistically with consideration given to the interactions between physical and mental health including psychological factors that contribute to health inequalities.

These developments influence each other and, together, make it possible to offer an array of products, tailored to the goals of their users, which could be useful to actors in Canada's public and mental health sectors, as well as to other sectors. The use of MWIA has been popular in England due to a combination of factors: its entrenchment in a positive vision of mental health, government leadership, an intersectoral approach and the presence of support for professionals in the area of competency and knowledge development. In Canada, many of the government mental health strategies at least provide a theoretical framework that opens the door to expanding the concern with positive mental health beyond the health care system framework and that of the health sector. An impact assessment-type approach to considering the effects of policy on mental health very certainly carries with it a range of tools for promoting the adoption of public policies that foster overall population health.

Key resources

Adler University Institute on Social Exclusion (MHIA)

- Description of their approach:
  http://www.adler.edu/MHIA
- Report:
  http://www.adler.edu/resources/content/4/5/documents/Adler_ISE_MHIA_130328_1.pdf

Mental well-being impact assessment (MWIA)

- Guide and toolkit: Mental Well-being Impact Assessment Toolkit. 3rd edition:
  www.apho.org.uk/resource/item.aspx?RID=95836

Public Health England

- Collection of published reports on MWIA:
  http://www.apho.org.uk/resource/item.aspx?RID=65554

- HIA section:
  http://www.apho.org.uk/default.aspx?QN=P_HIA

SOPHIA work group (HIA)

- Report presenting the results of a literature review of various mental health determinants:
  http://static1.squarespace.com/static/562c532fe4b079eaf38b7ed0/t/56450484e4b0204db87b2e87/1447363716038/MH+in+HIA_Lucyk_Final_SOPHIA+endorsed.pdf

Canada

- Canada's mental health strategy, "Changing Directions, Changing Lives":
  http://www.mentalhealthcommission.ca/English/initiatives-and-projects/mental-health-strategy-canada
- List of Canadian mental health strategies compiled by the NCCHPP:
  http://www.ncchpp.ca/en/TableMH.aspx?sortcode=2.10.13

References

Bhatia, R., Farhang, L., Heller, J., Lee, M., Orenstein, M., Richardson, M., & Wernham, A. (2014). *Minimum Elements and Practice Standards for Health Impact Assessment*. Version 3. North American HIA Practice Standards Working Group. Retrieved from: http://advance.captus.com/Planning/hia2/pdf/Minimum%20Elements%20and%20Practice%20Standards%20for%20HIA%203.0.pdf

Bird, M. (2008). *Environmental Scan of Health Impact Assessment tools with an emphasis on mental health impact assessment*. Working document, the Bureau of Women's Health and Gender Analysis of Health Canada. Unpublished.

Coggins, T., Cooke, A., Friedli, L., Nicholls, J., Scott-Samuel, A., & Stansfield, J. (2007). *Mental-wellbeing Impact Assessment Toolkit*. Cheshire: Care Services Improvement Partnership (CSIP) & North West Development Center.

Cooke, A., Friedli, L., Coggins, T., Edmonds, N., Michaelson, J., O'Hara, K., … Scott-Samuel, A. (2011). *Mental and Well-being Impact Assessment Toolkit*. 3rd ed. London: National MWIA Collaborative. Retrieved from: http://www.apho.org.uk/resource/item.aspx?RID=95836

Cooke, A. & Stansfield, J. (2009). *Improving Mental Well-being Through Impact Assessment. A summary of the development and application of a Mental Well-being Impact Assessment Tool*. London: National Mental Health Development Unit. Retrieved from: www.apho.org.uk/resource/view.aspx?RID=76823

Cooke, A. & Snowden, L. (2010). *Mental Wellbeing Impact Assessment: a way for people to contribute to decision making*. Retrieved from: http://www.local.gov.uk/web/guest/health/-/journal_content/56/10180/3510243/ARTICLE

Department of Health. (2011a). *Delivering better mental health outcomes for people of all ages*. London: UK Department of Health. Retrieved from: https://www.gov.uk/government/publications/delivering-better-mental-health-outcomes-for-people-of-all-ages

Department of Health. (2011b). *No health without mental health. Delivering better mental health outcomes for people of all ages*. London: UK Department of Health. Retrieved from: http://www.dh.gov.uk/en/Healthcare/Mentalhealth/MentalHealthStrategy/index.htm

Douglas, M. J., Conway, L., Gorman, D., Gavin, S., & Hanlon, P. (2001). Developing principles for health impact assessment. *Journal of Public Health Medicine, 23,* 148-154.

Fakhri, A., Maleki, M., Gohari, M., & Harris, P. (2014). Investigating Underlying Principles to Guide Health Impact Assessment. *International Journal of Health Policy and Management, 3,* 17-22.

Gunter, S. (2011). *EU Joint Action on Health Inequalities "Equity Action": A rapid review of enhancing the equity focus on policy oriented Health Impact Assessment*. Document produced for the European Union. Retrieved from: http://members.kwitelle.be/HEALTHEQUITY/_images/review_of_enhancing_equity_focus_on_policy_orientated_hia.pdf

Harris-Roxas, B. & Harris, E. (2011). Differing Forms, Differing Purposes: A Typology of Health Impact Assessment. *Environmental Impact Assessment Review, 31,* 396-403.

Harris-Roxas, B., Simpson, S., & Harris, E. (2004). *Equity focused health impact assessment: A literature review.* Sydney: Centre for Health Equity Training Research and Evaluation (CHETRE) on behalf of the Australasian Collaboration for Health Equity Impact Assessment (ACHEIA). Retrieved from: http://hiaconnect.edu.au/old/files/Harris-Roxas_B_(2004)_Equity_Focused_HIA.pdf

Hebert, K. A., Wendel, A. M., Kenedey, S., & Dannenberg, A. (2012). Health impact assessment: a comparison of 45 local, national, and international guidelines. *Environmental Impact Assessment Review, 34,* 74-82.

Herrman, H., Saxena, S., & Moodie, R. (Eds.) (2005). *Promoting Mental Health: Concepts, Emerging Evidence, Practice. Summary Report.* A report of the World Health Organization, Department of Mental Health and Substance Abuse, in collaboration with the Victorian Health Promotion Foundation, and the University of Melbourne. Geneva: World Health Organization. Retrieved from: http://apps.who.int/iris/handle/10665/42940

Inukshuk. (2007). *Mental Well-being Impact Assessment on St Mungo's Relationships Project. A report of two workshops held on 22nd May and 4th June 2007*. Retrieved from: http://www.apho.org.uk/resource/item.aspx?RID=69809

Inukshuk & South London and Maudsley. (2011). *MWIA National capacity Building Programe 2010-2011*. Final Report. South London and Maudsley NHS Foundation Trust. Retrieved from: http://www.apho.org.uk/resource/item.aspx?RID=104503

Canadian Population Health Initiative [CPHI]. (2011). *Recognizing and Exploring Positive Mental Health – Policy Dialogue: Synthesis and Analysis.* Canadian Institute for Health Information (CIHI). Retrieved from: https://secure.cihi.ca/free_products/recognizing_exploring_positive_mental_health_en.pdf

Kemm, J. & Parry, J. (2004). The development of HIA. In J. Kemm, J. Parry, & S. Palmer (Eds.), *Health Impact Assessment: Concepts, theory, techniques, and applications* (pp. 15-23). Oxford: Oxford University Press.

Kemm, J., Parry, J., & Palmer, S. (2004). *Health impact assessment: Concepts, theory, techniques, and applications*. Oxford: Oxford University Press.

Keyes, C. L. M. (2002). The Mental Health Continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, *43*(2), 207-22.

Lalani, M. (2011). Mental Well-being Impact Assessment. A primer. Toronto: Wellesley Institute. Retrieved from: http://www.wellesleyinstitute.com/publications/mental-well-being-impact-assessment/

Lucyk, K. & Habitat Health Impact Consulting. (2015). *Report on Mental Health in Health Impact Assessment.* Calgary: Habitat Health Impact Consulting Corp. Retrieved from: http://static1.squarespace.com/static/562c532fe4b079eaf38b7ed0/t/56450484e4b0204db87b2e87/1447363716038/MH+in+HIA_Lucyk_Final_SOPHIA+endorsed.pdf

Mahoney, M., Simpson, S., Harris, E., Aldrich, R., & Williams, J. S. (2004). *Equity Focused Health Impact Assessment Framework.* Australasian Collaboration for Health Equity Impact Assessment (ACHEIA). Retrieved from: http://hiaconnect.edu.au/old/files/EFHIA_Framework.pdf

Mental Health Commission of Canada. (2012). *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. Calgary. Retrieved from: http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf

Quigley, R., den Broeder, L., Furu, P., Bond, A., Cave, B., & Bos, R. (2006). *Health Impact Assessment International Best Practice Principles*. Special Publication Series No. 5. Fargo*:* International Association for Impact Assessment. Retrieved from: http://activelivingresearch.org/files/IAIA_HIABestPractice_0.pdf

Schuchter, J., Bhatia, R., & Seto, E. (2015). Health Impact Assessment in the United States: Has practice followed standards? *Environmental Impact Assessment Review, 47,* 47-53.

Todman, L., Hricisak, L. M., Fay, J. E., & Taylor, J. S. (2012). Mental health impact assessment: population mental health in Englewood, Chicago, Illinois, USA. *Impact Assessment and Project Appraisal, 30*(2), 116-123. Retrieved from: http://dx.doi.org/10.1080/14615517.2012.659991

Todman, L., Taylor, J. S., McDowell, T., Driscoll, M., Cooper, D., & Kim, E. (2013). *U.S. Equal Employment Opportunity Commission Policy Guidance: A Mental Health Impact Assessment*. Chicago: Adler School of Professional Psychology and Institute on Social Exclusion. Retrieved from: https://www.adler.edu/resources/content/4/5/documents/Adler_ISE_MHIA_130328.pdf

Wright, J., Parry, J., & Mathers, J. (2005). Participation in health impact assessment: Objectives, methods and core values. *Bulletin of the World Health Organization, 83,* 58-63. Retrieved from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2623465/

West, H. M. & Scott-Samuel, A. (2010). Creative potential: Mental well-being impact assessment of the Liverpool 2008 European capital of culture programme. *Public Health*, 124, 198-205. Retrieved from: http://www.ncbi.nlm.nih.gov/pubmed/20172571

World Health Organization's Commission on Social Determinants of Health [CSDH WHO]. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health.* Geneva: World Health Organization. Retrieved from: http://www.who.int/social_determinants/thecommission/finalreport/en/

Centre de collaboration nationale
sur les politiques publiques et la santé

National Collaborating Centre
for Healthy Public Policy

*Institut national
de santé publique*
Québec