A Framework for Supporting Action in Population Mental Health

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A Framework for Supporting Action in Population Mental Health

ABSTRACT In Québec, like elsewhere in the world, we are witnessing a growing concern for the population's mental health and for the importance of concentrating efforts on prevention and promotion. In this context, public health actors are invited to adopt a leadership role in advancing mental health promotion and mental disorder prevention goals, and establish the required partnerships with actors from the health and social services sector and from other sectors who are indispensable to the population mental health agenda. In Canada, public heath actors are not yet sufficiently supported in this role. They express the need to access structuring frameworks in order to help clarify their actions in mental health. In this article, we first present the momentum for change at the policy level within the field of mental health. Then we present a framework to support population mental health action. The framework identifies the various dimensions underlying the promotion of population mental health as well as the reduction of mental health inequalities. Finally, we illustrate how the application of a populational responsibility perspective, as it is defined in the context of Québec, facilitates the implementation of the various elements of this framework. In the end, public health actors are better equipped to situate their practice in favour of the population's mental health.

KEYWORDS population mental health, public health, population-based/populational responsibility

Un cadre de référence pour soutenir l'action en santé mentale des populations

RÉSUMÉ Au Québec et ailleurs dans le monde, la préoccupation s'accentue en regard de la santé mentale de l'ensemble de la population et de la nécessité de concentrer plus d'énergie sur les interventions préventives et de promotion. Il est alors recommandé que les acteurs de santé publique agissent en tant que chef de file de l'action de promotion de la santé mentale et de prévention des troubles mentaux et établissent les partenariats nécessaires avec les acteurs des secteurs de la santé, des services sociaux et des autres secteurs indispensables à l'action en santé mentale. Les acteurs de santé publique au Canada ne sont toutefois pas encore suffisamment soutenus dans ce rôle. Ils expriment, entre autres besoins, celui d'avoir accès à des cadres structurants qui clarifient leur action en santé mentale. Cet article propose un cadre de référence pour soutenir l'action en santé mentale des populations. Ce cadre

identifie les différentes dimensions propres à l'intervention en faveur de l'amélioration de la santé mentale de la population et de la réduction des inégalités de santé mentale. L'article illustre enfin comment l'application de la responsabilité populationnelle au niveau local permet de mettre en pratique les différentes dimensions de ce cadre de référence. Ultimement, il permet aux acteurs de santé publique de mieux cerner leur action en faveur de la santé mentale des populations.

MOTS CLÉS santé mentale des populations, responsabilité populationnelle, santé publique.

Introduction

In Québec and elsewhere in the world, there is rising concern about the mental health of the *entire* population. This calls for greater emphasis to be placed on interventions focused on prevention and promotion. Within the context of such action, it is also important to be concerned about social inequalities, which are strongly linked to the distribution of mental health within the population. We are, therefore, witnessing a burgeoning of *integrated or comprehensive* mental health strategies based on a conceptualization of mental health and mental disorders which positions them on two separate but related continua (Westerhof & Keyes, 2010).

Given this context, public health actors are being called on to play a leading role – as a "specialist workforce" – in furthering the objectives of equitably pursuing mental health promotion (MHP) and mental disorder prevention (MDP) as well as to establish partnerships with the overall workforce engaged in physical and mental health care, social services, community support, and other sectors (e.g., education). This overall workforce also has a role to play in MHP and MDP (Barry & Jenkins, 2007; Compton & Shim, 2014; Public Health England, 2015).

In this article, we first describe the momentum of change we see emerging at the policy level in the mental health field. We then discuss the key elements of a population mental health framework for public health. Finally, we clarify how the exercise of populational responsibility, as defined in the Québec context, supports the integration of the various dimensions of this framework.

Mental health in public health: a movement toward policy change

The importance placed on mental health within the field of public health has greatly increased over the decades. Firstly, mental health problems and mental disorders are becoming more prevalent in Canada and in the world. Their social, economic and health costs are very significant (Mental Health Commission of Canada, 2013; Whiteford et al., 2013). Moreover, these problems cannot be managed only through individual curative interventions (Brown, Learmonth & Mackereth, 2015; World Health Organization & Calouste Gulbenkian Foundation, 2014).

Secondly, mental health is considered an essential resource for life. It is defined as a state of well-being in which people can realize their potential, cope with the normal stresses of life, work productively and fruitfully and make a contribution to their community (World Health Organization, 2013). Thus, the objectives of mental health promotion include the pursuit of the well-being and development of individuals, communities and nations. This is distinct from the objectives of reducing the prevalence and incidence of mental disorders, though mental health promotion contributes significantly nonetheless. Improving mental health is beneficial to all people, including those living with a mental disorder. Their social, economic and health perspectives, as well as their longevity, are positively affected (Herrman & Jané-Llopis, 2012; Herrman, Saxena & Moodie, 2005; Keyes, Dhingra & Simoes, 2010; Keyes & Simoes, 2012; Roberts & Grimes, 2011). The World Health Organization states that "mental health, like other aspects of health, can be affected by a range of socio-economic factors [...] that need to be addressed through comprehensive strategies [...] in a whole-of-government approach" (World Health Organization, 2013, p. 7).

It was within the context of this movement that Canada proposed its first national mental health strategy in 2012 (Mental Health Commission of Canada, 2012). In doing so, it joined the ranks of governments attempting to meet the goals and challenges targeted by the WHO by developing policies, strategies and action plans that integrate care and services objectives with those of MHP and MDP. At the provincial level, we are also witnessing the emergence of guideline documents acknowledging

the importance of a positive vision of mental health, as well as the usefulness of its promotion within the entire population. These documents emphasize the importance of a continuum of care and of needs, ranging from MHP and MDP strategies for the entire population to clinical intervention. To achieve this, the guidelines encourage collaborative relationships between those working in public health, in care and social services, in the community and in other sectors.

In Québec, these concerns are set out in two complementary documents. Firstly, there is the *Plan d'action en santé mentale du Québec* (PASM) 2015-2020 (Québec's mental health action plan), which focuses more on coordinated care and services for people with mental disorders. This includes preventive activities for at-risk groups and recovery activities for those living with a mental disorder. The PASM 2015-2020 acknowledges the importance of population-wide MHP and MDP activities, which fall to the responsibility of the public health sector (Direction de la santé mentale, Ministère de la Santé et des Services sociaux, 2015). Secondly, there is the *Programme national de santé publique* (PNSP) 2015-2025 (Québec's public health program for 2015-2025), whose purpose is to guide public health action while taking mental health into account. In the PNSP, mental health is positioned as a cross-cutting concern integral to the full range of promotion and prevention actions aimed at supporting the development of individuals and at shaping safe and healthy environments. The health of individuals is considered holistically within the program and emphasis is placed on certain stages of life or priority sectors, such as early childhood or workplace health (Ministère de la Santé et des Services sociaux, 2015).

A population mental health framework for public health: a movement toward a change in practices

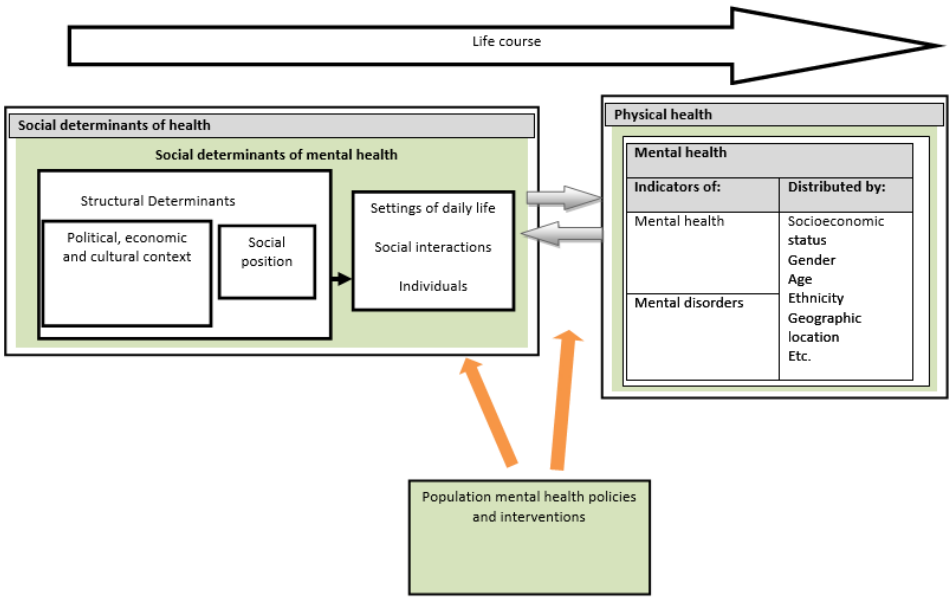
Within public health practice, we are seeing approaches derived from the new public health being applied to the field of mental health (Wahlbeck, 2015). Such approaches reflect the importance of viewing mental health and the conditions for its maintenance and equitable development from a social and societal perspective, instead of relying on a model focused primarily on the treatment of mental illness. Similar transitions have

taken place in the area of physical health. Initially, the latter was dominated by "surveillance and control" practices, followed by an increase in concern for the prevention of chronic diseases among at-risk persons, which then led to a view of health as a resource to be equitably maintained and promoted, with the goal being to optimize life (Breslow, 2006) by creating environments that encourage the adoption of a healthy lifestyle.

This is the context within which this population mental health framework for public health (see Figure 1) is being proposed (Mantoura, 2014b). It draws on the population health approach already being applied within public health in Canada. This framework demonstrates that mental health, and its distribution within the population, can be targeted by population-wide interventions that address the determinants of mental health on various levels (structural factors, living conditions and settings of daily life, social interactions and individual factors).

FIGURE 1

Population mental health framework for public health



Source: adapted from (Mantoura, 2014b; Commission on Social Determinants of Health, 2009).

The framework allows public health actors and their partners to consider the relationships between mental health and the living conditions and settings of daily life that shape it throughout the life course. They can thus position themselves and their roles (see Figure 2) with respect to the implementation of interventions aimed at improving population mental health and at reducing mental health inequalities. In doing so, they can help ensure these interventions reduce the prevalence and incidence of some common mental disorders. The main components of this framework are summarized below.

Social determinants of mental health

Like physical health, mental health is viewed as the result of dynamic interactions between individuals, groups, and the socio-economic context in general, throughout the life course (Global Consortium for the Advancement of Promotion and Prevention in Mental Health, 2008; Herrman & Jané-Llopis, 2005).

The determinants of mental health are often classified as risk factors and protective factors. The former place individuals at risk and increase the likelihood that a mental disorder will develop. The latter help to increase people's ability to cope with adversity and to moderate the impact of stress on emotional and social well-being. They thus help protect and strengthen mental health (Department of Health, 2012).

Throughout life, these determinants combine, intersect, and accumulate more or less intensively and with variable impacts depending on the stage of life. The life course approach identifies three types of effects tied to the stages of life when people are exposed to certain determinants (Halfon, Larson, Lu, Tullis & Russ, 2014; McDaniel & Bernard, 2011; Quesnel-Vallée, 2008). Firstly, exposure to protective or risk factors during critical or sensitive periods of life, such as early childhood, produces latent effects regardless of one's living circumstances during adult life. Next, social position at a given stage of life can, by affecting a person's life trajectory, partly determine that person's position later in life, which would have an impact on mental and physical health. Finally, exposure to protective or adverse conditions throughout life can produce cumulative effects.

Therefore, living conditions and experiences during early childhood are key factors for mental health. Some determinants, although they cannot be changed, such as age, sex, ethnicity, immigrant status and sexual orientation, are associated with differential exposure to protective and risk factors for mental health throughout life, depending on contexts and living environments. Certain types of living contexts are indeed considered to be more protective of mental health, notably those which promote social inclusion, protection against discrimination and violence, control over one's life, resilience and the availability of social and economic resources in communities (Cook et al., 2011; Keleher & Armstrong, 2005).

The influence of the determinants of mental health can be considered on many levels (structural factors, living environments and settings of daily life, social interactions and individual factors). Structural determinants influence the distribution of determinants at other levels, throughout the life course: the quality of living environments, social exchanges within communities or families, health-related behaviour and the psychological advantages of individuals. Thus, structural determinants are the determinants of health inequalities (and mental health inequalities) (Frohlich, 2010; Graham, 2004).[d] They make it evident that psychosocial factors cannot be considered independently of the material reality of people's lives, which is tied to the dimensions of power and privilege (Friedli, 2013).

Holistic health

Holistic health involves a full accounting of health status. This means taking into account mental disorders, mental health, and the bidirectional relationships between physical health, on the one hand, and mental health and mental disorders on the other (Herrman et al., 2005; Keyes & Simoes, 2012). Mental health indicators are thus added to those of mental disorders and physical health in order to monitor population health status.

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[d] For a discussion of the distinction between determinants of health inequalities and determinants of health, which aids in positioning different approaches to reducing health inequalities, see: Mantoura & Morrison, 2016.

Mental health and its risk and protective factors are distributed within the population according to a social gradient; that is, they vary according to the socio-economic position of individuals (World Health Organization & Calouste Gulbenkian Foundation, 2014). Poor mental health and mental disorders, like health status in general, are a reflection of deprivation and oppression. Thus, the least advantaged individuals on the social scale are more likely to suffer from chronic stress, which leads to impoverishment and lack of control over their lives. The latter are harmful to both mental *and* physical health. Inversely, poor mental or physical health, as well as the presence of mental disorders, reduces the likelihood of succeeding in multiple spheres, at various stages of life (school readiness, academic success, employability, positive social functioning, healthy and safe behaviour, etc.) and thus pushes individuals toward the bottom of the social ladder. A person's socio-economic position tends to deteriorate as his or her mental (and physical) health declines (Commission on Social Determinants of Health, 2009; Friedli, 2009; McGibbon, 2012; Pickett & Wilkinson, 2010).

Mental health indicators are usually based on the measurement of two dimensions: hedonic and eudaimonic. The first corresponds to one's level of emotional well-being (positive emotions, absence of negative emotions, life satisfaction) and the second, to one's psychological (exercise of mental abilities, ability to function, sense of purpose and coherence) and social (quality of relationships within the community, sense of belonging) functioning (Keyes & Simoes, 2012).

Population-wide actions, and actions for reducing mental health inequalities

Interventions targeting population mental health seek to act upstream of problems, to equitably improve the mental health of everyone, with or without difficulties, and to reduce the likelihood of mental health deterioration, throughout the life course.

Consequently, mental health promotion[e] is one of the preferred ways to contribute to prosperity, solidarity and social justice and to improve quality of life (Anderson, Jané-Llopis & Hosman, 2011; Barry, 2007; Department of Health, 2012; Global Consortium for the Advancement of Promotion and Prevention in Mental Health, 2008). Its aim is to enable people and communities to optimize their well-being, by influencing multiple determinants of mental health through the strategies outlined in the *Ottawa Charter* (build healthy public policy, create supportive environments, strengthen community action, develop personal skills, reorient health services) (International Conference on Health Promotion, 1986).

To promote mental health and prevent mental disorders, targeting specific areas is recognized as both cost-efficient and effective. These areas include parental skills and the first years of life, the quality of living environments (learning and work environments), physical activity and social participation for the elderly, physical health and lifestyle in general, as well as inclusion, support and social relationships throughout life (Department of Health, 2014; Desjardins, D'Amours, Poissant & Manseau, 2008; Friedli & Parsonage, 2009; Herrman & Jané-Llopis, 2012; McDaid & Park, 2016).

As with health interventions in general, the most promising interventions for reducing mental health inequalities are those that target inequalities across the gradient (Graham, 2004) and take into account the ways in which mental health is distributed in all segments of the population. One effective approach is to target structural determinants: political, social, economic and cultural contexts, as well as the social positioning of groups and individuals (Solar & Irwin, 2010). This would entail, for example, policies focused on poverty reduction, labour standards, taxation, anti-discrimination laws, the cultural adaptation of education systems to Indigenous communities, etc. Interventions may also

[e] Mental health promotion is distinct from mental disorder prevention. The latter is intended to reduce risk factors for the development and worsening of mental disorders. However, promotion and prevention constitute related activities that overlap within the logic of population health, where the goal is to reduce the level of distress and increase the level of well-being in the population (Herrman et al., 2005).

seek to reduce the gaps between the most advantaged and the most disadvantaged or to support only the most vulnerable (Graham, 2004) by targeting the risk or protective factors tied to the experience of these groups (improvement of housing conditions for single mothers, child development or educational programs in certain disadvantaged settings, strengthening of empowerment and community capacity in certain socio-economically fragile communities, notably through employment support or support for recent immigrant groups) (Solar & Irwin, 2010).

Finally, some interventions may aim to limit the worsening of inequalities associated with the social consequences of poor mental health or mental disorders (Solar & Irwin, 2010). This involves limiting exposure to additional mental health risk factors and strengthening protective factors, especially among such groups. Examples would be interventions targeting social inclusion (more flexible systems for workforce reintegration), broadening of social networks, support for parenting skills for parents experiencing depression, and improving the health behaviour of those with more pervasive mental disorders.

Populational responsibility, a lever for action on population mental health

This population mental health framework highlights the importance of increased cooperation among actors in public health, in health and social services and in other sectors, because it reflects a view of population health that requires partnerships and collaborations at both the level of intersectoral policies and that of local implementation. All these actors have a role to play and all help act on the various determinants of mental health throughout life.

In Québec, the principle of populational responsibility, which underlies the governance of the health and social services network, is an important lever for action on population mental health. This principle is entrenched in the *Act Respecting Health and Social Services* as well as in the PNSP. It must be upheld by every *Centre intégré de santé et de services sociaux/Centre intégré universitaire de santé et de services sociaux* (CISSS/CIUSSS) (integrated health and social services centre/integrated university health and social services centre) together with their partners in

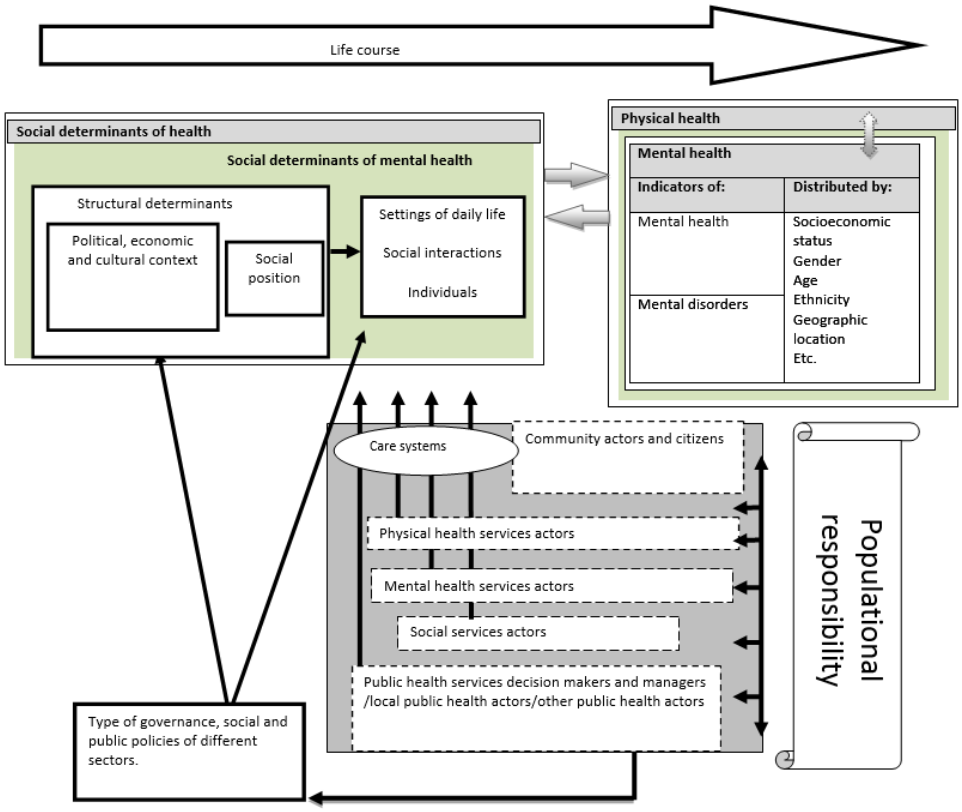
each *Réseau territorial de services* (RTS) (territorial services network) (e.g., schools, childcare centres, municipalities).

Collective responsibility for maintaining and improving the health and well-being of the population in a given territory is exercised through an appropriate set of coordinated social and health services. Accordingly, the services network is collectively tasked with optimally meeting the needs of the population, by providing care and support to people and acting upstream on health determinants (Jobin, 2011; Ministère de la Santé et des Services sociaux, 2015; Trottier, 2016). This approach represents a unique opportunity to strengthen local services and integrate a public health approach into the organizational structure of health care and services (Trottier, 2016).

For CISSSs/CIUSSSs, collectively exercising populational responsibility in accordance with the logic of population mental health implies changes in management and intervention practices. As suggested in Figure 2, exercising populational responsibility for population mental health involves applying two related guidelines: 1) maintaining concern among all actors in a given territory for the social determinants of mental health and for their fair distribution; and 2) reorganizing health and social services so as to facilitate a holistic approach to people's health, which includes forging more links between various sectors (e.g., education) and services programs.

FIGURE 2

Roles of the entire workforce involved in population mental health



Source: adapted from Mantoura, 2014b; Commission on Social Determinants of Health, 2009.

In order to anticipate needs and develop a shared vision of the reality within their territory, CISSSs/CIUSSSs must first collect and assimilate "complete" social/health data and analyze the distribution of indicators according to level of socio-economic advantage.

To do so, they must have access to "positive" mental health indicators, which should be included among the usual periodic measurements. Although rarely accessible until recently, these indicators are now taken into account in some surveys, nationally (Baraldi, Joubert & Bordeleau, 2015; Gilmour, 2014), provincially (Institut de la statistique du Québec,

2016), and regionally (Direction de la santé publique, Centre intégré universitaire de santé et de services sociaux de l'Estrie-Centre hospitalier universitaire de Sherbrooke, 2016). In addition, the Public Health Agency of Canada recently developed a Positive Mental Health Surveillance Indicator Framework (Orpana, Vachon, Dykxhoorn, McRae & Jayaraman, 2016).

Therefore, at the CISSS/CIUSSS level, in addition to the indicators of physical health and of mental disorders that are usually considered, relevant data should include:

- Mental health prevalence (levels of emotional, psychological and social well-being),
- An examination of determinants that promote or undermine mental health and protect against or worsen mental disorders,
- Prevalence of risk factors or of comorbidities (e.g., violence, excessive alcohol consumption, chronic diseases, at-risk behaviours),
- A portrait of the full range of existing care, services and actions (promoting mental health, preventing mental disorders, supporting treatment and assisting recovery) and their adequacy for the population's needs, and finally,
- The status of collaborative relationships between clinical physical and mental health actors, public health actors and community actors within a territory (Direction de la santé publique, Centre intégré universitaire de santé et de services sociaux de l'Estrie-Centre hospitalier universitaire de Sherbrooke, 2016).

Based on this data, the centres could then plan their services in accordance with a populational logic, which extends beyond the delivery of clinical services to afflicted individuals. This would involve, among other things, equipping local actors to assess the impact that certain programs or public policies would have on the mental health of the population in their territory (Cook et al., 2011; St-Pierre, 2016) and supporting and influencing the implementation of public policies, standards, regulations or laws that favour mental health (Mantoura, 2014a). Such policies would encourage respect for physical and moral integrity (the absence of discrimination and violence and the reduction of

social inequalities), allow for the optimal development of children, facilitate access to educational opportunities and to housing, ensure the availability and quality of jobs, support opportunities for social meetings and social participation, encourage the adoption of a healthy lifestyle, etc.

This approach would also involve implementing a variety of quality actions in and with the community, for children, youth and their families and for adults and seniors, while applying strategies that would foster their sense of belonging, their participation and their involvement in seeking solutions to the difficulties they face, solutions that would reduce access barriers for those living in vulnerable conditions (e.g., self-help networks, places for social interaction, community gardens, early stimulation activities, recreational areas, active travel, safety, contact).

Support would be provided, in particular, for living environments and settings (educational and childcare establishments, housing, workplaces) and for the creation of environments that foster social relationships, inclusion, control over one's life, physical activity, and the development of personal and social skills (e.g., parenting skills, management of emotions, communications skills, ability to seek help, stress management) (Ministère de la Santé et des Services sociaux, 2015; Public Health England, 2015).

Finally, a reorientation of physical and mental health services would be necessary (Public Health England, 2015). Frontline services could include preventive clinical services, social support and more suitable aid (e.g., for vulnerable groups, persons with mental disorders), covering all the needs, both physical and mental, of their clientele. These services should be more interconnected and accessible. Actors in the services network should be able to recognize signs of distress, as early as possible, or problems that could lead to a deterioration in mental health (e.g., excessive substance use including non-optimal use of prescription drugs, exhaustion of caregivers, violence or abuse, unplanned pregnancy), and be able to support people, while taking into account their social contexts (e.g., poverty, unemployment), and direct them toward the proper resources. They should also encourage the participation of individuals and families in finding solutions and use approaches that strengthen their ability to maintain optimal mental health.

Specialized care and services for people living with mental disorders could, finally, be more oriented toward recovery by taking into account social determinants and the impact of social inequalities on people's ability to improve their mental health and to prevent recurrences (Compton & Shim, 2014; Direction de la santé mentale, Ministère de la Santé et des Services sociaux, 2015; Provencher & Keyes, 2011; Royal College of Psychiatrists, 2010).

As suggested by Figure 2, such planning requires working more cohesively as a network, and calls for closer ties between the public health sector, the health and social services sector and the community sector, all of which are concerned with both physical and mental health (Initiative sur le partage des connaissances et le développement des compétences, 2012). This is not only indispensable to the achievement of mental health objectives at the territorial level, but also helps put in place the levers needed to influence actors in other sectors (employment, education, municipal, etc.) whose policies are fundamental to population mental health (Compton & Shim, 2014).

To achieve these objectives, the conditions for success that have been identified include:

- Strong leadership on the part of public health, which could position itself as a leader and support the required actions, both on an intersectoral level and at the various levels of action (national, provincial, regional, local);
- A pan-governmental commitment, which could take the form of a comprehensive strategy for cooperation among the various sectors whose impact on mental health is recognized (tax, education, housing, employment, etc.);
- Full understanding, at the various levels of action and by the various actors called on to support population mental health, of a body of knowledge and skills that can establish the importance of mental health within the system and guide the choice of actions and interventions for promoting mental health across the continuum of services (GermAnn & Ardiles, 2009; Parham, 2008; Public Health England, 2015).

Conclusion

In this article, we have discussed the importance of mental health in public health and presented the principles and mechanisms through which this can be established at the local level. However, these changes will not be possible without collective orientation and formal collaborations that can support the entire workforce across the various sectors (including health and social services, the community sector, civil society and other sectors) which are concerned by action to promote population mental health.

A few initiatives have recently sought to identify the achievements and needs of public health actors called on to integrate MHP and MDP into their activities. These initiatives, three of which apply to the Ontario context (Centre for Addiction and Mental Health & Mental Health Promotion Resource Centre, 2015; Centre for Addiction and Mental Health, Ontario Agency for Health Protection and Promotion & Toronto Public Health, 2013; Murphy, Vandervoort, Sawula & Pavkovic, 2015) and one of which applies to the Canadian context (Mantoura, 2016), propose pathways to guide actors wishing to develop and formalize support for building the capacity of the workforce concerned with population mental health.

The needs that emerge from these four initiatives suggest, overall, that it is necessary to clarify the mandates and roles of the various actors involved, to increase organizational and financial contributions so as to make these types of action possible, and to expand the knowledge base and skills of the workforce concerned, through various activities and resources adapted to different backgrounds and levels of action (Mantoura, 2017). These needs for support and guidance are very similar to those identified by various local actors called on to implement populational responsibility (Beaudet, Richard, Gendron & Boivert, 2011; Initiative sur le partage des connaissances et le développement des compétences, 2012). On this basis, we would suggest that the principles applicable to action promoting population mental health be integrated with those governing the implementation of populational responsibility.

Population mental health is indeed a vital link that is indispensible to a full consideration of the needs of a population in a given territory.

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