Mental Health Promotion in Action:
Reflections from Northern Ontario

September 26, 2011
12-2 pm CDT/1-3pm EDT
Agenda

1:00 – 1:10  Welcome: Healthy Communities Consortium – Joanne Brown
1:15 – 1:30  Mental Health Promotion Overview – Tamar Meyer
1:30 – 2:10  Strengthening Families for the Future – Susan Lalonde-Rankin
2:10 – 2:20  Q&A
2:20 – 2:50  Reflections from Northern Ontario – Michelle Ott, Roseanne Zimmerman
2:50 – 3:00  Wrap-up, closing remarks
We are a group of four health promotion organizations that collaboratively support community organizations and partnerships in Ontario to build healthy communities.

Members of the Consortium are:

- Health Nexus
- Parent Action on Drugs (PAD)
- Ontario Healthy Communities Coalition (OHCC)
- Ontario Public Health Association (OPHA).
The Consortium provides a continuum of services, in both official languages, to:

- Healthy Communities Partnerships
- Community groups and organizations interested in and eligible for Healthy Communities Fund Grants
Consortium Services

- Consultation Services
  - Personalized on-site or phone/email support

- Training
  - Webinars, provincial workshops and regional workshops on a variety of health promotion and community development topics

- Resources
  - Educational resources, listservs and electronic bulletins

- Network Support
  - Participation on and capacity-building services networks aligned with the Healthy Communities framework

- Referrals
  - Referrals to additional resource centres and organizations
Contact the Consortium

To learn more about the Consortium or to request a service:

• Visit www.hcconsortium.ca (English) or www.consortiumcs.ca (Français)
• Call 416-408-4841 or 1-800-766-3418 ext. 3
• Email consortium@ohcc-ccso.ca
Workshop Objectives

• Understand concepts and principles integral to mental health promotion (MHP) programming

• Review evidence-based MHP program: Strengthening Families for the Future

• Explore opportunities and challenges of implementing MHP programming in Northern/remote settings
Defining the terms:

**Mental Health vs. Mental Illness**

- MH and MI are frequently confused
- **Related, but distinct** concepts
Mental Health

“... is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face.
It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”

Health Canada, 1997

“There is no health without mental health.”
- WHO, 2001
Positive Mental Health

A state of ‘flourishing’ (optimal mental health) (Corey Keyes, 2007)

1. emotional well-being
2. psychological well-being
3. social well-being

Opposite = “Languishing” (poor mental health) (Corey Keyes, 2007)
Two Continuum Model of Mental Health

Mental Health Promotion

“...the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health.

Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice, interconnections and personal dignity.”

(Health Canada, 1997)
Goals of Mental Health Promotion

“Mental health promotion aims to optimize mental health and wellbeing in communities and thereby in individuals.”

(Neuhauser et al. 1998)

Focuses on:

- Enhancing **protective factors** for positive mental health
- Reducing **risk factors** for poor mental health
- Influencing some of the broad **determinants**, which contribute to poor mental health
## Risk & Protective Factors

<table>
<thead>
<tr>
<th>Level</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
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<tbody>
<tr>
<td><strong>Individual level</strong></td>
<td>• physical illness</td>
<td>• adaptability, sense of security and feelings of mastery</td>
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<td></td>
<td>• parental mental illness</td>
<td>• coping and problem solving ability</td>
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<td></td>
<td>• academic failure</td>
<td>• feelings of optimism; resilience</td>
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<tr>
<td><strong>Interpersonal &amp; Community level</strong></td>
<td>• family distress, peer alienation</td>
<td>• family harmony, positive parent-child interactions</td>
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<td>• work stress, unemployment</td>
<td>• achievement and recognition in school or work</td>
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<td></td>
<td>• lack of social support</td>
<td>• community tolerance</td>
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<tr>
<td><strong>Societal level</strong></td>
<td>• poverty</td>
<td>• social inclusion, civic engagement and participation</td>
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<td></td>
<td>• violence and trauma</td>
<td>• access to economic resources, services and supports</td>
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<td></td>
<td>• discrimination, social exclusion and social injustice</td>
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Determinants of health

**Determinants of health:** A range of personal, social, economic and environmental factors that determine the health status of individuals or populations

- Social environment
- Income and income distribution
- Gender, age and culture
- Food security
- Affordable and adequate housing
- Employment and working conditions
- Access to health services
Three Most Significant Determinants of Mental Health

1. Social inclusion

2. Freedom from discrimination & violence

3. Access to economic resources

Principles for Mental Health Promotion Interventions

- Focus on risk & protective factors and SDOH
- Evidence-based, comprehensive, holistic approaches
- Culturally appropriate and equitable
- Meaningful engagement
- Multiple settings, policy support

Best Practice Guidelines for Mental Health Promotion:

- Children (7-12) and Youth (13-19)
- Older People 55+
- Refugees & Immigrants

Available online: http://knowledgex.camh.net/policy_health/mhpromotion/Pages/default.aspx
Strategies for Mental Health Promotion

The *Ottawa Charter for Health Promotion* can be considered a guide for the promotion of positive mental health:

- Build healthy public policies
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services
Populations & Settings for MHP

Populations can be classified by:
- Age
- Gender
- Culture
- Geography
- Risk Level

Interventions can be implemented in:
- Home/family settings
- Schools
- Workplace
- Clinical care settings
- Community
MHPS Priority Areas

- Healthy Eating
- Physical Activity
- Injury Prevention
- Substance Use
- Tobacco
- Mental Health
Resources

- Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention [www.phac.gc.ca/cbpp]

- Best Practices Guidelines for Mental Health Promotion for Children and Youth [www.camh.net]

- Best Practices Guidelines for Mental Health Promotion for Older Adults 55+ [www.camh.net]

- CMHA Mental Health Promotion Tool Kit [http://www.cmha.ca/mh_toolkit/intro/index.htm]

Resources cont’d

- Mental Health Promotion in Ontario: A Call to Action
  http://www.ontario.cmha.ca/policy_positions.asp?cID=25899

- Mental health promotion in primary care: A tool kit

- Mental health: strengthening our response (WHO)

- OCDPA's Evidence-Informed Messages: Promoting Positive Mental Health
  http://www.ocdpa.on.ca/rpt_evidence_messages_MH.gk

- Toward a flourishing for all: Proceedings of the National Mental Health Promotion and Mental Illness Prevention Think Tank (2009)
  http://www.utoronto.ca/chrp/mentalhealthpdffinal/Toward%20Flourishing%20for%20All%20Proceedo%
  mgs%20of%20the%20National%20Think%20Tank%20on%20MHP%20MIP%20FINAL%20April%2009.pdf
Tamar Meyer
Health Promotion Consultant
Centre for Addiction and Mental Health
tamar_meyer@camh.net
Strengthening Families for the Future

Susan Lalonde Rankin
susan_lalonde@camh.net
Today:

What is it?
Who is it for?
How does it work?
How do you make it happen?
Warm up Activity
Hand up if.....
What is Strengthening Families for the Future?
Strengthening Families for the Future

Family Meal + Child Skills Program + Parent Skills Program = Improved Family Relationships
Over 14 sessions FAMILIES build skills:

- Understanding child development and expectations
- Spending positive time together (child’s game)
- Identifying and managing feelings
- Communicating
- Understanding addiction in the family
- Developing empathy
- Supporting dreams and goals
- Identifying family values and rituals
The Theory Behind SFF

FAMILY
Risk & Protective Factors
Meet the families

- mom and dad, Jacob 10, Emma 7, Olivia 13 (not attending)

- Jacob 10 has anger and impulsiveness issues at school. Mom says he “flies off the handle easily”. Parents are looking for different ways to solve problems (kids fighting, arguing etc.) Currently their main strategy is to raise their voices and yell to get the children to do what they are asked. Mom and dad get home from work around 7 each night. Their older daughter Olivia is “in charge” until they get home. The children have chores, but they don’t always get done. Both the children have hobbies – Jacob collects hockey cards and Emma has joined the scrap-booking club at her school. She enjoys drawing and crafts and is very easy going.
Meet the families... cont

- Father and son Thomas 10
- Thomas is currently living with his aunt and uncle, under CAS order, with the plan for him to return to father. The aunt and uncle have been consistently involved in the child’s life. The father has little experience in parenting, though he is enthusiastic and is looking forward to spending more time with his son. The child plays on the local soccer team and generally does well in school.
Key points on risk and protective factors:

- Risk factors often mirror image of protective factors
- Generally greater # risk = greater problems BUT not always!
- Depends on the context
- Risk factors can lead to overlapping problems
<table>
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<tr>
<th>Risk factors</th>
<th>Substance abuse</th>
<th>Delinquency</th>
<th>Violence</th>
<th>Suicide</th>
<th>School drop out</th>
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<tbody>
<tr>
<td>Family conflict</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Low Parental monitoring</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Problems with family management</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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How does it work?

Build resiliency by:

- protective factors
- reducing risk factors

The Protective Layer

Family Practices

- I’m Special
  - Feels accepted
  - Feels appreciated

- Strengths: humour, morality, creativity, independence, insight

School

Role Models

Community

Standards

Opportunities

Caring Adults

Positive Friends

Strengthening Families for the Future
For more information on Resiliency

Growing up Resilient: Ways to Build Resilience in Children and Youth
Making it happen in your community

Transportation

Location

Material

Staffing

Meals

- Ideas for Healthy Eating (good food box, learning healthy choices, recipe sharing)
Strengthening Families is about CONNECTING
Child’s Game Guidelines

- Observe and describe what the child is doing
- Can join in IF the child invites you
- Avoid asking questions, giving directions or criticizing the child
- Observe and describe their child’s feelings
Evaluation
Evaluation Results

- Families attended an average of 8.6 sessions
- 93% of parents like the program
- 88% of parents felt their child liked the program
- 74% credited SFF for positive changes in interactions with child
- 96% would recommend the program to other parents
Comments from families
What they liked best:

- Having my children learn the same things that I am, makes things easier.
- Being able to say what I want and not be judged.
- I liked everything in the program, the people are great and what I'm learning is working.
- Having my children learn the same things that I am, makes things easier.
- I learned to solve problems.
- Talking to others in the same situation as me.
- Talking to others in the same situation as me.
Evaluation Results: Effectiveness

- Summary of results on CAMH website:
  - More Effective Parenting Techniques
  - Reduced Parental Hostility and Aggression
  - Reduced Symptoms of Parent Depression
  - Reduction in Children’s Externalizing Behaviour Problems
  - Better Child Social Skills
  - SFF Children displayed 37% Reduction in Alcohol Sipping
Evaluation – the Cole’s Notes version:

It **works**

and

it’s **worth** it!
Best Practice citations:

- **Health Canada** Compendium of Best Practices - “Preventing Substance Use Problems Among Young People” the document can be downloaded from:  [http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/index_e.html#public_youth](http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/index_e.html#public_youth)

- **Nova Scotia** Best Practices for Preventing Substance Abuse Problems  
Strengthening Families Programs in Ontario
Best practice family mental health promotion programs - KEY INGREDIENTS

1. Theory based – risk and protective factors
2. Intensity
3. Comprehensiveness
4. Engaging
5. Developmentally appropriate & timing
6. Socioculturally relevant
7. Evaluated

Sources:
Small et al. 2009, Guide to Implementing family skills training programs
SAMHSA, Strengthening Parenting and Enhancing child resilience, Report to Congress
To order or for more information on Strengthening Families for the Future:
www.camh.net
Thank you!
Mental Health Promotion in Action: Reflections from Northern Ontario

Michelle Ott
Program Consultant, CAMH
Kenora, ON

Roseanne Zimmerman
Service Coordinator, Community Living
Rainy River, ON
Tell us about your experience with MHP...

What types of MHP programs you have been involved with?

What types of settings have you worked in?

Which populations have you served?
What is unique about implementing or coordinating mental health promotion programming in Northern Ontario or rural settings?

What opportunities/challenges do service providers and clients in your community and other Northern/rural settings face regarding mental health?
Making it happen in your community

Based on your experiences, what are some specific considerations that service providers need to take into consideration in order to implement/coordinate MHP programming like SFF?
Comments?

Questions?
Thank you!

Michelle Ott  
michelle_ott@camh.net

Susan Lalonde-Rankin  
susan_lalonde@camh.net

Tamar Meyer  
tamar_meyer@camh.net