

Mental Health Promotion in Newfoundland and Labrador

Recommendations for Phase II of the Provincial Wellness Plan

**Submitted to the Minister of Health and Community Services,
Government of Newfoundland and Labrador**

**Prepared by Heather Pollett,
Policy Analyst, Canadian Mental Health Association,
Newfoundland and Labrador Division**

On behalf of the Provincial Wellness Advisory Council

November 15, 2007

Table of Contents

Executive Summary	Page 2
Introduction	Page 3
Background	Page 4
Recommendations	Page 9
References	Page 18
Appendices:	
Appendix A: Literature Review	Page 19
Appendix B: Focus Group summary notes:	
• Seniors	Page 38 - 41
• Workplace	Page 42 - 45

Executive Summary

Building on Our Strengths

In Newfoundland and Labrador, we have many individual resources to draw on to help us with the challenges and stresses of everyday life, all of which are protective factors that can help us achieve and maintain good mental health.

Mental health promotion is a positive, effective approach that works at the individual, community, and structural or policy levels to enhance our capacity for good mental health, thereby reducing risk factors for poor mental health and many of its associated costs.

While mental health promotion is for everyone, according to the key literature from around the world, and from expert opinions here in our own province, there are areas where more work is needed to build the evidence base in this relatively new but quickly growing field, namely seniors and the workplace. These are also areas that tie into other policy directions in our province, thus highlighting the interconnections between the many determinants of health.

Therefore, recommendations for funding of mental health promotion initiatives in Phase II of the Provincial Wellness Plan come under the following:

- Public education and awareness of mental health promotion
- The value of seniors
- Housing
- Home support and caregiving
- Living and working environments in long term care facilities
- Policy of least restraint in LTCs and licensed personal care homes
- Lifelong learning opportunities
- Public education and awareness of workplace mental health
- A workplace mental health strategy for the province
- A review of workplace policy and legislation to determine impact on mental health
- The creation of a Workplace Mental Health Consultant position
- A workplace mental health website
- Wellness Grants for small businesses and other smaller workplaces
- Evaluation to measure our success.

For these mental health promotion interventions to be successful, action needs to be taken in every area, at every level, and with everyone working together because there is no health without mental health.

Introduction

Newfoundland and Labrador is known for being a province rich in natural resources, one of which is capacity for good mental health. According to the 2002 *Canadian Community Health Survey: Mental Health and Well-being*, Newfoundlanders and Labradorians had the highest percentage of positive self-rated mental health, with 73.7 per cent reporting very good or excellent mental health. Newfoundlanders and Labradorians also reported below the national average of depression in Canada, and rated the highest on satisfaction with life. In terms of work stress, Newfoundlanders and Labradorians reported the highest percentage of days not at all stressful (Statistics Canada, 2002).

Mental health is an important part of overall health, and good mental health protects us and helps us avoid behaviours that contribute to poor mental health. Is there something about the experience of living in this province that enhances good mental health and protects us from poor mental health? What strengths do Newfoundlanders and Labradorians have that might be protective against poor mental health? Our sense of humour, sense of place and belonging, strong identity, ties to tradition, and culture—all of these are resources to help us cope with the challenges of everyday life in this province.

An individual who has good mental health is able to realize his or her own abilities, cope with the stress of everyday life, work productively, and contribute to the community (WHO, 2007). However, people require support in order to achieve good mental health. Building on and supporting our existing capacity for good mental health is the goal of mental health promotion.

Mental health promotion is a process involving any practice or policy that helps to build capacity for good mental health of the whole population through action at the individual, community, and structural levels. It is a positive approach that relies on the collaboration of all sectors of society to strengthen emotional resilience and coping skills, and create supportive environments that reduce barriers to achieving and maintaining mental health (Mental Health Promotion Working Group, 2007).

Mental health promotion interventions aim to reduce risk factors that contribute to poor mental health and enhance protective factors that contribute to good mental health, but they also produce many other health, social, and economic benefits. It takes a population health approach, which relies on evidence-based decision making to address the determinants of health that affect the entire population (PHAC, 2002). Mental health promotion and illness prevention are different concepts, but they are complementary and overlapping. Mental health promotion

recognizes that all persons have a capacity for good mental health regardless of illness. Mental health promotion is not only the responsibility of the health care sector—it is everyone's responsibility, and stakeholders from all sectors of society have a role to play.

The goal of promoting mental health in Newfoundland and Labrador is to create supportive environments which enhance the capacity of individuals, families and communities to take control over their lives and improve their mental health (PWAC, 2003).

Background

Representatives from health care, education, government and the community/non-profit sectors came together in February 2007 to form the Mental Health Promotion Working Group of the Provincial Wellness Advisory Council. The collaborative process and the results are outlined below.

1. **Brainstorming session:** Informed by their respective areas of expertise, the Working Group started by discussing and identifying areas for mental health promotion in the province. Good mental health across the lifespan, workplace mental health, and the mental health of seniors emerged as the overall areas of interest.

2. **Literature review** (See Appendix A): Key literature from the mental health promotion field was then scanned to determine the evidence of its effectiveness, the gaps, and how the field looks in relation to the Working Group's areas of issues identified.

- Discussion of mental health promotion related to both aging and in the workplace was limited. Issues related to work mainly focused on unemployment, not on working conditions or work-life balance.
- As this is a growing field, the evidence is not expansive. Researchers identify the need to broaden the evidence base in all areas to better inform development of best practices. Evaluation of interventions and sustainability of programs are also issues.
- Multifaceted programs designed to take action in more than one area are more effective at promoting mental health than individual-level interventions that focus solely on personal coping skills.
- Overall, discussion of effective interventions was focused mainly on personal skills and supportive environments, without much

discussion of the importance of public policy in relation to individual- and community-level efforts.

3. **Focus Groups** – With knowledge of the key literature and evidence from the field, the Working Group then consulted with experts from the province for their opinions on mental health promotion for seniors and in the workplace. It was a challenge for people to approach mental health issues in a positive way, looking for strengths when people are so used to seeing gaps. While the focus was to identify positive approaches and build on strengths, the challenges and barriers of achieving and maintaining good mental health in Newfoundland and Labrador were also acknowledged. (See Appendix B).

Key Findings

Seniors:

- Effective interventions include those that promote lifelong learning, with access to computers and social inclusion essential
- Long Term Care facilities need meaningful activity, connection, and respect
- The value of caregivers has to be recognized and their work supported
- Challenges to good mental health for seniors include no transportation, housing, lack of access to computers, hearing impairment, income, etc.

Workplace:

- There is currently no overall provincial strategy for promoting good mental health in the workplace.
- As an employer, the provincial Government should lead the province by example in its own workplace
- Management, leadership, and social skills are as important as technical aspects of work, yet they often fall by the wayside because of heavy workloads
- Issues of work-life balance, such as flexibility and workload and expectations around use of technology after work hours need to be addressed
- Challenges to creating safe, respectful environments free of bullying and raising awareness around these issues.

It should be noted that while Newfoundlanders and Labradorians are self-rated as having the highest number of no-stress days at work, stress is still an issue in all workplaces across the province, and the workplace mental health focus group reported that this stress is not being addressed.

Based on the above findings, the Working Group then drafted its recommendations, which fell into the following three areas:

1. Public education and awareness of mental health across the lifespan
2. Mental health promotion and seniors
3. Workplace mental health promotion

If mental health promotion is for everyone, then why focus interventions mainly on seniors and the workplace setting? As previously mentioned, these areas were identified by the Working Group as areas that needed intervention, and the literature review reflected that these areas seemed to not be as well researched as programs for other populations, suggesting that more work needs to be done to build the evidence base.

Furthermore, implementation of system-wide programs will have the potential to have a great impact across all populations, regardless of age or setting. Newfoundland and Labrador has the most rapidly aging population in Canada, and the share of older workers will only increase as the baby boomers, who comprise a large part of the Canadian labour force, grow older (Statistics Canada, 2007). Gender is also an issue, as women in the workforce find themselves in caregiver roles outside of work more often, looking after both their children and aging parents, often with little support or recognition for the latter role. The considerable stress of caregiving can affect mental health at work and vice versa, and role overload and the combination of both workplace stress and caregiver strain can lead to poor mental health for those who comprise this “sandwich generation” (Duxbury & Higgins, 2003). These issues are interrelated and overlapping, extending beyond the senior population and the workplace setting into other aspects of life and society, affecting more people than those directly involved.

Evidence of effectiveness is used to inform the practice of mental health promotion in the settings where people live, learn, work and play--at home, at school, at work and in the community. Mental health promotion is a relatively new field, which means that the evidence is only now emerging. So how do we know that mental health promotion works, and what does it look like in practice? The World Health Organization lists the following as "low cost, high impact evidence-based interventions to promote mental health":

- *Early childhood interventions (e.g. home visiting for pregnant women, pre-school psycho-social interventions, combined nutritional and psycho-social interventions in disadvantaged populations). **
- *Support to children (e.g. skills building programmes, child and youth development programmes) **

- *Socio-economic empowerment of women (e.g. improving access to education, microcredit schemes) **
- *Social support to old age populations (e.g. befriending initiatives, community and day centres for the aged); **
- *Programmes targeted at vulnerable groups, including minorities, indigenous people, migrants and people affected by conflicts and disasters (e.g. psycho-social interventions after disasters);*
- *Mental health promotion activities in schools (e.g. programmes supporting ecological changes in schools, child-friendly schools) **
- *Mental health interventions at work (e.g. stress prevention programmes) **
- *Housing policies (e.g. housing improvement) **
- *Violence prevention programmes (e.g. community policing initiatives); **
and
- *Community development programmes (e.g. 'Communities That Care' initiatives, integrated rural development) (WHO, 2007)*

Interventions that promote mental health marked with an asterisk above are areas that are currently being addressed by policy frameworks already in place in this province; all others will be addressed in the recommendations herein. Current initiatives that address determinants of mental health include:

- Provincial Wellness Strategy
- Mental Health and Addictions Framework
- Provincial Healthy Aging Policy Framework
- Poverty Reduction Strategy
- Violence Prevention Initiative

For example, in Newfoundland and Labrador, unemployment and income, which are both determinants of mental health, are addressed by the Poverty Reduction Strategy, while creating safe and supportive learning and social environments for children is addressed by Safe and Caring Schools, part of the Violence Prevention Initiative.

While the focus of mental health promotion is on strengths and assets rather than deficits and needs, potential risk factors for poor mental health in Newfoundland and Labrador should also be acknowledged and must be taken into account when implementing mental health promotion interventions:

- Geography and rural isolation
- An aging population
- Economy
- Out-migration and the decline of traditional family and community supports

Based on the World Health Organization's *Ottawa Charter for Health Promotion*, there are five areas of action for mental health promotion:

1. Build healthy public policy
2. Create supportive environments
3. Strengthen community actions
4. Develop personal skills
5. Reorient health services

Taking all of the above factors into consideration, the following recommendations have been made for Phase II of the Provincial Wellness Plan. As you will see, many of the recommendations cannot be clearly confined to one of the five action areas as there is significant overlap, but the most effective interventions work in different areas and at different levels, which is why these interventions have been recommended. Healthy public policy becomes a strong foundation for all mental health promotion action, evaluation of programs is key to their success and sustainability, and awareness and education around the value of good mental health that reaches all Newfoundlanders and Labradorians becomes the overarching recommendation under which all other recommendations lie.

Recommendations for Mental Health Promotion In Newfoundland and Labrador

Overarching recommendation:

<i>Recommendation</i>	<i>Actions</i>	<i>Partners</i>
<i>1. Launch a public education campaign to raise awareness, including time-limited TV ads and distribution of literature providing information on mental health promotion.</i>	Form an advisory committee to guide development and implementation of TV commercials and other public education materials that promote overall good mental health. Estimated Cost: \$50,000	- Lead: CMHA - Department of HCS - Newfoundland and Labrador Psychiatry Association (NLPA) - ARNNL - Regional Health Authorities

Recommendations for the promotion of seniors' mental health

Goal: to build capacity for good mental health in seniors at the individual, community, and structural or policy levels.

<i>Recommendation</i>	<i>Actions</i>	<i>Partners</i>
<i>2. Recognize the value of seniors in our province and their contribution to society.</i>	Support a public education campaign to promote positive images and attitudes about aging, thereby supporting the intent of Goal #1 of the Healthy Aging Policy Framework. Estimated cost: See Healthy Aging Policy Framework.	- Lead: Division of Aging and Seniors - CMHA

Housing: Developing Healthy Public Policy

Safe, affordable housing is a major determinant of good mental health. Given that NL has the highest percentage of seniors in the country living in their own homes and the lowest per capita incomes, the following are recommended:

Recommendations	Actions	Partners
3. Improve response time to applications to the Home Repair Program from seniors (cross-reference Healthy Aging Policy Framework)	Ensure a complete response to applications from seniors within one year, maximum. Estimated Cost: NIL	- Lead: Department of HRLE - Department of HCS - Seniors Resource Centre
4. Improve the range of housing options to support healthy aging	Support the intent of Goal #12 of the Healthy Aging Policy Framework to achieve this. Estimated Cost: See Healthy Aging Policy Framework.	- Lead: Department of HCS - Department of HRLE - Seniors Resource Centre
5. Newfoundland and Labrador Housing develop a coordinated communication strategy to inform seniors of the housing program benefits under the Healthy Aging Policy Framework.	Implement a regional approach to advising seniors of this program. Estimated Cost: \$35,000 (Includes 1 FTE salary, benefits and overhead.)	- Lead: Department of HRLE - Newfoundland and Labrador Housing - Department of HCS - Seniors Resource Centre - Regional Health Authorities

Home Support: Reorienting Health Services

Reorienting health services by enhancing home support will allow seniors to live healthier in their own homes, in their own communities, and will help their caregivers to achieve and maintain good mental health.

<i>Recommendation</i>	<i>Actions</i>	<i>Partners</i>
6. The Department of HCS explore the feasibility of enhancing a home support program that provides a range of services that promote mental health of seniors and caregivers.	Form an advisory committee to help determine the feasibility of enhancing the home support program for the benefit of both individuals and caregivers. Estimated Cost: \$20,000	To be determined by the Department of HCS.

Long Term Care: Creating Supportive Environments

Long term care facilities (LTCs) are often challenging environments in which to achieve and maintain good mental health. Supportive environments that promote mental health can be created through meaningful activity, respectful treatment, and social inclusion and connection among residents. Good mental health of staff in LTCs is integral to helping promote the mental health of residents.

<i>Recommendation</i>	<i>Actions</i>	<i>Partners</i>
7. Improve or enhance (a) the living environment for residents and (b) the working environment for staff in long term care facilities.	Develop 2 pilot projects—one for residents, one for staff—in each of the 4 health regions in LTC and PCH settings. Each project would have \$10,000 to improve working and living conditions that promote good mental health and will be evaluated in terms of success by an independent evaluation. Estimated Cost: \$80,000	<ul style="list-style-type: none"> - Lead: Regional Health Authorities - Department of HCS - Seniors Resource Centre - CMHA - LTC residents, staff and families

<p>8. Implement a policy of least restraint in long term care facilities.</p>	<p>The Department of HCS will develop and implement a provincial policy of least restraint for LTC facilities and licensed personal care homes in NL.</p> <p>Estimated Cost: \$25,000</p>	<ul style="list-style-type: none"> - Department of HCS - Regional Health Authorities - Seniors Resource Centre - CMHA - LTC residents, staff, and families
--	--	---

Lifelong Learning: Developing Personal Skills

Developing personal skills as people age can enhance self-esteem and independence, and give seniors a sense of control over their lives. Providing access to information and improving opportunities for education, literacy, communication and social interaction can be aided through use of computers and the internet, both in urban and rural areas of the province.

<i>Recommendation</i>	<i>Actions</i>	<i>Partners</i>
<p>9. Provide access to computers and the internet, and lifelong learning programs/education.</p>	<p>Develop 1 pilot project in each of the 4 health regions in LTC, PCH, and in community settings that give seniors opportunities for learning and communicating through the use of computers and related programs. Each project would have \$10,000 and will be evaluated in terms of success by an independent evaluation.</p> <p>Estimated Cost: \$120,000</p>	<ul style="list-style-type: none"> - Lead: Regional Health Authorities - Department of HCS - LTC residents, staff and families - Seniors Resource Centre - CMHA

Recommendations for the promotion of workplace mental health

Goal: to build capacity for good mental health in the workplace at the individual, community, and structural or policy levels.

<i>Recommendations</i>	<i>Actions</i>	<i>Partners</i>
10. Raise awareness through public education around mental health in the workplace.	Develop and launch media campaign. See recommendations #14 and #15 for further related actions. Estimated Cost: See Recommendation #1	<ul style="list-style-type: none"> - Department of HCS - Lead: CMHA - Wellness Council representatives - NLPA - ARNNL

Building Healthy Public Policy

Ensuring that our policy-makers are responsible for building public policy that takes the benefits of positive workplace mental health into account for *all* Newfoundlanders and Labradorians will lay a strong foundation for other actions.

<i>Recommendation</i>	<i>Actions</i>	<i>Partners</i>
11. Develop and implement a workplace mental health strategy for the provincial government.	As an employer, lead by example and develop and implement the strategy, one that will be publicized across the province. Estimated Cost: \$100,000 (Includes 1 FTE salary, benefits, overhead and travel.)	Government of Newfoundland and Labrador

<p>12. Review current workplace legislation and policy to determine impact on mental health.</p>	<p>Develop a provincial workplace mental health policy guide document for all employers and employees in NL. Review relevant legislation and regulations to make recommendations to the provincial Government that will help promote good mental health in the workplace.</p> <p>Suggested areas for exploration include but are not limited to personal coping skills and stress management; creating respectful workplaces, and safe social and physical environments; strengthening management/leadership skills, role clarity, workload, and availability of resources; bullying; and work-life balance, including expectations around the use of technology outside of work.</p> <p>Estimated Cost: \$50,000 (Includes 0.5 FTE salary, benefits and overhead.)</p>	<ul style="list-style-type: none"> - Co-Lead: Department of HRLE - Co-Lead: Intersectoral Committee - Department of HCS - Wellness Council representatives
---	--	--

Reorienting Health Services and Strengthening Community Action

Mental health is everyone's responsibility, not just the health sector's. Expertise in mental health promotion and the ability to work with all sectors and levels of society—individual, community, and structural or policy—while keeping people and communities at the centre of decision-making, are necessary to coordinate mental health promotion action in Newfoundland and Labrador. Community capacity is built by having this position housed in a community-focused organization with a provincial mandate.

<i>Recommendation</i>	<i>Actions</i>	<i>Partners</i>
<p>13. Establish a community-based position of “Workplace Mental Health Promotion Consultant” to provide resources on workplace mental health for employers and employees.</p>	<p>Establish an advisory committee comprised of partners to support the work of consultant.</p> <p>The Consultant will initiate and coordinate mental health promotion efforts across the province; compile and disseminate materials and resources across the province; assist in public education and media campaign; develop and manage workplace mental health promotion website.</p> <p>Estimated Cost: \$75,000 (Includes 1 FTE salary, benefits, overhead and travel.)</p>	<ul style="list-style-type: none"> - Department of HCS - Department of HRLE - Lead: CMHA - Unions - Professional associations - NL Employer's Council

Developing Personal Skills and Creating Supportive Environments

Access to resources on workplace mental health will strengthen the capacity of employers and employees to take control of their own mental health and create mentally healthy workplaces.

<i>Recommendation</i>	<i>Actions</i>	<i>Partners</i>
<i>14. Create and maintain a province-wide “Mental Health Promotion in the Workplace” website as part of the Go Healthy website.</i>	See #13 above Estimated Cost: \$20,000 (Includes part-time consultation and support for web development and upkeep.)	See #13 above

Creating Supportive Environments

Over 75% of Newfoundland and Labrador’s businesses employ less than 5 people; more than 90% of businesses in our province employ less than 50 (Statistics Canada, “Employment Dynamics”). Giving smaller workplaces access to funding to build on their own capacity and enhance mental health promotion efforts can help to create supportive environments for many workers in the province.

<i>Recommendation</i>	<i>Actions</i>	<i>Partners</i>
<i>15. Provincial policy in relation to grants for the private sector will need to be provided. Depending on the outcome of the above, expand the eligibility criteria for the Provincial Wellness Grants to include small workplaces who are incorporating mental</i>	Create a pilot program whereby 3 grants of up to \$5,000 are made available in each health region for promoting workplace mental health to employers with less than 20 employees: i.e. one grant for small business), one not-for-profit (municipal government), and one other. The Mental Health Promotion	<ul style="list-style-type: none"> - Lead: Wellness Division - Wellness Council - Canadian Federation of Independent Business (CFIB) - NL Federation of Municipalities - NL Chamber of Commerce

<p><i>health promotion initiatives.</i></p>	<p>Tool Kit developed by CMHA National will serve as a resource that workplaces can use to guide and evaluate their own initiatives.</p> <p>This will be advertised in the public education campaign (See Recommendation #1). Other criteria for proposals to be established by the Wellness Division.</p> <p>Estimated Cost: \$45,000</p>	
--	---	--

Evaluation

Measuring success of mental health promotion interventions through evaluation is a way to determine not only their effectiveness and value, but also to broaden the evidence base overall, which will help shape the future of mental health promotion in this province.

<i>Recommendation</i>	<i>Actions</i>	<i>Partners</i>
<p><i>16. Given the limited evidence available for mental health promotion effectiveness, broaden the evidence base by evaluating all recommended mental health promotion initiatives.</i></p>	<p>Form an advisory committee to oversee evaluation. An independent evaluator will evaluate the public education campaign and pilot projects that are recommended here.</p> <p>Estimated Cost: \$150,000</p>	<p>The Department of HCS.</p>

References

Duxbury, L.. & Higgins, C. (2003). Work-Life Conflict in Canada in the New Millennium: A Status Report. *National Study On Balancing Work, Family And Lifestyle: Report 2*. Public Health Agency of Canada. Retrieved October 4 from <http://www.phac-aspc.gc.ca/publicat/work-travail/report2/index.html>

Provincial Wellness Advisory Council (PWAC). (2003). *Wellness Paper 3: Mental Health Promotion*.

Public Health Agency of Canada (PHAC). (2002). Population Health: What is the Population Health Approach? Retrieved October 2, 2007 from <http://www.phac-aspc.gc.ca/ph-sp/phdd/approach/>

Statistics Canada. (2002). *1983-1999 Employment Dynamics*.

Statistics Canada. (2002). Canadian Community Health Survey: Mental Health and Well-being. Retrieved October 3, 2007 from <http://www.statcan.ca/english/freepub/82-617-XIE/tables.htm>

Statistics Canada. (2007). A portrait of seniors. *The Daily*. Retrieved October 4, 2007 from <http://www.statcan.ca/Daily/English/070227/d070227b.htm>

World Health Organization (WHO). 1986. *The Ottawa Charter for Health Promotion*. Retrieved October 4 from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

World Health Organization (WHO). 2007. Strengthening Mental Health Promotion. Retrieved: October 15, 2007 from <http://www.who.int/mediacentre/factsheets/fs220/en>

Appendix A

Mental Health Promotion: A Literature Review

Prepared for the Mental Health Promotion Working Group
Of the Provincial Wellness Advisory Council

By Heather Pollett,
Policy Analyst, Canadian Mental Health Association,
NL Division

June 18, 2007

INTRODUCTION

As a state of complete physical, mental and social well-being, health is influenced by many interconnecting factors. Mental health is an essential component of health and is a resource to help us deal with the stresses and challenges of everyday life. Good mental health contributes to the quality of our lives as individuals, as communities, and as a society in general.

Mental health is created in our interactions with the world around us, and is determined by our sense of control in dealing with our circumstances and by the support we have to help us cope (CMHA-NL, 2001). An individual who has good mental health is able to realize his or her own abilities, cope with the stress of everyday life, work productively, and contribute to the community (WHO, 2001). Good mental health protects us and helps us to avoid risk-taking behaviours that contribute to poor mental health (Moodie & Jenkins, 2005; NeLMH, 2004).

While individuals and communities have the capacity for good mental health, they require support in order to achieve and maintain it. The process of enhancing protective factors that contribute to good mental health is called mental health promotion. The following is a review of recent mental health promotion literature that synthesizes current general concepts, evidence of effective interventions, and practice in this growing field.

What is mental health promotion?

Mental health promotion builds individual and community capacity by enhancing people's own innate ability to achieve and maintain good mental health, and by creating supportive environments that reduce barriers to good mental health. As an approach to wellness, it focuses on the positive aspects of health such as assets and strengths rather than focusing on deficits and needs, and it emphasizes the value inherent in good mental health. It aims to achieve wellness for the entire population by addressing the determinants of mental health by applying the health promotion strategies of the *Ottawa Charter*. It relies on the collaboration of all sectors of society with meaningful participation of those most affected--individuals, families and communities--and by intervening and taking action at each of these levels to build capacity, including the structural or policy level (Jané-Llopis, Barry, Hosman, & Patel, 2005).

Health promotion and illness prevention are distinct concepts, but they are complementary and overlapping (Lahtinen, Joubert, Raeburn, & Jenkins, 2005). The focus of health promotion is to strengthen and enhance the capacity for health that already exists; the focus of prevention is to avoid illness, which is seen as a lack of health. Within the field of mental health promotion, there are differing views about the degree to which promotion and prevention overlap and the point at which

these concepts converge. Good mental health is not the absence of mental illness, and preventing illness will not guarantee good mental health. Some people are more mentally healthy than others, regardless of whether or not one has a diagnosis of a mental illness (CMHA, “Meaning of Mental Health”; WHO, 2001). Health and illness are not mutually exclusive and can coexist. People with mental illness have resources and skills to draw on to protect them against poor mental health, and are affected by the same factors as those without mental illness (MHPU, 2003; Pape & Galipeault, 2002).

While some groups are more vulnerable to poor mental health than others, the population health approach to mental health promotion aims to reduce the burden of mental health problems by improving the mental health of the whole population. The health of the whole population is determined by the following: income and social status, social support networks, education, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture (PHAC, 2002). These determinants can then be grouped into the following three themes for mental health promotion:

- *Social inclusion (supportive relationships, involvement in community and group activity; and civic engagement);*
- *Freedom from discrimination and violence (valuing diversity, physical security, self determination and control of one’s life);*
- *Access to economic resources (work, education, housing, money)* (Victorian DHS, 2006).

EVIDENCE OF EFFECTIVE INTERVENTIONS

A population health approach also uses evidence-based decision-making (PHAC, 2002). In mental health promotion, evidence is necessary for policy makers to justify their spending, for practitioners to plan and implement programmes, and for those affected to know if the interventions will benefit them (Barry & McQueen, 2005). Mental health promotion interventions aim to reduce the risk factors that contribute to poor mental health and enhance the protective factors, which contribute to good mental health, but they also produce many other health, social, and economic benefits. Examples of effective interventions to promote good mental health include: strengthening parenting skills in early childhood; preventing or reducing bullying in schools; addressing workplace stress and creating a work-life balance; and providing opportunities for meaningful community involvement through volunteering.

However, the evidence of mental health promotion effectiveness is still emerging, and while there is no consensus on what works best, there are recognized groups of risk and protective factors that can be reduced or enhanced by interventions (Barry, 2005). Both the theoretical and the evidence bases need to be broadened to

help inform and expand work in this area. Research studies and reviews mainly focus on outcomes, and not on the process of implementation or programme quality, which are necessary to understand positive outcomes (Barry, Domitrovich & Lara, 2005). Even though the evidence base is not well developed, practitioners, policy makers and researchers have moved ahead with mental health promotion practice because of the burden of suffering and costs related to mental health problems, and because the evidence that is emerging indicates that the interventions are effective (Zubrick & Kovess-Masfety, 2005).

Risk behaviours, social and economic problems, and rates and severity of physical and mental illness can be reduced by strengthening protective factors for good mental health (Moodie, 2005; NeLMH, 2004). The absence of protective factors in the presence of risk factors can result in behaviours associated with poor mental health, such as increased crime, low educational attainment, problematic substance use, depression and suicide, all of which have broader social and economic consequences (Moodie, 2005). Both risk and protective factors can exist at the individual, community, and structural levels, as well as in different settings and situations (NeLMH, 2004). For example, some of the protective factors at the individual level for the entire population include self-esteem, a sense of coherence, personal coping skills, social support, sense of mastery or control, ability to form and sustain satisfying relationships, resilience, sense of belonging, and optimism. (MHPU, 2003; Moodie & Jenkins, 2005). These are also indicators of good mental health.

The population health approach to mental health promotion looks at mental health across the lifespan, from birth to death. The determinants of health affect everyone but there are different issues related to each stage of development that can create vulnerabilities for poor mental health. Interventions are generally focused on the settings where these populations create and maintain health: at home, at school, at work, and in the community.

Early Childhood

The mental health of parents affects the mental health and development of their children. To ensure good mental health in the first six years of life and beyond, mental health promotion in early childhood builds protective factors by enhancing the life skills that are appropriate to the age and culture of infants, toddlers and preschoolers, and by improving parent-child interactions (Kiefer, Cohen & Pape, 2004; WHO). Interventions that target parents develop and strengthen coping strategies and parenting skills, and create supportive environments for parents and children to practice good mental health. Interventions such as group education of parents, home visiting programmes, and childcare programmes outside the home have proven effective, and for children the positive effects continue long into the adult years. (Jané-Llopis, 2005; Farrell & Travers, 2005).

Some of the protective factors at the individual level which contribute to good mental health in early childhood include the ability and confidence to try new things and cope with change; the ability to express and control emotions, and to control behaviour according to each situation; a sense of uniqueness; and the motivation and freedom to explore the world around them, making choices and solving problems as young children learn and grow (Kiefer, Cohen & Pape, 2004). Programmes that target young mothers, mothers of young children, and early parenthood in general are most effective at enhancing good mental health of young children and parents. Interventions such as parent training programmes and home-based support during early parenthood have been shown to enhance mental health of mothers of young children, particularly in economically disadvantaged families, and have resulted in positive attitudes towards and better knowledge about child behaviours, as well as healthier child development. Home-based support can include visiting by public health nurses, midwives or trained volunteers, and is effective on its own or as a part of a programme combining other interventions (Keleher & Armstrong; Jané-Llopis, 2005). There are many benefits for both parents and children of mental health promotion in early childhood and they include improvements in the short-term psychosocial health of mothers, such as reductions in postnatal depression and maternal stress and anxiety; improved self-esteem and relationships with spouses and partners (Jané-Llopis *et al*, 2005); and impact on areas of child health such as behaviour, abuse, infant mortality, injury, and language and literacy (Keleher & Armstrong).

As children grow older, interventions that focus on training parents in group programmes can positively affect child behaviour between the ages of 3 and 10 have been shown to be more effective and have more long-term success than individual parent interventions (Jané-Llopis, Barry, Hosman, & Patel, 2005).

In the first 6 years of life, children must be able to depend on all adult caregivers for protective factors for good mental health, which reveals a need for mental health promotion in childcare settings for parents who work outside the home. (Kiefer, Cohen & Pape, 2004). High-quality, affordable childcare programmes can increase opportunities for employment of women with low incomes, promoting their economic and social equality and improving their self-esteem (Keleher & Armstrong, 2005), and enhance the mental health of their children at the same time. Thus, childcare is an intervention that offers a range of benefits at the individual, community and structural levels.

The School Years

As children grow older, the school becomes the main setting for promoting mental health. The most successful school-based interventions target many risk factors and health outcomes and take a long-term, whole-school approach to mental health promotion, with benefits that last long into adulthood. By building coping and social skills, and by creating a positive, safe environment that fosters a sense of inclusion, identity and connectedness among students, interventions result in improved adjustment to school, enhanced competence, self-esteem, increased control and problem-solving skills, improved school achievement, and decreases in loneliness, learning problems, bullying and aggression, and depression and anxiety (Jané-Llopis, Barry, Hosman, & Patel, 2005; Jané-Llopis, 2005).

Engaging students, teachers, and parents through both curriculum and school policy is more effective at promoting mental health than short-term interventions that focus solely on specific topics related to self-esteem, self-concept and individual coping skills (Victorian DHS, 2006; Keleher & Armstrong, 2005). For example, school-based interventions that prevent or reduce bullying behaviour at many levels while promoting mental health of all students are the most effective, with programmes that strive to modify bullying behaviour and address the needs of individual victims; involve parents and the community so that positive behaviour is reinforced outside the school environment; and develop school policies that foster safe, supportive environments within the school itself. However, implementing programmes to reduce bullying behaviour are more effective with younger children than with older children (Victorian DHS, 2006). Programmes that use age-appropriate curriculum to raise awareness of mental health issues engage children through group discussions, role-playing skits, art activities, stories, and educational games in the classroom in order to teach children about how their behaviour can affect other people. These programmes not only improve self-control, emotional awareness, and competency in social problem-solving, all of which lead to positive social interactions both in the school and with parents and the community, but also enhance the educational process at the classroom level (PATHS; Weare & Markham, 2005).

Mental health promotion curriculum in schools can be supported by programmes that involve parents of children at risk for problems such as aggression, delinquency, and substance use through a combination of home practice and group meetings at schools. These interventions focus on creating and strengthening a positive home environment with appropriate supervision and discipline that is conducive to ongoing practice by teachers in the school environment (LIFT; Jané-Llopis, *et al*, 2005). As children grow older and have the ability to make choices and spend more time away from their parents' supervision, they meet new challenges and face more peer pressure to engage in the risk-taking behaviours mentioned above, including sexual activity, all of which can result from and

contribute to poor mental health. Building social and emotional skills is important to maintaining mental health in students in middle and high school, so programmes that address these new challenges often combine elements of both promotion and prevention to reduce the risk factors for poor mental health in adolescence (WHO, 2004).

Work

Employment and work conditions are important determinants of health for adults. For this population, mental health promotion interventions focus on two areas: unemployment and work-related stress.

Effective interventions that reduce the strain of unemployment include counselling to improve coping skills, and improving employment opportunities for low-income groups through adult literacy programmes, job creation programmes, and programmes that provide social and job seeking skills training for people returning to work and at-risk youth entering the workforce (Hosman & Jané-Llopis, 2005; WHO, 2001; Keleher & Armstrong, 2005).

As the setting where many adults spend most of their lives, the workplace is an important setting for mental health promotion interventions. Stress, burnout, and depression result from a combination of low job control and high job demands, as well as from unsafe job conditions and job insecurity. Absenteeism, reduced productivity, and increased disability and compensation costs are the result, which can increase costs for employers. Poor mental health is also related to the stress of occupational violence and workplace bullying (Keleher & Armstrong, 2005). Areas for action for promoting mental health in the workplace include increasing an employer's awareness of mental health issues; identifying common goals and positive aspects of the work process; creating a balance between job demands and occupational skills; training in social skills; developing the psychosocial climate of the workplace; provision of counselling; enhancement of working capacity; early rehabilitation strategies; assessing workload, enhancing job control and decision-making latitude; and enhancing social support (WHO, 2001; Funk *et al.*, 2005).

Employers and employees must work together to identify areas that need improvements and changes at both a managerial and individual level. Participation of employees at all levels must be supported through programmes that allow them to be involved in making decisions about issues that affect mental well-being in the workplace (Keleher & Armstrong, 2005). In addition to participation, programmes that focus on enhancing employees' sense of control, initiative, appreciation, self-esteem and self-worth, sense of belonging, and social support result in improvements both in mental health and in an organization's productivity (Lahtinen *et al.*, 2005).

Effective interventions to combat stress in the workplace aim to develop the coping skills of employees and building a supportive environment and can involve training in stress management and relaxation techniques, reduction of noise, improving role clarity, conflict management and building healthy social relationships (Hosman & Jané-Llopis, 2005). Individual interventions do not work as well as approaches that focus on system-level policy change, which should combine elements of both health promotion and prevention if they are to be effective at reducing job stress, such as policies to address workplace bullying and harassment (Keleher & Armstrong, 2005).

The effects of workplace stress go far beyond the workplace and can spill over into one's personal life. Heavy workloads, unsupportive managers, and work cultures that place importance on hours of work can disrupt the work-life balance (Todd, 2004). With technology such as cell phones and email allowing employees to be connected to their work outside the office at all times, the lines between work and life are constantly blurred, making it difficult to keep up with the demands of work while balancing other responsibilities at home. Achieving work-life balance is crucial to achieving good mental health. Some examples of effective workplace interventions to restore work-life balance include flexible working hours, time banking, providing childcare services at work, study leave, employee assistance programmes, leave without pay, career breaks, and supporting voluntary work as part of paid work time (HRSDC, 2007; Dept. of Labour, NZ).

Seniors

While there is no clear age distinction that divides adults from seniors, this later stage of adulthood brings unique challenges to achieving and maintaining mental health. One of these challenges is the myth that declining mental health is related to dementia or Alzheimer's and is a natural, and therefore inevitable, part of the aging process. This misconception makes seniors vulnerable to developing poor mental health as other determinants of mental health such as illness, abuse, and social and economic disadvantage may not be recognized or addressed (Sturgeon & Orley, 2005). The reality is that good mental health is possible in the later years of life. Given respect and support, seniors have the capacity for positive overall health, even as they deal with the challenges of aging (HCS, 2006).

As people age, they experience a range of physical and cognitive changes that may affect mental health. Protective factors change with age and, at the oldest ages, as social, economic and health circumstances change, poor resources and less adaptability increase vulnerabilities for loneliness and depression, especially for older women who outlive men and live alone with less support (Pushkar & Arbuckle, 2002). The wealth of wisdom and knowledge gained across the lifespan are protective factors, but there is a decline in the speed of cognitive functioning. Retirement or loss of employment can also negatively affect level of income, sense of identity and meaning, and the level of social support.

For older adults, social loneliness and isolation are key risk factors for poor mental health. Social isolation refers to the number of contacts and measures separation from social environment objectively; social loneliness is related to one's negative feelings about the quantity and quality of social contact, with quality defined as meaningful and satisfying relationships (Hall & Havens, 2002). Having a positive sense of self, being flexible and using adaptive strategies and personal coping skills for changes, health problems and difficult life events are protective against poor mental health for older adults (Pushkar & Arbuckle, 2002).

However, individual coping skills alone do not effectively address the need for social contact for older adults. The number of social contacts becomes smaller as people retire, move, as family and other contacts die, and as people select a condensed but high quality network of friends (Hall & Havens). There is a strong link between loneliness and health problems, but the direction of the link is not clear. Social isolation and loneliness also negatively affect health, which may, in turn, lead to further social isolation and loneliness. (Hall & Havens, 2002). Risk factors for loneliness include: being widowed; living alone; and a decline in eyesight or hearing, as these might limit social interaction and independence (Pushkar & Arbuckle, 2002).

Although seniors are diverse as a population, there are some general themes for promoting mental health. Because seniors have the wisdom, skills and the time to make contributions to society, volunteering is an intervention that can enhance individual well-being and build community capacity at the same time (Keleher & Armstrong, 2005). While physical exercise is important for all ages in enhancing mental health, exercise interventions that encourage regular physical activity in supportive, age-friendly environments are effective for helping older adults to manage physical ailments and reduce the risk of depression (Keleher & Armstrong, 2005; Hosman & Jané-Llopis). Interventions that support people with hearing loss or visual impairments can promote independence, and interventions such as community befriending programmes can provide social support, thus reducing loneliness and depression. Evidence shows that friendship is important for well-being, particularly for older women. Meaningful friendships provide companionship and support, and help maintain a sense of self through difficult times (Hosman & Jané_Llopis, 2005).

PRACTICING MENTAL HEALTH PROMOTION

Evidence of effectiveness is used to inform the practice of mental health promotion in the settings where people live, work, learn and play, the physical and social environments in which health is created. Interventions delivered in the settings where people create health are more effective than interventions delivered in

isolation from their contexts. Based on WHO's *Ottawa Charter for Health Promotion*, there are five areas for action in mental health promotion, and they are as follows:

1. **Build health public policy:** Health promotion requires coordinated action from all policy makers in all sectors, and at all levels, to ensure that those who make decisions take responsibility for policies that promote health, and requires that obstacles to the adoption of healthy public policies outside the health sector are identified and removed.
2. **Create supportive environments:** Because our health is closely connected to our environments, health promotion takes into account that our health cannot be separated from the places where we live. Thus, creating and maintaining environments at home, school, work and in our communities that support our health is key.
3. **Strengthen community action:** By drawing on its own resources, both human and material, communities are able to enhance their capacity for self-help and social support that contribute to good health. Therefore, communities must be supported in their development efforts through funding, access to information, and opportunities to learn about health promotion, all of which enable public participation in matters of health.
4. **Develop personal skills:** Helping people through the provision of health information and education allows them to learn ways to cope with the health challenges they may encounter, thus enabling them to develop a sense of control over their own lives.
5. **Reorient health services:** The health sector must shift and expand its services to include health promotion alongside clinical and curative services, and this responsibility is shared with individuals, community groups, health professionals, health institutions and governments, all of whom must work together in the pursuit of health and well-being.

These five strategies address the determinants of health and from the interventions discussed in the previous section, it becomes clear that these are the directions for mental health promotion. Multifaceted programmes that are designed to take action in more than one area and at different levels are more effective at promoting mental health than individual interventions focusing solely on the development of personal coping skills.

Mental health treatment at the individual level does not always mean improvements for population mental health (Lahtinen *et al.*, 2005). Most health systems and organizations still focus spending on diagnosing and treating symptoms of illness rather than focusing on a person as a whole, whose health is influenced by many social and economic factors. Considering the significant burden of mental health problems and its economic costs, and despite the investment of the health care sector, the solution to achieving good mental health lies in reorienting health services and collaborating with many other sectors (Lahtinen *et al.*, 2005).

Mental health promotion is everyone's responsibility, and stakeholders from all sectors of society have a role to play. There are better health outcomes when different sectors work together because mental health is determined by many factors. Intersectoral collaboration requires that the sectors that work in the areas of the various health determinants work together to achieve wellness. The health sector participates in mental health promotion by lending expertise to develop, implement, evaluate, research and provide resources for actions within a population health approach (PHAC, "Health is Everyone's Business"). Therefore, needs assessments should involve those most affected at the centre to ensure that programmes are suited to those who will benefit from them and to encourage empowerment of individuals and communities as they participate in the decision-making process. It is the opinions of these individuals in each country and community, in combination with evidence of effectiveness, which will shape the practice of mental health promotion (Herrman, Saxena, Moodie, & Walker, 2005).

Interventions at the structural level allow practice at the community and individual level. Building healthy public policy involves making policy makers accept responsibility for promoting good mental health through legislation, fiscal measures, taxation, organizational change, and by increasing access to education, housing, nutrition and health care (WHO, 1986; Jané-Llopis *et al.*, 2005). Examples of effective interventions at the policy level include measures to reduce poverty, improving high-quality affordable housing, access to high quality education, improving nutrition, taxation of addictive substances, and regulatory policy in workplaces (Jané-Llopis *et al.*, 2005).

What does mental health promotion look like in practice in settings where we create health? The following are a few examples of effective mental health promotion programmes from around the world.

Home

Home-Start International - A home visiting programme for families with children under five years of age that promotes the mental health of parents and their children. Trained volunteers with parenting experience offer practical support and friendship to vulnerable families, such as those living in poverty or with illness. Home-Start helps build individual coping and parenting skills to deal with the stress of parenting, and builds confidence and independence in a supportive environment. Home-Start U.K. (<http://www.home-start.org.uk/>) has the same mission and follows the same principles, and Home-Start programmes exist in many other countries around the world such as Denmark, Norway, Czech Republic, Hungary, and the Netherlands and (Home Start National Inc.- Australia; Keleher & Armstrong, 2005; Jané-Llopis, *et al.*, 2005).

School

Bullying prevention programme (Norway) - This programme takes a whole community and whole school approach to mental health promotion that addresses the problem of bullying and victimization in schools, targeting students between the ages of 6 and 15. Rather than targeting and modifying bullying behaviour in individuals, the programme addresses both bullying and victimization issues, and reduces existing problems and prevents new problems both inside and outside school by improving peer relations and reducing opportunities for and acceptance of bullying. The risk and protective factors addressed include the school climate; self-esteem; interactions among adults, students and their peers; anxiety; attitudes toward bullying; and parenting skills that are permissive of bullying behaviour. It involves a curriculum component, a behaviour monitoring system for students, a coordinating committee that oversees the intervention, changes to the physical environment, and involvement of both parents and the community. The programme's effectiveness is demonstrated through a 50% or more reduction in reports of bullying and victimization, reduced antisocial behaviour such as vandalism, fighting, theft and truancy; and an improved overall social climate (Weare & Markham, 2005; Jané-Llopis, *et al.*, 2005; Roland *et al.*)

Work

JOBS Programme (USA) - This programme consists of job search training plus social support for recently unemployed adults. It consists of five half-day workshops held over the course of a week, delivered by two trainers to groups of 12-20 participants. The programme's aim is to help job seekers find reemployment and cope with the stress and challenges of looking for a job. It builds job search skills and increases confidence, both in terms of self-esteem and self-efficacy in job seeking, and improves motivation to continue with the job search. It has also been shown to positively effect reemployment, resulting in higher job satisfaction and

decreases in depression, and leads to finding better jobs with higher income. The JOBS programme was beneficial for unemployed adults with a high risk of depression in particular and has been delivered successfully in the US, Finland, China, Korea, the Netherlands and Ireland (Jané-Llopis, *et al.*, 2005; Hosman & Jané-Llopis, 2005).

The following interventions are examples of strengthening community action and are presented from the Canadian Mental Health Association in its *Mental Health Promotion Took Kit*:

Inclusion in Community, CMHA National Office, Toronto: A programme designed to promote mental health among people with serious mental illness by including them in the community. There was a shift away from reliance on formal mental health services at CMHA Branches in Ontario by connecting individuals with accessible social support in the community, thus promoting recovery and well-being. The planners identified such strategies as increasing access to leisure and recreation services, increasing employment supports, peer advocacy, and offering expanded volunteer opportunities in community agencies. Community partners who were not normally involved with mental health issues were encouraged to create supportive, welcoming environments for people with mental health problems to promote broader inclusion in the community.

Helping Skills, CMHA Newfoundland and Labrador Division: This programme was developed in the wake of the northern cod moratorium, as the stress created by loss of employment and a traditional way of life combined with a lack of mental health services in rural Newfoundland left people vulnerable to developing poor mental health. The programme focuses on developing people's innate strength and resilience through building knowledge and helping skills to support the health of their peers and communities. A network of community volunteers is trained in effective skills to help with or refer, with a clear distinction that it would be informal helping as opposed to professional counselling, but there would be a partnership between these sectors. This programme also has a train-the-trainer component where volunteers are taught to use and teach others to transfer skills in areas such as active listening, empathy and setting boundaries.

Seniors' Medicine Wheel, Portage Aboriginal Friendship Centre, Manitoba: This project was initially developed to address the needs of Aboriginal seniors in urban Manitoba, many of whom were still dealing with the trauma of childhood abuse in residential schools. The marginalization and isolation of living in urban areas had led them to lose touch with their traditional culture. When these seniors came together, they identified problems in their community that related both to their own health and to the health of Aboriginal children and youth, who were vulnerable to entering the same cycle of abuse. By partnering with Aboriginal Head Start, a community programme that fosters spiritual, emotional, intellectual and physical growth in children while supporting their parents and guardians, the seniors were

able to share their wisdom and knowledge of traditional culture with Aboriginal children. Through this process, these seniors became valued Elders and increased their own feelings of self-worth. The children's own mental health was promoted through their relationships with the Elders; they developed confidence, respect, self-worth, and learned traditional Aboriginal culture and language that was at risk of being lost if it was not passed on to younger generations (CMHA, "Took Kit").

CONCLUSIONS

A review of the current literature on mental health promotion reveals the many complex interrelationships between the individual, community, and structural levels of society and the various determinants of mental health. Addressing these issues requires commitment from the sectors aligned with these different determinants, as it is their responsibility to ensure that their work does not negatively affect mental health. Most of the interventions combine building personal skills with the creation of supportive environments to enhance protective factors in the settings where people spend most of their time.

However, there is little focus in the literature on mental health promotion for older adults, and little explanation as to why this problem exists. While the determinants of health apply to the entire population, there is generally limited discussion of interventions to enhance the mental health of seniors, despite a growing body of effective interventions focusing specifically on children and adults. Given that there are many negative stereotypes around aging and older people in our society, and that concepts of mental health issues in older adults are characterized by misconceptions, there is a need for more mental health promotion work that focuses on this vulnerable population, as well as their families and caregivers.

While the settings approach to mental health promotion is an effective way to conceptualize and practice interventions, it has some limitations. Childcare outside the home is an important setting for mental health promotion in early childhood. Mothers and parents are generally considered the main caregivers, with the main setting being the home, but as more women enter the workforce, children are spending more time outside the home in childcare. Therefore, caregivers in these settings who may not be related to the children also become important figures for promoting mental health.

Many of the mental health issues that may come up in each setting are not confined to those settings, but this is not always reflected well in the literature. In contrast to effective school interventions that take life outside schools into consideration, with links deliberately drawn between school, family and the community, mental health promotion interventions in the workplace do not take into account the effects on life outside of the workplace. Protective factors for good mental health at work can be enhanced in the workplace, but the balance between work and life, which itself is a

protective factor for good mental health, is not always recognized. In addition, work interventions appear to be focused mainly on unemployment, with few examples of interventions to address the work environment, the workload, and social problems such as workplace bullying and harassment, which are significant contributors to workplace stress.

Healthy public policy is requisite to strengthening mental health. Much of the literature is focused on interventions that combine the development of individual skills and the creation of supportive environments, but the connection between supportive healthy policy created at the government level and individual and community interventions needs to be strengthened. Similarly, discussions of the whole-school approach to mental health promotion often lack examples of school policies that would support the practice of good mental health at the individual and classroom level.

The overall message is that mental health promotion is still a relatively new but rapidly growing field. The evidence base needs to be expanded to help identify effective interventions that will help stakeholders develop programmes that work. Evaluation of interventions focusing both on processes and outcomes, as well as the sustainability of programmes, is an important part of this process, and will help experts reach consensus on the best ways to practice mental health promotion.

References

- Barry, M. & McQueen, D. (2005). The Nature of Evidence and its Use in Mental Health Promotion. In H. Herrman, S. Saxena, & R. Moodie (Eds.), *Promoting Mental Health: Concepts, Emerging Evidence, Practice* (pp. 108-118). Geneva: World Health Organization.
- Barry, M., Domitrovich, C., & Lara, M. (2005). The implementation of mental health promotion programmes. *Promotion and Education, Supplement 2 2005: The evidence of mental health promotion effectiveness: strategies for action*, 30-36.
- Canadian Mental Health Association (CMHA). (n.d.). Meaning of Mental Health. Retrieved April 3, 2007 from http://www.cmha.ca/bins/content_page.asp?cid=2-267-1319&lang=1
- Canadian Mental Health Association (CMHA). (n.d.). Mental Health Promotion Took Kit: a practical resource for community initiatives. Retrieved February 20, 2007 from http://www.cmha.ca/mh_toolkit/intro/index.htm
- Canadian Mental Health Association, Newfoundland and Labrador Division (CMHA-NL). (2001). *Valuing Mental Health*.
- Department of Health and Community Services (HCS). (2006). *Healthy Aging for All in the 21st Century*. Aging and Seniors Division, Government of Newfoundland and Labrador.
- Australian e-Journal for the Advancement of Mental Health (AeJAMH)*, 4 (2). Retrieved March 15, 2007 from <http://www.aussienet.com/journal/vol4iss2/farrelltravers.pdf>
- Funk, M., Gale, E., Grigg, M., Minoletti A., & Yasamy, M. (2005). Mental Health Promotion: An Important Component of National Mental Health Policy. In H. Herrman, S. Saxena, & R. Moodie (Eds.), *Promoting Mental Health: Concepts, Emerging Evidence, Practice* (pp. 216-225). Geneva: World Health Organization.
- Hall, M. & Havens, B. (2002). Social Isolation and Social Loneliness. *Writings in Gerontology (18): Mental Health and Aging*, 33-42.
- Health Canada. (2001). Achieving Health for All: A Framework for Health Promotion. Retrieved February 22, 2007 from http://www.hc-sc.gc.ca/hcs-sss/pubs/care-soins/2001-frame-plan-promotion/index_e.html#conc
- Herrman, H., Saxena, S., Moodie, R., & Walker, L. (2005). Introduction: Promoting Mental Health as a Public Health Priority. In H. Herrman, S. Saxena, & R. Moodie (Eds.), *Promoting Mental Health: Concepts, Emerging Evidence, Practice*

- (pp. 2-15). Geneva: World Health Organization.
- Home-Start National Inc. (Australia). (n.d.) About Home-Start National. Retrieved April 3, 2007 from <http://www.home-startnat-aust.org/about1.htm>
- Hosman, C. & Jané_Llopis, E. (2005). The Evidence of Effective Interventions for Mental Health Promotion. In H. Herrman, S. Saxena, & R. Moodie (Eds.), *Promoting Mental Health: Concepts, Emerging Evidence, Practice* (pp. 169-188). Geneva: World Health Organization.
- Jané-Llopis, E. (2005). From evidence to practice: mental health promotion effectiveness. *Promotion and Education, Supplement 1 2005*, 21-27.
- Jané-Llopis, E., Barry, M., Hosman, C., & Patel, V. (2005). Mental health promotion works: a review. *Promotion and Education, Supplement 2 2005: The evidence of mental health promotion effectiveness: strategies for action*, 9-25.
- Keleher, H. & Armstrong, R. (2005). Evidence-based mental health promotion resource. Report for the Department of Human Services and VicHealth, Melbourne.
- Kiefer, H., Cohen, N. & Pape, B. (2004). Handle with Care: Strategies for Promoting the Mental Health of Young Children in Community-Based Child Care. Canadian Mental Health Association.
- Lahtinen, E., Joubert, N., Raeburn, J., & Jenkins, R. (2005). Strategies for Promoting the Mental Health of Populations. In H. Herrman, S. Saxena, & R. Moodie (Eds.), *Promoting Mental Health: Concepts, Emerging Evidence, Practice* (pp. 226-242). Geneva: World Health Organization.
- LIFT (Linking the Interests of Families and Teachers) (2006). University of Colorado at Boulder: Center for the Study and Prevention of Violence. Retrieved May 24, 2007 from <http://www.colorado.edu/cspv/blueprints/promising/programs/BPP09.html>
- Mental Health Promotion Unit (MHPU) of the Public Health Agency of Canada. (2003). Mental Health Promotion: Frequently Asked Questions. Retrieved February 22, 2007 from http://www.phac-aspc.gc.ca/mh-sm/mhp-psm/faq_e.html
- Moodie, R. & Jenkins, R. (2005). I'm from the government and you want me to invest in mental health promotion. Well why should I? *Promotion and Education, Supplement 2 2005: The evidence of mental health promotion effectiveness: strategies for action*, 37- 41.

- Morrow, L., Verins, I. & Willis, E. (Eds.) (2002). *Mental Health and Work: Issues and Perspectives*. Adelaide, Ausetnet: The Australian Network for Promotion, Prevention and Early Intervention for Mental Health.
- National electronic Library for Mental Health (NeLMH). (2004). Defining Mental Health Promotion: Risk and protective factors. Mentality. Retrieved March 27, 2007 from http://www.nelmh.net/page_view.asp?c=22&did=2358&fc=004002
- Pape, B. & J. Galipeault. (2002). Mental Health Promotion for People with Mental Illness. Mental Health Promotion Unit, Health Canada.
- PATHS (Promoting Alternative Thinking Strategies) (n.d.) The College of Health and Human Development: Prevention Research Center, Penn State. Retrieved May 24 from <http://www.prevention.psu.edu/projects/PATHS.html>
- Public Health Agency of Canada (PHAC). (2002). Health is Everyone's Business. Retrieved March 8, 2007 from <http://www.phac-aspc.gc.ca/ph-sp/phdd/collab/collab1.html>
- Public Health Agency of Canada (PHAC). (2002). Population Health: What is the Population Health Approach? Retrieved March 8, 2007 from <http://www.phac-aspc.gc.ca/ph-sp/phdd/approach/>
- Public Health Agency of Canada (PHAC). (2003). What Determines Health? Retrieved March 8, 2007 from <http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html>
- Pushkar, D. & Arbuckle, T. (2002). Positive Mental Health in Aging: Challenges and Resources. *Writings in Gerontology (18): Mental Health and Aging*, 7 - 16.
- Sturgeon, S. & Orley, J. (2005). Concepts of Mental Health Across the World. In H. Herrman, S. Saxena, & R. Moodie (Eds.), *Promoting Mental Health: Concepts, Emerging Evidence, Practice* (pp. 59-69). Geneva: World Health Organization.
- Todd, Sherri. (2004). Improving Work-Life Balance - What are other countries doing? Human Resources and Skills Development Canada. Retrieved April 6, 2007 from <http://www.hrsdc.gc.ca/en/lp/spila/wlb/pdf/improving-work-life-balance.pdf>
- Victorian Department of Human Services (DHS). (2006). Evidence-based mental health promotion resource -- Executive Summary.
- Weare, K. & Markham, W. (2005). What do we know about promoting mental health through schools? *Promotion & Education, XII (3-4)*, 118-122.

World Health Organization (WHO). (1986). Ottawa Charter for Health Promotion.

World Health Organization (WHO). (2001). Mental Health: strengthening mental health promotion (Fact sheet no. 202). Retrieved February 22, 2007 from <http://www.who.int/mediacentre/factsheets/fs220/en/>

World Health Organization (WHO). (2004). Promoting Mental Health: Summary Report.

Zubrick, S. & Kovess-Masfety, V. (2005). Indicators of Mental Health. In H. Herrman, S. Saxena, & R. Moodie (Eds.), *Promoting Mental Health: Concepts, Emerging Evidence, Practice* (pp. 148-168). Geneva: World Health Organization.

Appendix B

Notes from the Seniors' Mental Health Focus Group, July 19, 2007

Unique qualities and protective factors for good mental health of seniors in NL:

- Seniors in NL have a strong sense of place, family, patriotism, connection to community, and faith. They identify with their roots and where they came from, and have a sense of belonging in their communities.

Existing, successful programs that promote mental health in NL:

1. Seniors Resource Centre's (SRC) Lifelong Learning:
 - This program offers general interest courses at MUN for those who are 50+. Some of the benefits of these classes include social interaction, intergenerational connection with different ages in the classroom, developing skills, and sharing of information and expertise.
 - SRC evaluates at the end of each course.
 - Courses that teach PC skills in small classes allow access to computers, with hands-on interaction to gain skills, and enables seniors to connect to their families via the internet.
 - Instructors are often retired professors from MUN who feel that their skills and expertise are wanted, so both instructors and students experience the benefits.
2. SRC's Friendly Visiting Program:
 - Promotes social contact and is a positive, win-win situation for both the visitor and the person being visited. This program has been evaluated.

Media Awareness and Public Education:

- Education is needed in NL to promote a positive image of aging and challenge negative attitudes about aging—ageism—so that aging is not something to be feared. This is especially important for young people entering the workforce in health care fields who work with older

people, as they learn some of these negative attitudes early on in their careers.

- The transition from work to retirement should be seen as positive – it is about refocusing, not retiring.
- Life is an accomplishment, and we should value seniors who have gone from being a resource in our communities to being pushed away.
- Role models in our communities and in the media need to be positive and representative of seniors.

Long Term Care:

- There are limited human resources in Occupational Therapy and Recreation for promoting mental health in LTC facilities.
- Often, nursing plans take priority over meaningful lifestyle activities that promote the maintenance of skills and abilities. This can distort the sense of “normal” and result in a loss of self and dignity, which negatively affects mental health. A senior cannot be a person anymore because the focus of care is on the scheduling of when they have been bathed or fed, etc.
- The mental health of workers in LTCs is also an issue. Their incomes are low, which means they have no incentive to help promote mental health in addition to regular duties. Staff is often on-call and inconsistent, and they are not trained properly. There is also a need to address such issues as the impact of unethical behaviour, lack of empathy, and lack of education about mental health and aging, such as the difference between Alzheimers and depression. When LTC workers do not have good mental health, it affects the seniors with whom they work.
- LTC facilities are challenged to improve and create supportive environments and to change the culture to one that encourages empathy and awareness, and change the focus so that those who work in LTCs use existing resources differently while honouring the strengths and accomplishments of seniors.

Caregiving:

- Support for caregivers is essential. Some approaches to support are caregiver networks across the province and regular opportunities to meet and connect with other caregivers.

- The newsletter by the SRC is a valuable resource because it helps foster a sense of connection to other people who care and understand, and reminds the caregiver that they not alone when they might not have much support in their own lives.
- “Respite is an outcome, not a service” – the meaning of respite is changing and this idea is growing.
- Valuing caregiving is not just about financial remuneration.

Challenges and positive approaches to dealing with these challenges identified by the Group to promoting seniors’ mental health are:

- Challenges to promoting mental health include: access to technology and computers; low incomes; malnourishment and access to healthy food; no transportation.
- Some positive approaches to promote mental health involve: Exercise and nutrition; education, literacy and lifelong learning; and reliable, accessible transportation.
- Participation in community events was identified as an effective way to promote mental health, as was a drop-in centre to encourage age-friendly regular social contact. Transportation to and from community events and drop-in centre is a key factor for success.

Risk factors for poor mental health – In addition to being identified in the literature, the following are significant issues identified by the focus group for seniors’ mental health in NL.

- **Hearing impairment** – When seniors are unable to hear, they feel stupid, especially when communicating with others who are not sensitive to this issue. There are assistive hearing devices available other than hearing aids, but hearing aids are often considered the only option for those with hearing loss. The associated cost to improving hearing can also pose barriers; for example, HRLE pays for only 1 hearing aid when two are needed. For seniors with arthritic hands, hearing aids are difficult to handle. There is a stigma associated with hearing loss, as well as self-consciousness over using hearing aids.
- Loneliness and social isolation -- Seniors need meaningful, one-on-one social contact to cope with loneliness, both in LTCs and in the community. Seniors might be in a room with many people, but they can still feel lonely. In LTCs, it is better when smaller groups interact rather than a large group, and a one-on-one friendly visiting program

is important to seniors who have no one to visit them. There is a need to coordinate these social relationships through such programs as Adopt a Grandmother, for example.

The use of teenagers in LTC friendly visiting is an issue because of maturity and reliability, but making connections between younger and older people is important to bridge the generational gap and to change negative attitudes towards aging. Brighter Futures was given as an example of a program that makes these connections through relationships. As well, the Safe and Caring Schools Initiative involves community service and promotes safety and caring outside of schools in the community.

Mental Health Promotion Working Group

Notes from the Workplace Mental Health Focus Group with NLEAPA, August 16, 2007

Work-life balance

- In NL, there is currently no overall approach to work-life balance, and it often depends on the manager. There are some policies to address the issue, but there are inconsistencies in practice. Leadership style is an important factor, as managers need to be in touch with staff's needs.
- The issue of technology and the expectations of availability of employees often mean that the boundaries between work and life are blurred. There is an expectation that employees will have access to managers 24/7 and vice versa. For example, employees feel pressured to check their email at home because there is no time to do it at work; there are no clear delineated guidelines on the use of pagers; and casual workers cannot plan their lives because they are sitting by the phone waiting to be called in to work.
- When employees take time off, there is often still an expectation from supervisors and the public to do work, especially in fields like law enforcement and health care.
- It is growing increasingly common for employees to have difficulty getting away from work to get help for health or financial issues, and to provide documentation to employers when they do. The issue is not just about leadership; it is about confidentiality, as people do not want their supervisors/bosses to know about their problems and where they are going if they need time off work.
- Employers should encourage physical exercise or put gyms in the workplace to help promote mental health.

The Role of Policy

- In terms of government policy to promote mental health, there are some efforts being made provincially, but they are not being drawn together by an overall strategy.
- The support and involvement of the unions will help further mental health promotion in NL's workplaces.

- If mental health promotion is in the contract and the structure, then it becomes part of the culture. For example, some things that can promote mental health are built into contracts, such as deferred salary leave, education leave, upgrading, unpaid leave, short-term leave, special leave, etc.
- Employees need increased compensation for taking on extra work and responsibilities to show that their work is valued.
- Flexible sick time, well-being days and mental health days—just time to do something positive that promotes well-being—can help to promote good mental health.
- Presentations during orientation to new staff and new managers should be given so they are aware of mental health issues in the workplace. Some government departments offer these presentations/training already, but it is sporadic.

Management

- Relationships between managers and employees need to be improved to strengthen the social environment. Managers need to have emotional intelligence and interpersonal skills to be successful in leadership roles. Sometimes it is helpful to have people in organizations who can smooth the way for better communication on difficult issues between management and employees.
- The issue of workload needs to be addressed: there is so much focus on the technical aspects of one's work that people are unable to devote time and energy to positive social interaction, which is equally as important. Managers who are dealing with stress often pass it on to their employees. When people are overstressed and under-skilled, they do not have much left over for positive social interaction and good mental health, and this can create a negative culture.
- Some managers are finding creative ways to use EAP resources to help promote mental health (no examples were given).

Workplace culture

- Negative workplace culture has an impact on emotional well-being and creates an environment where employees are unable to cope with stress or work to their full potential. The number of suicides committed by people from the same workplaces in NL is an indicator of a negative culture that does not offer support.

- Stigma is still a big barrier to open discussion of mental health issues in the workplace.

Public Education and Raising Awareness

Some ideas on public education/raising awareness about mental health in the workplace include:

- Advertising to raise awareness of workplace mental health, but the effectiveness of such public ad campaigns should be examined first
- Showing the impact and financial costs of workplace mental health issues on lost productivity and emphasizing that it is cheaper to promote mental health.
- There is already a PSC newsletter that includes articles on work-life balance.

Bullying

- Bullying is a safety issue, and more cases of bullying are being reported to Occupational Health and Safety.
- Bullying is a difficult issue to address because of the subtleties, and it can be hard to quantify the abusive behaviour, particularly when there are no other witnesses. There is a confidentiality issue in reporting bullying, as well, and if an employee has to report to a manager who is the bully targeting him or her, then this might deter employees from reporting the abuse. The power imbalances in organizational structures also pose barriers and can perpetuate bullying behaviours.
- Some bullying can be attributed to unskilled managers. The Respectful Workplace Program helps bullies to better understand their behaviour in relation to others in the workplace.
- The business sector recognizes bullying as inappropriate behaviour, but other sectors do not.
- New employees are sometimes treated unfairly and manipulated by senior employees. Unreasonable demands are made of the new employees, and they are bullied into doing work or accepting working conditions that they would not accept otherwise.

- A toxic workplace environment starts at the management and board levels, which affects everyone in an organization. Animosity and tension between workers in the same field with different scopes of practice is often brought down from a higher level.
- Administration needs to show skilled leadership and demonstrate the ability to relate to people who are bringing their concerns to them, validating their concerns by showing empathy and understanding, even if they are unable to do anything about it.
- Downsizing in health care with shifts, mergers, and the creation of new regional boards in NL over the last few years has created stressful work environments. Similar changes in government have also had a huge mental health impact.
- Respect is the key to addressing the bullying issue, but it is difficult to practice in the workplace.

Overall Challenges and Solutions

- There is no policy on creating a culture of support in the workplace.
- More research needs to be conducted to build the evidence base. How does stress level in NL workplaces compare to other jurisdictions? What are the best practices in workplace mental health promotion in other areas of the country and around the world?
- A healthy workplace strategy is needed to bring all of the current efforts in workplace mental health promotion together in the province.
- Government needs to lead by example in its own workplaces.

