



2022 Annual Symposium, Session 2C

Summary of Participant Input: What actions are most needed for helping mental health promotion flourish in Canada?

February 2022

Overview

Context and purpose: The 2022 KDE Hub Annual Symposium focused on helping mental health promotion flourish in Canada. In a plenary session, participants were invited to consider actions most needed to help mental health promotion flourish. This document summarizes over 100 thoughts that were shared anonymously using an interactive online platform.

Approach to this summary: Participant entries were grouped into themes and sub-themes according to their main idea. Single entries often contained more than one secondary idea so the themes and sub-themes are not mutually exclusive. In this summary, participant thoughts are organized into 12 themes and listed in order from the highest to the lowest number of related entries. Illustrative examples are provided for each theme. All participant thoughts, and participant ratings of others' thoughts, are [available here](#).

Key messages: The first theme calls for shifts in paradigms and mental models including a shared understanding of mental health promotion, and mental health (promotion) literacy. Thoughts related to diversity apply an inclusion lens to many aspects of mental health promotion, including health systems, health services and programs, knowledge development and exchange, policy and partnerships. Another prominent set of actions had a central focus on community-level action. The importance of local action was reinforced as well as the diversity of programming for different populations (e.g., early years, Indigenous) and contexts (e.g., settings, languages, policy, systems).

What actions are most needed for helping mental health promotion flourish in Canada?

Theme (# of thoughts)	Sub-themes	Examples
<p>Actions to shift paradigms and mental models around mental health and wellness (33)</p>	<ul style="list-style-type: none"> • Make society-level shifts in the way we think of mental health, wellness, and how to promote mental health • Actions include: <ul style="list-style-type: none"> ○ De-stigmatize and promote conversations around mental health; facilitate multiple ways of entering conversations about mental health to ensure cultural sensitivity and safe spaces ○ Increase mental health and mental health promotion literacy across sectors (e.g., mental health and illness are not the same thing) ○ Build a shared understanding of mental health promotion and its relationship with structural determinants of health ○ Identify mental health and mental health promotion ‘champions’ – influential individuals who raise awareness about these topics ○ Communicate the value of upstream approaches 	<ul style="list-style-type: none"> • (translated) Speak freely, often, and at all times about mental health. Repeat in all tones that there is no health without sanity. Talking about it in all settings, with and within diverse groups reinforces the key message that there is no health without mental health. • Open recognition that self-care cannot always solve and improve mental health issues; Because it is often the environment's structure that imposes stress, burnout, lack of control, over-work • A collective, shared openness to making things better for everyone: individuals, communities, and the country as a whole. • We need dedicated national leaders of mental health promotion who are experienced, respected and knowledgeable and who have mechanisms for being heard across the country mental health promotion is still poorly understood within the public, and we need to find ways to have it become part of the ongoing dialogue in various environments. • Public cultural shift as to how mental health promotion will benefit our 'thought economy'
<p>Actions to increase diversity and inclusivity of perspectives (18)</p>	<ul style="list-style-type: none"> • Engage diverse perspectives, cultures, and worldviews as part of mental health promotion strategies and approaches • Use models of co-creation/ co-design • Amplify voices of groups that are at risk of being marginalized 	<ul style="list-style-type: none"> • We must have a diverse group of people and ideas to be centered in the work to help mental health promotion flourish in Canada. Those with decision making ability have made assumptions about what is needed. Be receptive and validate all voices when creating a plan.

Theme (# of thoughts)	Sub-themes	Examples
		<ul style="list-style-type: none"> locate voices that are not heard in health promotion programs to avoid emphasizing gaps and missing the goal of mental health HP Establishing comfortable mental wellness environments that are co-created with those using the services; People participate in what they create
<p>Actions relating to the healthcare system, health providers, service provision (17)</p>	<ul style="list-style-type: none"> Support service providers' competency in mental health promotion Increase cultural safety in the health sector Ensure access to mental health services, removing accessibility barriers Redefine health systems to support wellness (i.e., it's about health, not just about illness) 	<ul style="list-style-type: none"> Greater education for health professionals on the need to help patients to "live their best life" and the importance of this for health. Focus is too often on problems to fix vs. ways to promote thriving, including with disease. Cultural competency and trauma informed practice should be integrated throughout the delivery of mental health care at all levels; So that individuals from all cultural backgrounds and life experiences can have access to the resources they need All services related to mental health must be accessible in the same way as other health services: psychologist, relaxation, etc. Reinforces the key message: there is no health without mental health. Access to services to improve and maintain mental health. Shifts away from biomedical model to something more holistic. The biomedical model is more about isolating and fixing "problems" and doesn't appreciate the broader context of what makes us well or doesn't.
<p>Actions in knowledge development and knowledge exchange (15)</p>	<ul style="list-style-type: none"> Use data, metrics, and knowledge mobilization to support mental health promotion (e.g., build evidence base for mental health promotion) Demonstrate the value of mental health promotion (i.e., making the 'business' case for mental health promotion) Ensure that data collection and reporting is equitable (e.g., participatory methods, 	<ul style="list-style-type: none"> Build the evidence about effective approaches and interventions; Reduce investment in ineffective strategies change language used in data collection/reporting to better reflect structural inequities e.g., instead of 'race' using 'vulnerable to racism;' moves emphasis from individual to highlight structural causes create a culture of 'quality evidence' that is inclusive of lived experience and storytelling; our current definition of 'evidence' is narrow and excludes Indigenous ways of knowing

Theme (# of thoughts)	Sub-themes	Examples
	<p>supporting marginalized communities in their knowledge mobilization efforts)</p> <ul style="list-style-type: none"> • Ensure diversity in types of evidence and ways of knowing • Set up knowledge hubs to facilitate relationships between those working in mental health promotion 	<ul style="list-style-type: none"> • Building capacity in vulnerable communities for data collection • Highlighting inequity through data and info sharing- why are certain groups not doing as well as others? Then shifting to how we can we change that. • Providing a business case that demonstrates the efficacy of working upstream of mental health issues; We tend to pay attention when a situation is a crisis and then we react - this approach doesn't provide a long-term solution and it strains the system
<p>Actions in policy, systems (15)</p>	<ul style="list-style-type: none"> • Create policies inclusive of mental health promotion and monitor progress • Put children and youth at the centre of policymaking • Engage and empower youth and marginalized communities as part of policy making • Identify systemic gaps and making inequity illegal 	<ul style="list-style-type: none"> • A comprehensive policy approach that integrates mental health considerations in health systems, education, immigration, employment; For actionable strategies to fill the gap • Lowering the voting age in Canada to 16 years; it is a vehicle to accelerate youth-centred policy making • Canada needs a national vision and strategy for promoting mental health that includes all people of Canada. There is no guiding plan, mental health promotion needs to be brought to the forefront and integrated into the fabric of our society. • Making inequitable policies illegal • Focusing on health equity to lessen the gaps; Until we systematically identify all the gaps, we are having various conversations without speaking the same language
<p>Actions around funding and resources (14)</p>	<ul style="list-style-type: none"> • Invest in promising or proven mental health promotion interventions • Increase resources for community-based or community-informed initiatives • Invest in mental health and mental health promotion on an ongoing basis (not just when there is a crisis) 	<ul style="list-style-type: none"> • Establishing a resource base to fund additional programs that meet identified mental health promotion needs and also funding for sectors outside of health per se. More resources are going to be required to meet the needs and demands for mental health promotion.

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		<ul style="list-style-type: none"> • Self- determination and less red tape with funding programs; to allow communities to decide their own priorities for their own populations. • Ongoing investment and action mental health shouldn't only be on the agenda on specific days or times of year...or during a pandemic. We need to sustain the conversation
<p>Actions in partnerships, collaborations, co-development, multisectoral work (9)</p>	<ul style="list-style-type: none"> • Facilitate cross-sector or -jurisdiction collaboration; meaningful engagement, for mental health promotion (e.g., to influence social determinants of mental health) • Place more value on the importance of relationships (e.g., between participants and practitioners or between youth leaders from diverse cultures) 	<ul style="list-style-type: none"> • More/more creative partnerships between public health and other sectors that influence the SDoH (housing, social supports, education, etc.). Those other sectors have levers we don't that impact health and wellbeing, that could be channeled for health promotion • Invest in building meaningful relationships among youth leaders from diverse cultures; This is how we begin to shift mental models
<p>Actions focused on communities, community-level actions (9)</p>	<ul style="list-style-type: none"> • Ensure adequate investment in community engagement, leadership, and self-determination • Build a solid understanding of community needs and strengths 	<ul style="list-style-type: none"> • emphasis on communities, groups leading change responsive, tailored and appropriate action for local situations • Identify the community needs, challenges and strengths. Knowing that will help us implement the strategies to overcome their challenges and foster their strengths • Supporting the roles of people and individuals especially First Nations and Newcomers to their own mental health and wellness promotion; There should not be huge gaps in service delivery for these population like there are currently
<p>Actions in school settings/ for school-aged (6)</p>	<ul style="list-style-type: none"> • Incorporate mental health promotion as part of school curricula • Increase school mental health promotion supports and resources • Encourage school administrators and parent groups to discuss mental health promotion 	<ul style="list-style-type: none"> • School systems integrating mental wellness in curriculum and learning time. Young people spend a lot of time at school and we need to model that mental health wellness is just as important the other subject. • encourage PTAs, school councils and other caregiver engagement groups to discuss mental health promotion. MHP can be added to

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	<ul style="list-style-type: none"> Examine education systems from the lens of health promotion 	<p>the roles of these orgs; A mental health agenda in these forums helps normalize mental health conversations</p> <ul style="list-style-type: none"> Greater investment by the Ontario provincial government in guidance counsellors at schools. Each counsellor has too many critical things to do, especially mental health; Upstream investment will save heartache and increase productivity with more youth able to use more of their talents and potential throughout life
<p>Actions around including Indigenous knowledges, leadership, perspectives (5)</p>	<ul style="list-style-type: none"> Ground governance models in Indigenous knowledge Include Indigenous worldviews in shared understanding of mental health promotion Include Indigenous knowledge and ways of knowing as part of 'quality evidence/ data collection' Empower Indigenous youth to become leaders 	<ul style="list-style-type: none"> governance models that are grounded in Indigenous wellness models; we need to create a new social contract, and this is a way forward developing a shared understanding of mental wellness as hope, meaning, purpose, belonging; successful change requires shared understandings and for mental wellness must be inclusive of all cultures create a culture of 'quality evidence' that is inclusive of lived experience and storytelling; our current definition of 'evidence' is narrow and excludes Indigenous ways of knowing Empower Indigenous youth to take their place as leaders at all levels of government; Their talent is underutilized
<p>Actions at the practice, program level (3)</p>	<ul style="list-style-type: none"> Use trauma-informed and/ or resiliency-informed approaches Address power dynamics within programs Create safe spaces (including culturally safe) 	<ul style="list-style-type: none"> Supporting NGOs, schools and medical systems to uptake trauma and resiliency informed practice (TRIP) as foundational to "first, do no harm;" Too often we look at (and punish/ban) people's behaviours, without regard to what evokes them. Staying engaged=Better outcomes. Focus on the importance of relationships between practitioners and participants. Avoid the label of experts, everyone can be an expert on themselves; Opportunities to demonstrate Kindness and compassion are key for creating spaces for honest reflection

Theme (# of thoughts)	Sub-themes	Examples
<p>Actions focused on early years (2)</p>	<ul style="list-style-type: none"> • Target early childhood centres as part of mental health promotion approaches • Focus on younger children as part of mental health promotion 	<ul style="list-style-type: none"> • True promotion starts in early childhood; I find that we still view early childhood settings as a business and not an investment in human beings' wellness and optimal development • Value the early childhood care educators; From feeling that one's work is valued comes a greater capacity to be there for children under one's care

