National Collaborating Centres for Public Health
Centres de collaboration nationale en santé publique

POPULATION MENTAL HEALTH AND WELLNESS PROMOTION
Clarifying the Roles of Public Health

Proceedings of a Forum on Population Mental Health and Wellness Promotion: Clarifying the Roles of Public Health

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Gatineau, PQ

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Presented by the National Collaborating Centres for Public Health, in partnership with the Public Health Agency of Canada, the Canadian Mental Health Association, the Centre for Addiction and Mental Health, and the Mental Health Commission of Canada.

Acknowledgements: We wish to thank our partners and the members of the Advisory Committee for their contributions to this event: Carol Hopkins, Francine Knoops, Suzanne Jackson, Benjamin Leikin, Tamar Meyer, Stephanie Priest, Doug Ramsay, Marie-Claude Roberge, Patrick Smith, Stephen Smith, Cynthia Waugh and Nicole Zahradnik.

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1. Introduction

1.1 Background

In the past decade, conceptualizations of mental health have been undergoing a paradigm shift. We now recognize that mental health and illness are distinct states – neither mutually exclusive nor opposite ends of a spectrum. We also understand that mental health is a positive resource, not only for individuals and families, but also for communities and the whole of society. Addressing the social determinants of mental health and promoting mental health, therefore, offers many social, economic, and health advantages for us all.

This new view of mental health is affecting our approach to health promotion and illness prevention. As those working in the field of public health are integrating population mental health and wellness promotion (PMHWP) perspectives into their practice, we are learning more about what is needed to support their efforts.

In 2013, the National Collaborating Centre for Healthy Public Policy (NCCHPP) (http://www.ncchpp.ca/en/) began consulting with stakeholders and gathering evidence to assess the needs of the public health workforce in relation to PMHWP. NCCHPP developed briefing notes, workshop presentations, and other knowledge translation (KT) products on mental health promotion and public health. The following year, all of the National Collaborating Centres for Public Health (NCCs) began sharing expertise and resources, developing a suite of linked KT products to support public health practitioners to integrate PMHWP into their work (http://nccph.ca/projects/mentalhealth).

The *Forum on Population Mental Health and Wellness Promotion* (the Forum) was designed as a critical next step in the efforts of the NCCs and others to strengthen public health's capacity to contribute to and advance PMHWP in Canada. It was also designed to create opportunities to learn about and from Indigenous knowledge with respect to mental wellness frameworks.

For this event, the NCCs partnered with organizations central to PMHWP in Canada: the Canadian Mental Health Association (CMHA) (https://cmha.ca/), the Centre for Addiction and Mental Health (CAMH)(https://www.camh.ca/), the Mental Health Commission of Canada (MHCC) (https://www.mentalhealthcommission.ca/), and the Public Health Agency of Canada (PHAC) (www.phac-aspc.gc.ca/). The five partner organizations were co-hosts of this first pan-Canadian meeting dedicated to supporting the integration of PMHWP into public health.

1.2 Objectives

The objectives of the Forum were:

- To bring together key stakeholders in population mental health and wellness promotion across Canada to discuss and support the roles of public health in population mental health and wellness promotion;
- To share perspectives, visions, and activities among key stakeholders;
- To forge collaboration and increase networks.

1.3. Forum Development

Leadership in the development of the Forum was provided by a working group, an advisory committee and partners. In the final stages, an independent facilitator also contributed to refinement of forum processes and outputs.

The **Forum Working Group** was created to plan, structure, and implement the Forum. The working group included representatives from NCCHPP, the National Collaborating Centre for Infectious Diseases (NCCID) and the National Collaborating Centre for Methods and Tools (NCCMT), and provided leadership on the project on behalf of the NCCs. Members included (in alphabetical order):

- Margaret Haworth-Brockman, NCCID
- Claire Howarth, NCCMT
- Heather Husson, NCCMT
- Marianne Jacques, NCCHPP
- Pascale Mantoura, NCCHPP
- Colleen Van Berkel, NCCMT

Beginning in September 2017, the working group met monthly then bi-weekly and weekly as the date for the Forum drew closer. Pascale Mantoura was the content/scientific lead for the group and, with support from Margaret Haworth-Brockman, and Claire Howarth, the principal liaison between the working group and other individuals, presenters, and committees contributing to the development of the Forum.

The **Forum Advisory Committee** comprised leaders working to advance PMHWP in Canada in government, community, practice, non-governmental organizations and research. Inclusion of Indigenous perspectives and expertise on Indigenous frameworks for mental wellness was a critical goal in the formation of the advisory committee. Supported by working group members

Pascale Mantoura and Claire Howarth, advisory committee members included (in alphabetical order):

- Carol Hopkins, Thunderbird Partnership Foundation
- Suzanne Jackson, Dalla Lana School of Public Health, University of Toronto
- Francine Knoops, Mental Health Commission of Canada
- Benjamin Leikin, Ottawa Public Health
- Tamar Meyer, Centre for Addiction and Mental Health – Provincial System Support Program
- Stephanie Priest, Public Health Agency of Canada
- Doug Ramsay, formerly at Regina Qu'Appelle Health Region
- Marie-Claude Roberge, Institut national de santé publique du Québec
- Patrick Smith, Canadian Mental Health Association
- Stephen Smith, British Columbia Ministry of Health
- Cynthia Waugh, Public Health Agency of Canada
- Nicole Zahradnik, Public Health Agency of Canada

The advisory committee met five times between October and February to support the development of the list of invitees, the agenda, and the Forum Charter, as well as the methods to engage participants in discussion. The Charter was based on previous NCCHPP and NCCPH work and was intended to: set the stage for the Forum by clarifying the essential components of PMHWP; establish the objectives of the Forum, and; situate the usefulness, timeliness, and pertinence of the Forum for attendees.

During the Forum, advisory committee members helped to moderate panel presentations and to facilitate roundtable and World Café discussions.

Partners: Several organizations were seen as key to the success of the Forum and, as mentioned in the introduction, the NCCs partnered with the Canadian Mental Health Association (CMHA), the Centre for Addiction and Mental Health (CAMH), the Mental Health Commission of Canada, and the Public Health Agency of Canada to design and deliver the Forum. Partners helped to expand the reach and relevance of the Forum by sharing expertise through participation in the advisory committee, engaging with their own networks, contributing in-kind and financial support, collaborating on the development and production of an essential reading list, and assisting with planning and implementation. During the Forum, staff from the partner organizations also helped to facilitate and synthesize roundtable and World Café discussions.

Facilitator: Barbara Clow was hired as the Forum facilitator by the working group to support the design and delivery of the Forum. Working with Pascale Mantoura, Margaret Haworth-Brockman, and the working group, she supported clarification and revision of the agenda,

decisions regarding animation techniques, and the development of a guide for staff working with participants at the event. She also worked with the hotel and technical staff to prepare the venue, facilitated the Forum, provided direction to support staff at the Forum, and wrote the Forum Proceedings.

Support Staff: The delivery of the Forum was also made possible through the hard work of staff from the NCCs and the partners, who helped with logistics and animation. The support team included members of the working group as well as additional staff from the NCCs (Lydia Ma, Dianne Oickle), PHAC (Nicole Zahradnik, Cynthia Waugh, Robin Skinner, Simone Powell), CAMH (Brandon Hey), and from the CMHA (Teresa Gerner and Fardous Hosseiny).

A facilitation document was developed, shared and discussed with the support team prior to the Forum.

2. Participants

The Forum was designed not as a training event, but as an opportunity for sharing of knowledge and networking among diverse experts in PMHWP and public health. To that end, a process was developed to identify participants who were, to a greater or lesser extent, already engaged in PMHWP. Initially, the NCC content lead, Pascale Mantoura, drew on NCCHPP's network to identify those with knowledge and expertise in PMWHP and then expanded the roster of potential participants with input from the other NCCs, the advisory committee, and partners.

In devising the invitation list, the following criteria were taken into consideration:

- one or two public health practitioners from each province and territory;
- a balance of representatives from provincial, national, research, and Indigenous organizations;
- two to three representatives from partner organizations;
- members of the advisory committee, and;
- recommendations for further additions from the partners and/or advisory committee members.

One-on-one conversations were had with most of the invitees, both to share information about the event and to obtain a better understanding of the fit between the Forum objectives and the work or context of various organizations, sectors, and jurisdictions. A grid was created to make sure all jurisdictions, levels, and sectors, as well as Indigenous perspectives and voices were adequately represented.

This process was highly successful in identifying and engaging key organizations and individuals from across jurisdictions and sectors who were already involved in PMHWP. Sixty-eight participants and staff attended the Forum. To introduce iClickers to the participants and allow them to have a quick introduction to the representation from across the country, polls conducted at the beginning of the Forum[1] revealed that participants and speakers came from across the country (Figure 1). One of the keynote speakers was from Ireland. Participants worked at all jurisdictional levels (Figure 2) and in diverse roles (Figure 3). Of those who responded to the polls, an overwhelming majority of participants (96%) described their knowledge of PMHWP as intermediate or advanced.

Figure 1. Place of Residence

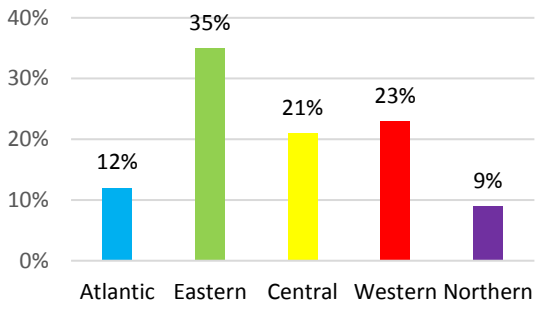


Figure 2. Work Jurisdiction

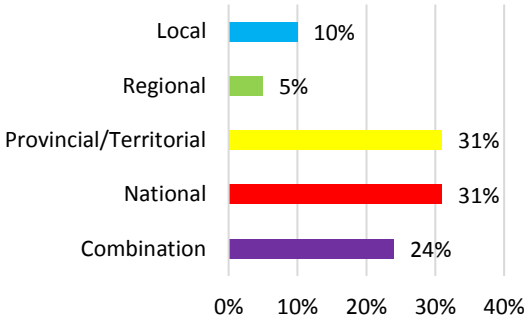
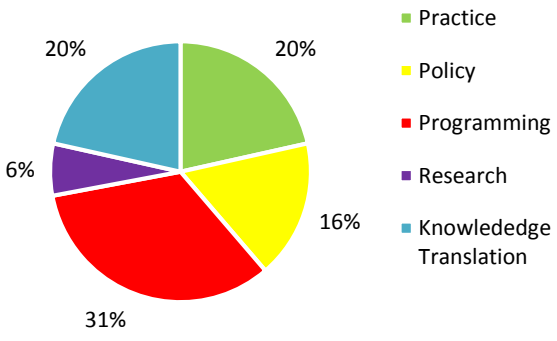


Figure 3. Roles



[1] Participants and speakers responded to a series of demographic questions using iClickers ™. Not all participants were able to participate in the polls. These data represent responses from between 60% and 75% of participants and staff.

3. Forum Proceedings

Several weeks before the Forum, participants were provided with the agenda, the list of participants, a reading list, as well as a forum charter that defined and described PMHWP, and outlined the objectives and pertinence of the Forum. This material was developed in collaboration with the Forum advisory committee and partners.

The Forum, itself, was a day and a half event that combined plenary presentations and discussions with sharing of ideas and information in small groups as well as opportunities for networking.

The materials mentioned above, as well as all presentations from the Forum are available on the NCCPH website at: http://nccph.ca/projects/mentalhealth.

3.1 Day One

The first day of the Forum was a half day. Participants began registering at 2 pm and welcoming and opening remarks began at 3 pm, followed by two plenary speakers and a discussion. A networking dinner, which ended at 7:30 pm, concluded day one of the Forum.

At the outset, the organizers acknowledged that the land on which the Forum was hosted is the traditional unceded territory of the Algonquin Anishnaabeg People.

3.1.1 Welcome

Connie Clement, Scientific Director of the National Collaborating Centre for Determinants of Health (NCCDH), welcomed participants to the Forum on behalf of all the NCCs. She provided a brief introduction to the NCCs and background on events and activities leading up the Forum, some of which is captured in the introduction to these proceedings. Ms. Clement stressed that the Forum was not organized as a training event, but rather as an opportunity to draw on the combined expertise and experience of participants to strengthen knowledge about and collaboration for integrating PMHWP into public health. She also explained that the Forum was designed to create opportunities to learn about Indigenous frameworks and initiatives related to mental health and wellness promotion, which are necessary and invaluable for devising Canadian solutions. She observed that the co-hosts hoped the solutions considered at the

Forum would embrace "holistic perspectives, upstream actions, cultural considerations, community-led initiatives, and how to integrate these into common public health practices".

Ms. Clement then introduced Dr. Theresa Tam, Chief Public Health Officer of Canada, who delivered opening remarks.[2]

3.1.2 Opening Remarks

Dr. Tam provided an overview of her priorities as Chief Public Health Officer of Canada and her insights into what is needed to improve the mental health and well-being of Canadians. She stressed the importance of "leveling the playing field" and of addressing social and economic inequities that are compromising mental health. Dr. Tam pointed to the pan-Canadian health inequalities data tool (https://infobase.phac-aspc.gc.ca/health-inequalities/data-tool/) and PHAC's positive mental health indicators (https://infobase.phac-aspc.gc.ca/positive-mental-health/) as important sources for evidence to engage policy makers. She also mentioned the need to harness and "scale up" key Indigenous learnings and best practices in relation to mental health and wellness. She commended the NCCs for bringing together experts to consider the relationship between mental health, health promotion, and public health. Dr. Tam concluded that the Forum was an important step in creating an evidence base that would enable building mental health promotion into public health.

3.1.3 Plenary Presentations: Mapping Population Mental Health and Wellness Promotion through Multiple World Views

Two speakers were invited to present their knowledge and views about diverse conceptual, policy, and implementation perspectives on PMHWP.

Margaret Barry, from the World Health Organization Collaborating Centre for Health Promotion Research at the National University of Ireland in Galway, presented Western perspectives on population mental health promotion.

[2] Biographical information on speakers (as well as their presentations), and the members of the Forum Advisory Committee can found be at http://nccph.ca/projects/mentalhealth.

Carol Hopkins, Executive Director of the Thunderbird Partnership Foundation (a division of the National Native Addictions Partnership Foundation), and a member of the Lenape Nation at Moraviantown, Ontario, presented an overview of Indigenous perspectives on population mental wellness promotion with particular attention to the *First Nations Mental Wellness Continuum Framework* (http://thunderbirdpf.org/first-nations-mental-wellness-continuum-framework/).

3.1.4 Discussion

Following the plenary presentations, participants were invited to engage in discussion with the speakers. Participants asked questions and/or offered comments covering a range of issues, including:

- the need to re-orient the public health community to include PMHWP, as well as mental illness management
- the challenges created by the scope and size of PMHWP and the need to look for different entry points for making change
- the challenges involved in identifying the specificity of PMHWP within the context of public health's involvement in addressing the social determinants of health and equity
- the importance of reframing communications and building broad and inclusive networks and partnerships in relation to PMHWP
- the critical role of leaders who can and will facilitate on-going conversations about PMHWP in various jurisdictions
- the importance of learning from Indigenous knowledge and frameworks and partnering with Indigenous networks and organizations
- the need for more evidence on the economic return on PMHWP, including identification of "best buys" and "good buys", to support the business case for "investing" in PMHWP
- the need to evaluate PMHWP interventions and the identification of various assessment tools
- the critical importance of examining how public health is funded in Canada, including attention to ethical considerations in relation to who is providing and receiving services
- the need for more attention to the ways in which climatic conditions affect mental health and wellness among diverse populations, and implications for PMHWP
- the notion that "mental hellness" might be an apt term to describe the opposite of mental health

3.1.5 Dinner and Welcoming Remarks

Participants and staff were invited to stay for a networking dinner following the plenary presentations and discussion. The remaining three partner organizations, CMHA, CAMH, and MHCC, brought greetings to participants during dinner. Representatives from the three partner organizations were:

- Patrick Smith, National CEO of the Canadian Mental Health Association;
- Branka Agic, Director of Knowledge Exchange, Provincial System Support Program, at the Centre for Addiction and Mental Health;
- Christopher Canning, Manager of Policy and Research, Knowledge Exchange Centre, at the Mental Health Commission of Canada.

3.2 Day 2

The second day of the Forum began with a networking breakfast at 7:30 am and the program of activities commenced at 8:30 am. Day two of the Forum offered many opportunities for participants to share their knowledge and insight and to learn more about the Canadian landscape of PMHWP in public health. The day included two panel presentations, a roundtable discussion, a World Café discussion, and a plenary discussion. The Forum wrapped up at 4:30 pm.

3.2.1 Panel Presentations 1 – Implementation Examples: Mapping Public Health Roles for PMHWP

This panel was moderated by a member of the Forum advisory committee, Suzanne Jackson, Chair of the Board of Directors of the Canadian Public Health Association (CPHA). Presentations included:

- *Integrating Mental Health Promotion into Public Health Practice: Lessons Learned from Towards Flourishing in Manitoba*
  Presenters: Mariette Chartier, University of Manitoba, and Marion Cooper, Canadian Mental Health Association
- *Mental Health Promotion and Suicide Prevention: A Local Public Health Approach*
  Presenter: Ben Leikin, Ottawa Public Health

- *Mental Health and Wellness Promotion: A Policy Perspective from the First Nations Health Authority, British Columbia*
  Presenter: Erika Mundel, First Nations Health Authority, British Columbia

3.2.2 Roundtable Discussion – Diving into Public Health Roles and Functions: In the Field of Public Health, WHO and WHAT is Involved in PMHWP?

Participants were seated, six to eight per table. Each table had a "host" to facilitate discussion and record key points on flipchart paper and one member of the advisory committee was asked to sit at each table to contribute to conversations. Participants were given approximately one hour to consider the following question:

> *From the perspective of your own practice setting, geographical context, and/or experience and expertise, what do you think are the key roles, functions, or specific actions public health actors at various levels must play or must implement in order to integrate and mainstream PMHWP work into their practices?*

During the roundtable discussions, four staff acted as "listeners", circulating among tables and listening in on conversations to help identify highlights and common themes. Following the roundtable discussions, table hosts were asked to post the flipchart pages on the wall and participants were invited to review them during an extended break so that they could see how other participants responded to the question and add any other details.

3.2.3 Roundtable Discussion Highlights

The Forum facilitator reviewed the flipcharts during the break and over lunch, then worked with the facilitation team to identify highlights and common themes emerging from roundtable discussions. Synthesizing the information and ideas was challenging, not only because time was short, but also because conversations were wide-ranging, rich, and nuanced. All of the information recorded on the flipcharts has been transcribed for further analysis. For the purposes of the Forum, a rapid review and consultation among the facilitation team identified the following highlights and common themes:

- Leadership for Change: we need to identify champions, generate political will, and integrate Indigenous elders and other leaders

- Engagement and convening: PH workers are ideally positioned to bring together different sectors and stakeholders
    - Engagement begins with communities and requires adaptive networks
    - Sharing knowledge and best practices and leveraging existing programs is critical
    - Listening is key
- We need to reframe the way we talk about mental health
    - We need to integrate Indigenous frameworks and knowledge as well as multiple perspectives, ways of knowing, and ways of talking about mental health
    - Reframing it must be holistic
    - Getting it "right" for vulnerable and at-risk populations will work for all populations and improve equity
- PH is already engaged in PMHWP, but this work is often implicit, by accident or design
    - Sometimes this work is "hidden" to ensure its continuation when some might regard it as beyond the scope of public health practice
    - Going forward, we may need to be more explicit about what is already in place so that this knowledge and these structures can be leveraged
- A paradigm shift in how we think about mental health and wellness in public health is needed
    - Indigenous frameworks have identified hope, belonging, meaning and purpose as fundamental to mental health and wellness
    - A paradigm shift is needed at the levels of systems, but also involves self-reflection and cultural humility
    - It also involves changing how we talk about mental health and illness and focusing on a strength-based rather than a deficit-based approach
- Evaluation and monitoring are needed
    - We have to develop and analyze indicators of positive mental health as well as analyze existing indicators with a mental health and wellness lens
    - Evaluation must include diverse types of evidence and ways of knowing
- Advocacy is crucial for improving resources, addressing health inequities, developing policy, creating PMHWP standards for PH, promoting mental health in all policies, and communicating messages effectively
- PH needs investment in training and capacity building for PMHWP
- PH can make the business case for PMHWP, which will help to demonstrate its relevance and importance to decision-makers
    - PMHWP provides a large return on investment
    - But sustainable funding, rather than project-based funding, is needed to make change

After the presentation of the highlights from the roundtable discussion, participants were asked if, from the presentations and discussion, they felt they were able to identity all the roles and functions needed to integrate PMHWP into PH. Of those who responded to the poll, 16% said "yes", 60% said "somewhat", and 23% said "no". One of the participants pointed out that asking if we had considered *all* of the roles and functions might lead some participants to answer "somewhat" or "no" because it was not possible to cover everything. When the question was re-phrased to ask if participants had been able to identify most of the roles and functions, 44% of those polled said "yes", but 37% still said "somewhat", and 20% still said "no". Both sets of responses point to the breadth and complexity of public health roles and functions in relation to PMHWP. Participants who felt that public health roles and functions had not been fully discussed were urged to add comments to the flipchart pages during the break and during lunch.

3.2.4 Panel Presentation 2 – Challenges, Opportunities and Solutions for Public Health Practice in PMHWP

This panel was moderated by a member of the advisory committee, Stephanie Priest, Executive Director of the Mental Health and Well-being Division of the Centre for Health Promotion at PHAC. Presentations included:

- *Practice Informed Policy: Mental Health Promotion in Ontario's Public Health System*
  Presenter: Tamar Meyer, Provincial System Support Program, Centre for Addiction and Mental Health
- *Policy informed Practice: Public Health Involvement in Mental Health Promotion in British Columbia*
  Presenter: Stephen Smith, British Columbia Ministry of Health
- *Indigenous Perspectives in Mental Wellness Promotion: Opportunities for Public Health Action*
  Presenter: Margo Greenwood, National Collaborating Centre for Aboriginal Health

3.2.5 World Café Discussion – Diving Deeper into Public Health Roles and Functions: How Do We Support Public Health Efforts to Address PMHWP?

After a break for lunch, participants were asked how many felt supported to address PMHWP in their work. Of those polled, 28% said "yes", 64% said "somewhat", and 9% said "no". These results attested to the need for greater support, but also suggested there may be considerable knowledge of and experience in supporting PMHWP among those involved in public health.

Participants were then invited to join a World Café discussion regarding support for PMHWP in PH. They were asked to consider the following questions:

What is needed to support PH for PMHWP work in terms of four elements:

1. *skills, knowledge, and values;*
2. *systems-policy supports;*
3. *implementation structures;*
4. *science and research paradigms.*

Participants were given 15 to 20 minutes at each table and then were asked to move on to the next element until they had rotated through all four tables in their set.

As with the roundtable discussion in the morning, every table had a "host" to facilitate discussion and one member of the advisory committee was asked to sit at each table to contribute to conversations. Once again, four staff acted as "listeners", circulating among tables and listening in on conversations to help identify highlights and common themes. Following the World Café discussions, table hosts were asked to post the notes they had recorded on flipchart pages on the wall and participants were invited to review them during an extended break so that they could see how other participants responded to the question.

3.2.6 World Café Highlights

The Forum facilitation team identified highlights and common themes emerging from the World Café discussions. As with the roundtable discussions, all of the information recorded on the flipcharts has been transcribed for further analysis. The goal in synthesizing the information was

to avoid potentially lengthy reports from the table discussions, which would have created serious time constraints in an already-full day. Table reports also might not have engendered further discussions among the entire group, particularly as participants had already been working hard throughout the day.

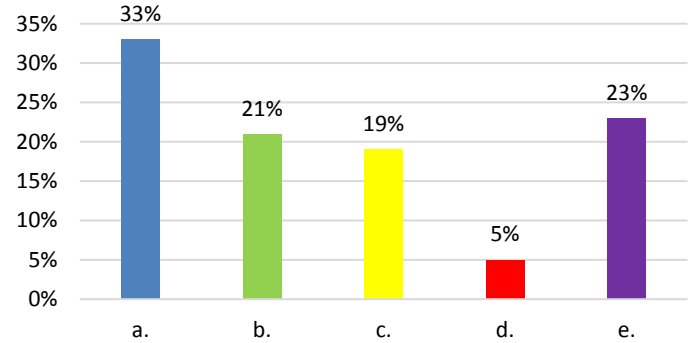
Synthesizing and analyzing the information and ideas from these discussions was even more challenging than with the roundtable discussions because the number of highlights was limited to five for each element. This decision was made not only to avoid lengthy reports on each of the elements – for the same reasons identified above – but also to allow participants to rank actions and issues in a plenary discussion after the break. It should be noted that participants were asked to identify *one* priority for each element. This exercise was not meant as a definitive statement on priorities, but rather as a point of departure for a plenary discussion of next steps.

Results of the synthesis and the polls on priorities are as follows:

Skills, knowledge, and values

a. Cultural competence: self-reflection, Indigenous knowledge and skills, analyzing gaps, ways of knowing and being to act upon
b. Broad skills: health promotion skills and competencies; (partnership, collaboration, advocacy), assessing strengths, use strength-based approach
c. Knowledge of PMHWP: recognize what it is, what we are already doing, and what is missing
d. Economic case: know how to build and communicate the economic case for PMHWP
e. Equity, trust, tolerance for ambiguity and institutional moral courage

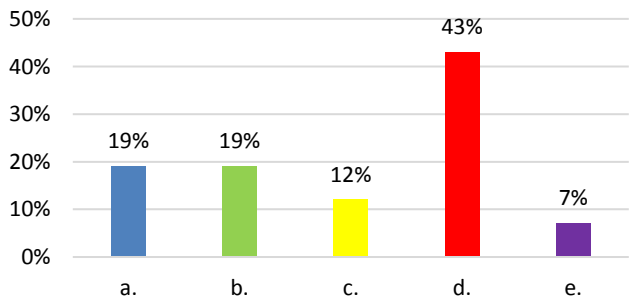
Figure 4. Skills, values, and knowledge priorities



Systems-policy supports

a. Ongoing political will responding to public demand for paradigm shift

Figure 5. Systems-policy priorities

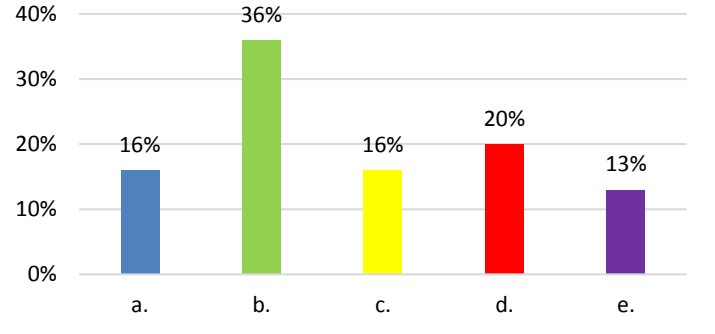


b. Capacity for policy implementation (on-going resources): change management approach
c. Common understanding and vision across sectors
d. Cultural shift; application of equity and Indigenous lens; beyond medical model where PMHWP is entrenched as an expectation
e. Accountability/long-term time frames / evidence-informed

Implementation structures

a. Funding structures: flexible, collaborative, dedicated, comprehensive, integrative
b. Leadership (including Indigenous leadership): stewardship, accountability, responsibility
c. On-going implementation that is iterative (e.g., feedback loops)
d. Use of networks/hubs/communities of practice (existing or create new)
e. Invest in change management process (people)

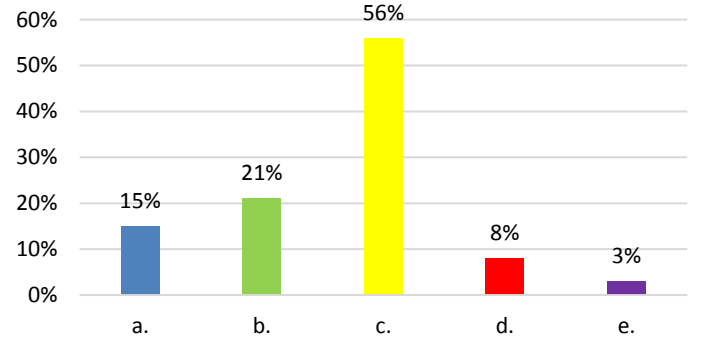
Figure 6. Implementation structures priorities



Science and research paradigms

a. Whose paradigm dominates? Be aware of different paradigms, biases, etc. Describe, discuss at beginning stages of research
b. KT tools and repositories of synthesized information for practitioners; make research more accessible
c. Invest in participatory, culturally-relevant developmental evaluation and build in funding and mandate for this
d. Participatory Action Research: community setting research agenda
e. Importance of qualitative data (story telling)

Figure 7. Science and research priorities



3.2.7 Discussion on Next Steps

Participants were invited to think over what had been shared, discussed, and learned during the Forum and to share their thoughts about possible next steps. Many issues and ideas were raised in plenary discussion, which lasted for approximately 40 minutes. Highlights of the discussion are as follows:

- Investing in PMHWP capacity development for public health is not only an issue at a systems level, but also for organizations and individuals
    - distance education is less effective and doesn't contribute to networking compared with face-to-face educational opportunities, but small organizations and individuals may not have resources for face-to-face training
- Public health work is not confined only to people who identify as public health or who are engaged in the formal public health care systems – this type of work is also being done by NGOs and in informal settings
- Would it be possible to reach out to the Public Health Council, to ask for their help in supporting and integrating this work?
    - Dr. Tam responded that she would bring this issue to the Public Health Network
- Next steps need to be collective, cross-cutting, and concrete
- Who will take the lead?
- Could the CPHA take on leadership in this area as they are interested in mental health promotion?
    - the CPHA was open to suggestions about work it could take on in this area
- Often stakeholders are still working in siloes, which needs to change
    - Could we build on the overlap of CPHA and CMHA conferences, possibly create a tripartite conference that includes mental health, public health and Indigenous health?
- CMHA going through a learning journey, reflecting on how its approach to mental health might be different if Indigenous ways of knowing has not been "interrupted", to use Carol Hopkins' words
- CMHA suggested that a concrete step might be to establish a small secretariat to support public health and PMHWP
    - to take the conversations and contacts from the Forum to the next level and keep momentum going
    - this would require resources and uptake
    - CMHA agrees to reflect on the possibility that the organization might volunteer for this role
    - if a secretariat is created, there will be a need to determine what the priorities are and move along the spectrum of change

    - mapping congruency and overlap of roles and function between public health, mental health, and Indigenous health would be a good first step to ensure that everyone is talking about the same things
    - Stakeholder map and processes to have an informed conversation
- It is important to consider larger, collective actions, but also to continue working locally as many participants have been doing
- There is a need to identify core competencies in public health, such as Ontario Public Health Standards, as well as a need to adopt a language that other human resources use
    - We know that public health understands "our" language, but do other sectors understand?
- The Atlantic Summer Institute on Healthy and Safe Communities (ASI) has issued a call to action for mental health promotion for children and youth
    - Might ASI be another opportunity for collaboration, partnering, networking to build on the Forum?
- The Forum offered many practical examples of programs and initiatives already in place and these have provided important information, resources and links about what can be done locally, which will be shared with other public health actors in Ontario
- A guiding document of some kind from the Forum could be useful to share with other colleagues
    - Reminder to use stories in such a document – it is important to get the message across, it helps brings concepts to life and can make the message more compelling
- It is important to connect the work in Canada with some of the international work that has been done, so an important next step would be to connect with international partners and to look for opportunities to share more widely

3.2.8 Closing Remarks

Connie Clement delivered closing remarks. She thanked the project leads, facilitator, staff, and participants for doing the "heavy lifting" during the Forum. She invited Pascale Mantoura to discuss specifically what the NCCHPP's involvement could be in bringing some of this work forward. Pascale described her role as being dual, as HPP and collective representative, she described some events that have led up to the Forum, such as NCCHPP's work on knowledge products and involvement with diverse networks and planned actions, including continued collaboration on the roles of public health and possible contributions on this topic with the CMHA conference, during TOPHC and the ASI conferences; NCCHPP working on an orientation document on the roles of public health building on knowledge shared at this Forum, as well as potentially a document on the various languages of mental health to support a shared understanding across sectors around mental health and wellness. She identified NCCHPP's

activity in the short term as being in mainly support of knowledge and skills, as well as networking for PMHWP in public health.

Ms. Clement observed that during the Forum, participants spent time "lumping" together ideas and knowledge to find the nuggets of evidence that will help us to support paradigm shifts that are essential for public health to embrace a more effective role in promoting population mental health and wellness. She shared how moved she was by the way that colleagues in the room lived their values with energy, passion, and a desire to explore – and learn from – common and divergent viewpoints and ways of knowing. She saw that participants brought personal and professional experience and knowledge to the work of integrating PMHWP into public health along with a deep desire to forge better alliances between Indigenous and non-Indigenous people and a commitment to improve capacity for action at individual, organizational and system levels.

Ms. Clement acknowledged that there were too many "take-aways" from the Forum to name them all, but the ones that struck her most profoundly were:

- The imperative of finding a new, shared language to discuss and address mental health
- The power of the core elements of the First Nations Wellness Continuum Framework – hope, belonging, meaning, purpose
- The power of new terms, such as "mental wealth" and mental "hellness"
- The power of a unified concept of "institutional moral courage"

Ms. Clement concluded her remarks with a reference to a poster from World War II, "Rosie the Riveter", which pictured a female factory worker flexing her biceps and the slogan "We can do it". She suggested that Rosie's task had been to inspire and mobilize and that participants together could also "do it" – leverage and mobilize ideas, practices, experience, stories, data, promising practices, and effective policy. Together, she said, we can move upstream to promote mental health and wellness through every aspect of community, family and individual lives.

Dr. Tam was able to re-join the Forum during the afternoon and Connie invited her to share any last thoughts. She said that she had learned a lot from the Forum documents, presentations, and discussions and she felt that the meeting had been valuable. She also described some next steps that she could take, including engaging Canadian Chief Medical Officers of Health, the Public Health Network, and professional associations, such as the Canadian Medical Association, and ensuring that culturally-informed approaches to mental health promotion were prominent in conversations with these and other stakeholders. She agreed with Connie Clement about the importance of "lumping", of finding common ground and congruence across diverse approaches to PMHWP. She stressed the importance of four themes:

- Being with colleagues in friendship and relationship, working together to leverage knowledge;
- Desiring to explore common approaches and hungering to forge better alliances between Indigenous and non-Indigenous people;
- Being tenacious, having a sense of moral institutional courage, to strengthen capacity for bring about individual, organizational, and system change;
- Building and embracing a new language of PMHWP centred around the concepts and values of hope, belonging, meaning, and purpose.

The Forum closed with a wish for participants to travel safely and with a promise that an evaluation and proceedings would follow.

Additional Materials Available at: http://nccph.ca/projects/mentalhealth

- Forum Agenda
- Event Charter
- Reading List Compiled with Event Partners
- Presentations
- Biographies of Speakers and Advisory Committee Members