This document is part of the Collection produced by the six National Collaborating Centres for Public Health to encourage mental health promotion for children and youth within a strong, integrated public health practice. The Collection provides numerous entry points for the public health sector to collaborate with other stakeholders to support evidence-informed action that addresses the determinants of mental well-being for all children and youth in Canada.

This paper reports on the methodology, findings, and recommended next steps of a resource scan to identify Canadian resources that help clarify population mental health promotion (PMHP) terms, concepts, roles, and responsibilities for public health professionals.

**SCAN RATIONALE**

This project uses a population mental health promotion (PMHP) approach that focuses on enhancing the well-being of children and youth in Canada (defined as ages 0–24). The field of PMHP is gaining traction in public health. The National Collaborating Centre for Healthy Public Policy (NCCHPP) undertook a survey of public health professionals in 2014 in collaboration with the other National Collaborating Centres (NCCs) and found there was a significant need for resources to help clarify terms, concepts, roles, and responsibilities related to PMHP (Mantoura, 2015).

The purpose of the current scan is to identify and categorize resources from national-level organizations in Canada to address this identified need. This scan report outlines the three-step process that was used and provides a brief summary of the findings. A complete list of the categorized resources can be found in the Database of resources for population mental health promotion for children and youth in Canada document in this Collection.

1 For more information, please see Foundations: definitions and concepts to frame population mental health promotion for children and youth in this Collection.
METHOD

The resource scan was implemented in three phases: (1) conducting a relevance assessment of organizations; (2) harvesting of resources, combined with relevance assessment and data extraction; and (3) categorization of resources. The list of organizations for the initial relevance assessment stage was adapted from a list of organizations compiled by the NCCHPP using various Internet searches for PMHP organizations as part of their earlier project work (Mantoura, 2014a, 2014b, 2015, 2016).

Scope

Canadian national-level organizations with a mental health or Indigenous health mandate were selected from the original list compiled by the NCCHPP. It is important to note that this scan focused on PMHP specifically, and thus did not include resources about mental illness or mental illness prevention.

Although provincial-level organizations and international organizations fell outside the scope of this scan, the other NCCs identified a number of resources from these organizations during this project. An additional list of uncategorized resources has been added to the database document for the convenience of interested public health professionals. Please see each of the documents in this Collection for more information about how relevant resources were identified related to each topic.

Relevance and categorization implementation

Organizational relevance

In the first phase of the scan, 123 organizations were assessed for relevance to determine whether resources should be harvested from their websites. The organizations were screened to determine if they were appropriate to include in this resource scan since a systematic search was not conducted to compile the original list of organizations.

A single rater conducted the relevance assessment.

Resource harvest, relevance screening, and data extraction

In the second phase, the resource harvest, relevance screening, and data extraction occurred simultaneously. For the resource harvest, each tab on an organization’s website was opened and examined for relevant resources. The harvest was conducted in English only; the French versions of the documents were retrieved if available. If the website did not have tabs specific to resources, and instead only had a search function for a list of documents, the term mental health promotion was searched and the first five pages of the resulting search were examined for any relevant resources. If any other organizations were discovered that were not included in the original list, they were set aside to be assessed for relevance at a later time. Resources that had very little information relevant to PMHP for children and youth were excluded if the rest of the resource was not relevant as a whole.

A single rater completed the relevance screening and data extraction. If questions arose concerning the relevance of a resource, a second rater independently rated the resource, with disagreements resolved through consensus or by consulting with a third rater if consensus could not be reached. The relevance criteria are listed below. To be included, the resource had to meet criteria 1–5 and either criterion 6 or 7.

1. Published in the past 11 years (2006–2017)
   • Where the exact date was not available, the date modified or copyright date was used
     » If these were not available, the resource was considered to be relevant for this criteria
   • If cited articles were published between 2006 and 2017
2. Published in French or English
3. Not an intervention

For more information, please see Population mental health promotion for children and youth—a collection for public health in Canada in this Collection.
4. Relevant to practice in Canada
5. Relevant to children and youth (0–24 years old)
6. Clarifies PMHP terms and concepts
7. Clarifies roles and responsibilities in PMHP for public health professionals

Resources assessed as relevant were added to an Excel document along with the extracted data. These data include the following: the organization’s name and URL; the resource’s name, date of creation/publication, and specific URL in English and French (if available); and indication if access to the resource is free.

**Categorization**
The third phase of the resource scan involved a categorization of the relevant resources. A single rater completed the categorization. Resources assessed as relevant were then tagged in each of the following categories and sub-categories:

- **Population**
  - Not age specific
  - Infants (0–1 years old)
  - Preschool age (1–4 years old)
  - Grade school age (5–12 years old)
  - Adolescents (13–19 years old)
  - Young adults (20–24 years old)
- **Equity themes**
  - Sex/Gender
  - General equity
  - Rural or urban setting
  - First Nations, Inuit, and Métis
  - N/A
- **Type of resource**
  - Background information
  - Training
  - Tool
  - Framework/strategy
  - Recommendations
  - Other (e.g., storybook, photovoice)
- **Format of resource**
  - Website
  - Webinar
  - Infographic
  - Fact sheet
  - Online learning module
  - Book
  - Report
  - Video
- **Clarifies public health roles and responsibilities (yes/no)**
- **Clarifies PMHP terms and concepts (yes/no)**
FINDINGS

Of the 123 organizations assessed, 12 were deemed relevant (i.e., Canadian national-level organizations with a focus on PMHP). Among those 12 organizations, 231 resources were identified, of which 52 were assessed as relevant. Two of the relevant organizations listed in the categorization sheet did not have any resources that met the relevance criteria as described in the Method section. Data were extracted from the resources, assessed as relevant, and categorized according to the categories and sub-categories listed in the Method section. Multiple sub-categories could be tagged for any given resource.

The population category shows the age group that the resource is targeted toward, while the equity theme category gives information on which of the equity themes, if any, are discussed in the resource. Thirty-seven of the categorized resources were not age specific, and thus could be used across the span of childhood and youth (0–24 years old). The most commonly tagged equity theme was general equity; the equity themes sex/gender and rural/urban were not tagged at all6. General equity was tagged when there was information on the social determinants of health. Table 1 and Table 2 provide a summary of the number of resources found in each sub-category for population and equity theme.

<table>
<thead>
<tr>
<th>Table 1: Summary of the findings for the population category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>Not age specific</td>
</tr>
<tr>
<td>Adolescents (13–19 years old)</td>
</tr>
<tr>
<td>Infant (0–1 years old)</td>
</tr>
<tr>
<td>Preschool (1–4 years old)</td>
</tr>
<tr>
<td>Grade school age (5–12 years old)</td>
</tr>
<tr>
<td>Young adults (20–24 years old)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2: Summary of the findings for the equity theme category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity theme</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>General equity</td>
</tr>
<tr>
<td>First Nations, Inuit, Métis</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>Sex/Gender</td>
</tr>
<tr>
<td>Rural/Urban</td>
</tr>
</tbody>
</table>

6 For more information, please see Foundations: definitions and concepts to frame population mental health promotion for children and youth in this Collection.

POPULATION MENTAL HEALTH PROMOTION FOR CHILDREN AND YOUTH
Visit NCCPH.CA to download the complete collection

General resources
- Population mental health promotion for children and youth – a collection for public health in Canada
- Foundations: definitions and concepts to frame population mental health promotion for children and youth
- Scan Report: resources for population mental health promotion for children and youth in Canada
- Database of resources for population mental health promotion for children and youth in Canada

Topical papers
- Environmental influences on population mental health promotion for children and youth
- Chronic diseases and population mental health promotion for children and youth
- Infectious diseases and population mental health promotion for children and youth
- Healthy public policies and population mental health promotion for children and youth
- Considerations for Indigenous child and youth population mental health promotion in Canada
The type and format categories describe what and how PMHP information is presented in these resources, respectively. The most commonly tagged type of resource was background information, and the least common were those included in the other category (storybook and photovoice). The most common resource format was report, with 22 resources falling into this category. The least common format was book, with one resource falling into this category. Table 3 and Table 4 summarize the number of resources tagged in each sub-category for type and format of resource.

Table 3: Summary of the findings for the type of resource category

<table>
<thead>
<tr>
<th>Type of resource</th>
<th>Number of resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background Information</td>
<td>23</td>
</tr>
<tr>
<td>Framework/Strategy</td>
<td>17</td>
</tr>
<tr>
<td>Recommendations</td>
<td>10</td>
</tr>
<tr>
<td>Training</td>
<td>4</td>
</tr>
<tr>
<td>Other (storybook, photovoice)</td>
<td>2</td>
</tr>
<tr>
<td>Tool</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 4: Summary of findings from the format of resource category

<table>
<thead>
<tr>
<th>Format of resource</th>
<th>Number of resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>24</td>
</tr>
<tr>
<td>Website</td>
<td>15</td>
</tr>
<tr>
<td>Webinar</td>
<td>4</td>
</tr>
<tr>
<td>Infographic</td>
<td>4</td>
</tr>
<tr>
<td>Video</td>
<td>3</td>
</tr>
<tr>
<td>Fact sheet</td>
<td>2</td>
</tr>
<tr>
<td>Online learning module</td>
<td>2</td>
</tr>
<tr>
<td>Book</td>
<td>1</td>
</tr>
</tbody>
</table>

The primary purpose of this scan was to identify resources that help clarify terms and concepts and/or roles and responsibilities for public health related to PMHP. Thirty-six of the relevant resources help clarify public health roles and responsibilities and 49 help clarify PMHP terms and concepts. Together, these findings begin to create a picture about what PMHP resources are available and how they are presented.

LIMITATIONS AND RECOMMENDED NEXT STEPS

This resource scan found 52 relevant resources from Canadian national-level organizations that address PMHP and clarify terms and concepts and/or roles and responsibilities for public health. The resources vary in terms of format and approaches, providing a wide range of information on PMHP for public health professionals.

While these resources will be helpful, this resource scan has several limitations. In restricting the scope to Canadian national-level organizations, resources from local-, provincial-, territorial-, or international-level organizations in the field of PMHP were not assessed. The original list of organizations was not compiled through a systematic search, which makes it difficult to know if every relevant organization was included. In addition, a dual relevance screening and data extraction process was not conducted. In order to use limited resources efficiently, one reviewer completed the relevance assessment of organizations and resources, with a second reviewer consulted if there were questions about the relevance of an organization.

While interventions were not specifically identified in this scan, some of the included resources do provide information on interventions. Users should do their own quality assessment before considering implementing any interventions that may be in the listed resources since this scan did not include evaluating these interventions.

By identifying a number of resources that help clarify terms, concepts, roles, and responsibilities related to PMHP for public health professionals, this scan has contributed to one of the main goals of this collaborative project. The resources are easily accessible in a single document, along with additional resources identified by the other documents in the Collection.

The next step is for public health professionals to come together to examine the main messages from these resources regarding terms and concepts, roles, and responsibilities, and then develop a consensus as it relates to PMHP for public health in Canada. Users of this scan are encouraged to take this work further by identifying relevant PMHP interventions at local, provincial, territorial, and international levels and undertaking quality assessments of those interventions.

Ultimately, this scan is intended to help public health professionals in Canada take action on PMHP to improve the well-being of the populations they serve.
REFERENCES


Population mental health promotion for children and youth is a collaborative project of the six National Collaborating Centres (NCCs) for Public Health. The NCCs work together to promote and improve the use of scientific research and other knowledge to strengthen public health practices, programs, and policies in Canada. A unique knowledge hub, the NCCs for Public Health identify knowledge gaps, foster networks, and provide the public health system with an array of evidence-based resources, multimedia products, and knowledge translation services.

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Visit www.nccph.ca to download this document and other documents in this Collection.


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