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CENTRE FOR DETERMINANTS OF HEALTH

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Foundations: definitions and concepts to frame population mental health promotion for children and youth

This document is part of a 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 foundational paper provides definitions and background on key concepts, including the determinants of positive mental health for children and youth. A population approach to mental health promotion, as well as a description of settings and public health roles are also included as foundational concepts to support the other papers in this collection. Details on search methods and terms used for this paper can be found in the introduction document: *Population mental health promotion for children and youth - a collection for public health in Canada*.

OVERVIEW OF KEY CONCEPTS

This collection of discussion papers on population mental health promotion focuses on children and youth as a key population for the public health system. Our definition of children and youth includes the period from conception through to young adulthood (ages 19-24). Positive mental health is essential for children to achieve developmental milestones *(Center on the Developing Child at Harvard University, 2010)* and is a strategy to protect against mental illness. 70% of mental health problems in Canadian adults have their onset in childhood and adolescence. 15-21% of children and youth report experiencing at least one mental health challenge. Anxiety disorder, attention-deficit/hyperactivity disorder (ADHD), depression and substance use problems are the most common mental illnesses among children and youth aged 15 to 17 years *(Centre for Addiction and Mental Health, 2014)*.

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Life course approach

A life course approach considers the links between childhood circumstances and adult outcomes, demonstrating clear pathways through which positive and negative effects on health and wellbeing accumulate, the trajectory of each stage being affected by the events that happen before it *(World Health Organization, 2014)*. This approach allows for consideration of the full spectrum of child development and key transition points along the life course (e.g., prenatal, pre-school, school, training, employment and family building). A child's developmental path may be thrown off course by exposure to various risk factors, which can impact mental health in both the short and long-term *(Clinton et al., 2014)*. In the short term, children may struggle with cognitive, social and emotional learning, and fall behind their peers. In the long-term, they may be less resilient in the face of adversity, as their ability to cope and adapt is compromised by social factors and psychological vulnerability inherited from earlier years *(Friedli, 2009)*.

Population health approach

This collection takes a population health approach *(Kindig & Stoddart, 2003)* to understand the relationship between mental health outcomes and the determinants of health for children and youth. It focuses attention on the distribution of mental health outcomes (both mental health and mental illness), and on the determinants of mental health, within and across population groups and subgroups. It explores how population interventions address the determinants of mental health, and/or mediate their impact. These population mental health interventions include program and policy actions which work across individual, social, structural and environmental levels *(Mantoura, 2014a)*.

Mental health

The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being, not simply as the absence of disease or infirmity *(World Health Organization, 2003)*. Mental health is an important resource for healthy people and thriving communities. This collection uses the term 'mental health' to include the concepts of mental wellbeing, positive mental health, emotional/social wellbeing, and wellbeing in general, and delineates it from mental illness or mental disorder, which is a spectrum of cognitive, emotional and behavioural disorders *(Welsh et al., 2015)*.
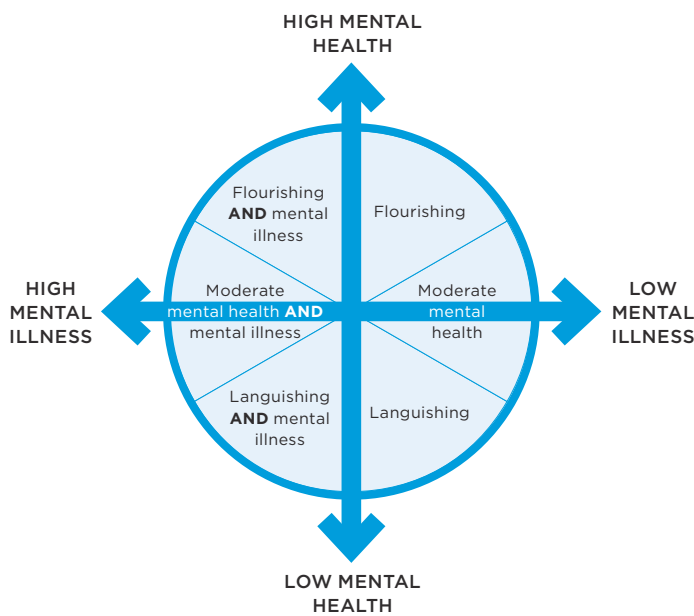
Positive mental health

Keyes' two-continua model in Figure 1 *(Canadian Institute for Health Information, 2009; Keyes, 2007; Keyes, 2010)* captures the complexity of variation in mental health and mental illness. It shows how they intersect and can co-exist in individuals and populations. People with mental illness can experience good mental health that allows them to be resilient and to flourish. Conversely, people without a mental illness can experience poor mental health and struggle to cope.

Positive mental health is a multidimensional concept that includes emotional, psychological and social well-being *(Keyes, 2010)*. Understanding mental health is embedded within cultural norms and values. Although recognition of positive mental health as a concept distinct from mental illness is relatively recent in western culture, it is an inherent element of Indigenous wellness frameworks which describe harmony between the physical, emotional, mental and spiritual aspects of a person in connection to extended family, community and the land[i] *(Vukic, Gregory, Martin-Misener, & Etowa, 2011)*.

[i] For more information, please see *Considerations for Indigenous child and youth population mental health promotion in Canada* in this Collection.

Figure 1: Keyes, 2010, p. 21

HIGH MENTAL HEALTH

HIGH MENTAL ILLNESS

LOW MENTAL ILLNESS

LOW MENTAL HEALTH

Flourishing AND mental illness

Flourishing

Moderate mental health AND mental illness

Moderate mental health

Languishing AND mental illness

Languishing

Supporting children to flourish early in life is important for their wellbeing as they grow and mature, and for their ability to cope when there is a diagnosed mental illness. Childhood mental illness is related to developmental disorders (such as autism spectrum disorders), internalizing disorders (such as the experience of distress, anxiety, depressive symptoms and mood disorders) and externalizing disorders (such as conduct difficulties or oppositional behaviour disorders). Infants and children age three and under are rarely diagnosed with mental illness. Most mental illness is first diagnosed in mid to late adolescence *(Kessler et al., 2007; Welsh et al., 2015)*. While many people believe that young children will outgrow early mental health problems, longitudinal studies show that this is not the case *(Breslau et al., 2014)*. The long-term social and economic impact of mental health problems among infants and young children is significant *(Clinton et al., 2014)*.

Social, relational and individual processes are all necessary to measure and support positive mental health *(Welsh et al., 2015)*. The Public Health Agency of Canada (PHAC) recently developed a positive mental health conceptual surveillance framework based on a socioecological model with individual, family, community and society domains. "Each domain influences the positive mental health of the population, and is considered a potential entry point for interventions that promote mental health" *(Orpana, Vachon, Dykxhoorn, McRae, & Jayaraman, 2016, p. 2)*. The concept of positive mental health in childhood encompasses optimal physical, cognitive, social and emotional development *(Welsh et al., 2015)*. Because mental health in children is expressed, measured and diagnosed in ways that are developmentally sensitive, PHAC is working on measures for the child and youth frameworks as the next step in developing the Canadian *Positive Mental Health Surveillance Indicator Framework* (*Orpana et al., 2016*).

CROSS-CUTTING EQUITY THEMES

Mental health is a key pathway through which social inequity impacts health. Inequity is an important cause of stress in itself, and exacerbates the stress of coping in situations of disadvantage *(Friedli, 2009)*. The application of a life course approach shows how the accumulation and interaction of disadvantages over time alters the conditions that determine health at later stages, and perpetuates inequities already present at the earlier stages of life *(World Health Organization, 2014)*.

Health equity lens

This collection applies a health equity lens[ii], which allows us to note differences in health status between populations, and attend to the social structures and systemic factors that allow these differences to persist. At its most basic level, health equity "involves the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill" *(Whitehead & Dahlgren, 2006, p. 5)*. Inequitable health outcomes result when resources are not distributed equitably across the population. "Investment in childhood mental wellbeing, without simultaneous improvements in the material and economic resources needed for optimal development, will continue to produce inequities over the lifetime of an individual" *(Welsh et al., 2015, p. 11)*.

When considering populations, it is important to reflect on social status and power in relation to the dominant culture. Population health data frequently uses sex (male/female), income and education to define social status because they have been demonstrated to be reliable indicators (Solar & Irwin, 2010), and are widely available. From an equity perspective, we need to consider all populations that could be socially and economically marginalized within the dominant culture, such as women, people with a non-binary gender identity/expression, Indigenous peoples, those living in rural/remote communities, religious and ethnic minorities, people who are racialized, people who experience disabilities, those with a non-heterosexual orientation, and those with low income and low education.

Indigenous lens

It is important to apply an Indigenous lens[iii] in order to fully address mental health inequities among children and youth in Canada[iv]. An Indigenous lens helps us to attend to diversity across Indigenous peoples in Canada, experiences of colonization and colonial policies, various urban and rural contexts for Indigenous peoples, and models of well-being that inform Indigenous understanding of mental health.

Sex and gender lens

A sex and gender lens[v] helps us address mental health inequities between girls and boys and those who are gendered in other ways. It helps us to clarify which young people we are focusing on, and how they differ and are similar in their experiences and needs, even if the research does not provide clear answers at this time.

DETERMINANTS OF POPULATION MENTAL HEALTH FOR CHILDREN AND YOUTH

The social determinants of health include the interrelated social, political and economic factors (structural determinants) that create the conditions in which people live, learn, work and play (intermediary determinants) *(National Collaborating Centre for Determinants of Health, 2014)* and drive inequities in health outcomes *(Solar & Irwin, 2010)*, including mental health *(Compton & Shim, 2015; Welsh et al., 2015)*. The social determinants create differences in exposure and vulnerability, which result in a social gradient where those who are most advantaged have better health, and those who are least advantaged have poorer health *(Solar & Irwin, 2010)*. At the same time, inequities in mental health outcomes reinforce inequities in the social determinants *(Barry & Friedli, 2008; Mantoura, 2014b)*.

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ii   National Collaborating Centre for Determinants of Health, 2013a

iii   Boksa, Joober, & Kirmayer, 2015; Health Canada, 2015

iv   For more information, please see *Considerations for Indigenous child and youth population mental health promotion in Canada* in this Collection.

v   Clow, Pederson, Haworth-Brockman, & Bernier, 2009; Hamblin, 2016

Source: iStock

Although both material and psychosocial factors are included as social determinants of health, literature suggests that psychosocial factors relating to the family might be more powerful predictors for child mental health than measures of socioeconomic status, and that relationships need to be included in a social determinants framework *(Welsh et al., 2015)*. While positive mental health may improve socio-economic circumstances, the reverse does not necessarily apply *(Stewart-Brown, Samaraweera, Taggart, Kandala, & Stranges, 2015)*, and parenting behaviours may be of prime importance to predict positive mental health for young adults *(Ganga, Kutty, & Thomas, 2014)*.

Protective factors and risk factors

Locating the determinants of mental health within a socioecological model is helpful to identify domains for potential intervention efforts at the population level *(Orpana et al., 2016)*. Risk factors/conditions and protective factors/conditions are identified in relation to each level of determinant (see Table 1). Protective factors represent an asset-based approach. They enhance people's capacity to cope and mitigate the effects of negative events, reducing the likelihood that a disorder will result. Risk factors increase the probability for mental health problems and disorders to develop, and can also increase the duration and severity of a mental disorder when it does occur. These factors/conditions can be proximal (i.e. they immediately precede the outcome) or distal (i.e. they occur long before the identified outcome) *(Compton & Shim, 2015)*. A population mental health approach focuses on building protective factors across all segments of the population to increase the opportunity for positive mental health and decrease the presence and impact of risk factors.

Reducing inequities in mental health for children and youth requires action across all four levels of determinants. Strategies which work to improve one determinant in isolation will be less effective than an integrated approach that addresses the system of determinants as a whole *(Welsh et al., 2015)*.

Table 1: Determinants of population mental health for children and youth

Determinant level (proximal, distal)	Protective factors/conditions (increase chance of high mental health)	Risk factors/conditions (increase chance of low mental health)
INDIVIDUAL Elements include: • physical health and health behaviours • cognitive ability • emotional temperament • social skills	• Good physical health and healthy behaviours (physical activity, sleep) • Ability to problem solve, manage one's thoughts, learn from experience; tolerate unpredictability and be flexible • Feeling empowered, a sense of control or efficacy, positive emotions, a sense of self and a sense of spirituality • Good social skills (communication, trust) • A sense of belonging	• Chronic health condition, physical or intellectual disability, premature birth/ low birth weight/ birth complications/ birth injury, prenatal brain damage, alcohol or drug abuse • Weak problem solving skills • Low self-esteem • Feeling of a lack of control • Feeling negative emotions • Isolation • Weak social skills
FAMILY Elements include: • attachment and relationships • physical environments	• Strong emotional attachment • Positive, warm and supportive parent-child relationships • Safe stable housing, adequate nutrition, and access to childcare	• Poor attachment, lack of warm/affectionate parenting and positive relationships throughout childhood • Domestic abuse/violence • Parental substance abuse • Parental health status • Caring for someone with a disability or illness • Inadequate housing • Inadequate nutrition • Inadequate access to childcare
COMMUNITY Elements include: • relationships • social environments • built and natural environment	• Secure and satisfying relationships that give support • High levels of social capital (reciprocity, social cohesion, sense of belonging, ability to participate) • Safe urban design and access to green spaces and recreation • Supportive school and workplace environments • Access to adequate transportation	• Insecure or no relationships and isolation • Low levels of social capital, belonging and social exclusion • Lack of accessible or safe transportation • Poor urban design • Lack of leisure areas and green spaces
SOCIETY Elements include: • socio-economic status (SES) • social structure, discrimination/oppression	• Higher levels of education, economic security, and standards of living (housing, income, work) • Freedom from discrimination/racism • Low levels of social inequality • Legal recognition of rights • Social inclusion • Public safety • Political participation	• Low education • Low material standard of living (housing/ homelessness, unemployment, inadequate working conditions, economic insecurity and debt) • Social and cultural oppression and discrimination, colonization or war • Poverty and social inequalities • Neighbourhood violence and crime

Adapted from: Centre for Addiction and Mental Health, n.d.;
Mantoura, 2014a; Orpana et al., 2016

PROMOTION OF POPULATION MENTAL HEALTH FOR CHILDREN AND YOUTH

Population mental health promotion

A population health approach to promoting mental health for children and youth focuses on the healthy development of all young people. This is a broad strategy concerned with maintaining and enhancing mental health. It contributes to preventing mental health problems among those at risk for poor mental health, and improving opportunities for recovery and quality of life for boys, girls and young people with mental illness *(Mental Health Foundation, 2005; Waddell, McEwan, Shepherd, Offord, & Hua, 2005)*, although prevention and treatment are not the primary objectives.

To achieve a population impact, it is necessary to promote flourishing mental health and protect against the loss of positive mental health *(Keyes, 2010; Wahlbeck, 2015)*. This goal can be accomplished by addressing the whole population in the context of everyday life and expanding the focus from risk factors alone to include protective factors such as coping capacity, resilience and community connectedness *(Centre for Addiction and Mental Health, 2014; Victorian Health Promotion Foundation [VicHealth], 2005)*. At the same time, it is essential to apply an equity lens to ensure that population-level interventions do not perpetuate inequities by disproportionately benefiting advantaged groups over those who are less able to benefit *(National Collaborating Centre for Determinants of Health, 2013c)*.

There is increasing attention on positive mental health, both in Canada *(Canadian Institute for Health Information, 2008; Canadian Institute for Health Information, 2009; Centre for Addiction and Mental Health, Ontario Agency for Health Protection and Promotion (Public Health Ontario), & Toronto Public Health, 2013; Health Canada, 2015)* and internationally *(Faculty of Public Health & Mental Health Foundation, 2016; Higgins, 2015; Miles, Espiritu, Horen, Sebian, & Waetzig, 2010; World Health Organization, 2013)*, as different jurisdictions develop integrated strategies to promote mental health. A wide range of strategies are available to implement a strengths-based approach to create environments for children and youth that support optimal development, mental health and resilience. These strategies include: communication, education, workforce and policy development, advocacy, community development, cross-sectoral collaboration and organizational change *(Centre for Addiction and Mental Health, 2014; Victorian Health Promotion Foundation [VicHealth], 2005).*

Settings

A settings approach emphasizes the place or social context where "people engage in daily activities in which environmental, organizational and personal factors interact to affect health and wellbeing" *(World Health Organization, 1998, p. 19).* This approach lends itself well to the intersectoral and collaborative work to create environments for children, youth and their families that support optimal development and mental health. Settings provide a context for integrated interventions across all levels of determinants, from the individual to the social/structural level *(Canadian Institute for Health Information, 2011).* Many of the key transition points considered in a life course approach, where children and youth may be particularly vulnerable, coincide with the change from one setting to another (e.g., home to childcare, childcare to school and school to work). A settings approach also includes interventions and policy approaches[vi] not directly aimed at mental health, but that may improve it (e.g., healthy lifestyles, violence prevention), as well as the implementation of mental health or wellbeing impact assessments (e.g., community planning, school planning) *(Cooke et al., 2011; Lalani, 2011).*

[vi] For more information, please see *Healthy public policies and population mental health promotion for children and youth* in this Collection.

Examples of evidence-based interventions in four primary settings

The following examples illustrate actions to promote population mental health for children and youth:

1. **Family and childcare setting**
   Interventions which focus on mothers before, during and after pregnancy, as well as on the early years of childhood, have shown benefits for supporting positive mental health. These interventions include home visiting and other family support strategies as priority areas for action *(Mantoura, 2014a)*. A recent scoping review found that most family-focused interventions applied educational approaches, although some also included tangible supports such as transportation and childcare and/or advocacy services *(Enns et al., 2016)*. One example of an evaluated program is the *Triple P – Positive Parenting Program*, a targeted parenting program combined with a universal approach which has been found to have short and long-term effects on positive mental health for children, including for vulnerable families *(Welsh et al., 2015)*. Although there are also early childhood interventions in childcare and preschool settings, mixed evidence shows that the extent of improved mental wellbeing is related to the overall quality of care that children experience in these settings *(Welsh et al., 2015)*.

2. **School setting**
   The most consistently effective approach to promote mental health and influence children's development and behaviour is through whole-school approaches with a sustained focus *(Weare & Nind, 2011; Jane-Llopis, Barry, Hessman and Patel, 2005; as cited in Mantoura, 2014a), particularly at the primary school level (Welsh et al., 2015)*. Often the school provides an important bridge between family and community settings *(Enns et al., 2016)*. Interventions to improve educational pathways are particularly successful to influence wellbeing outcomes for children from low socio-economic backgrounds *(Welsh et al., 2015)*.

The transition from school to work for adolescents is an important setting for intervention, since this is a time when the workplace becomes a third institutional site of socialization. Interventions during this period tend to focus on young adults at risk, who may not complete school or successfully transition to the workforce. Although it is difficult to find evaluations that specifically consider mental health outcomes, a whole-community intervention in Australia, connects schools, businesses and community organizations to support young people to finish school, and shows promise in creating partnerships to support young people's mental health *(Welsh et al., 2015)*.

3. **Online environment**
   The Internet is an important setting to promote mental health among young people. Through mobile technology, it can both share information and support interventions (e.g., virtual therapies for anxiety and depression and support programs) *(Jacka et al., 2013; Herman & Jane-Llopis, 2012; Mental Health Commission of Canada, 2014; as cited in Mantoura, 2014a)*. More research is needed *(Welsh et al., 2015)*.

4. **Community setting**
   Interventions that have focused on strengthening community capacity and building a sense of ownership and social responsibility have shown positive mental health and social outcomes *(Welsh et al., 2015) (Jane-Llopis et al., 2005; Mathieson, Ashton, Church & Quinn, 2013; as cited in Mantoura, 2014a)*. A recent scoping review of interventions targeted to children in a number of community settings with population mental health promotion activities (including counselling centres, clinics and online) involved creativity, play or physical activity. Interventions focused on Indigenous populations[vii] used different approaches, including story-telling, mentoring practices and explicit teaching about the impact of historical trauma and the value of traditional practices and knowledge *(Enns et al., 2016)*.

[vii] For more information, please see *Considerations for Indigenous child and youth population mental health promotion in Canada* in this Collection.

The community is often the setting for public communication campaigns to raise awareness and reduce stigma. The *Compass Strategy* in Australia, which targeted young people ages 12-25, showed significant outcomes at the individual level, including decreased self-identified depression, increased awareness of suicide risk and reduced perceived barriers to seek help. Other international campaigns using social marketing and social contact, publicity campaigns, public education and user-based programs were also found to be effective to reduce stigma and discrimination, improve attitudes and increase awareness, knowledge and understanding of mental health issues. It is difficult to find awareness campaigns focused on general mental health promotion targeted to children and youth, or with equity considerations *(Welsh et al., 2015)*.

Beyond settings, there is evidence to link some structural level determinants and mental health outcomes, leading us to expect that many policy interventions[viii] could have positive impacts on mental health *(Mantoura, 2014a)*. Examples of potential policies include income supplements, education, employment and improved transportation. Other policies include those to reduce income inequalities and those that seek to influence culture and norms toward increased acceptance and tolerance *(Mantoura, 2014a)*.

[viii] For more information, please see *Considerations for Indigenous child and youth population mental health promotion in Canada* in this Collection.

POPULATION MENTAL HEALTH PROMOTION FOR CHILDREN AND YOUTH
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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

PUBLIC HEALTH ROLES

Mental health is a public health priority that requires competent, confident frontline staff to work in collaboration with others to build healthy and resilient communities, and engage with individuals and families to provide appropriate supports. This work is already happening in many public health settings across Canada. A recent study of public health units in Ontario found that "a substantial amount of work is underway across a diverse array of approaches to promote and address mental health in children and youth" *(Centre for Addiction and Mental Health et al., 2013, p. 1).* Another survey that included responses from public health practitioners and others from broader public health sectors in Canada (such as clinical contexts, clinical prevention or community sectors) found that the majority of respondents had established links between their practice and population mental health. Over half of the participants agreed that they are already engaged in interventions related to population mental health (determinants of mental health, healthy public policy, and surveillance of mental health indicators) *(Mantoura, 2016).*

On the other hand, public health practitioners also report that they feel uncertain about how to integrate mental health promotion effectively into their current practice *(Murphy, Pavkovic, Sawula, & Vandervoort, 2015).* They also face significant structural and operational challenges and identified the following needs *(Mantoura, 2016):*

Structural needs
- a clear mandate and guidelines to legitimize public health practice in mental health promotion
- institutional support for the mental wellness of public health practitioners

Operational needs
- resources to support practice and develop relevant knowledge, attitudes and skills *(Mantoura, 2016):*
  - » best practice guidelines for different populations and settings
  - » training
  - » communities of practice tools to build partnerships and collaborations
  - » access to data

Four roles for public health to improve health equity

The National Collaborating Centre for Determinants of *Health's Public Health Roles for Improving Health Equity Framework* (2013) helps public health practitioners/professionals to identify areas of action, set priorities and make decisions about how to address the social determinants of mental health as part of a population mental health promotion strategy for children and youth:

1. **Assess and report –** assess the impact of various policies and programs on mental health and integrate mental health into health status reporting and program evaluation mechanisms.

2. **Modify and orient interventions –** support existing interventions and collaborations to include a focus on mental health literacy which recognizes and uses the many concepts and approaches of positive mental health. Identify key populations and strategies for mental health promotion.

3. **Partner with other sectors –** establish collaborations with other sectors, including social, health or community services.

4. **Participate in policy development –** identify advocacy actions and target audiences for advocacy strategies. Evaluate the impact of various policies and programs on mental health. Facilitate the presence of mental health in all policies and programs.

These roles apply to all public health practice, regardless of discipline (nutrition, health inspection, nursing, physicians, dental and health promotion) or level of practice (front line, management or policy/decision maker). Every public health participant is critical to identify, implement and evaluate appropriate policies and programs, as part of an integrated approach. They include actions implemented at both program and organizational levels, and align well with four key approaches identified in a recently released front-line, public mental health practitioner role statement in the UK, which identifies leadership, partnership, advocacy and measuring change as key roles. *(Faculty of Public Health & Mental Health Foundation, 2016, p. 8).*

RESOURCES

The following resources will be particularly helpful to public health practitioners and decision makers involved in planning, implementing and evaluating population mental health promotion initiatives. Each resource includes a document link and a link to the host organization, whenever possible. Please see the Resource Scan[ix] and other topical documents in this collection for a more complete list of of Canadian resources.

Tools

National MWIA Collaborative (England) (2011). *Mental Well-being Impact Assessment: A toolkit for well-being*. Mental Well-being Impact Assessment (MWIA) enables people and organizations to assess and improve a policy, program, service or project to ensure it has a maximum equitable impact on people's mental wellbeing.
- Retrieved from: *Healthy Minds - Healthy Campuses*, Canadian Mental Health Association – BC, University of Victoria - Centre for Addictions Research of BC

Wheel of Wellbeing (UK).
- Retrieved from: *Wheel of Wellbeing*

School Mental Health Decision Support Tool – evidence based mental health promotion programming (2015)
- Retrieved from *School Mental Health ASSIST*

Guidelines/best practices

Centre for Addiction and Mental Health (2014). *Best practice guidelines for mental health promotion programs: Children (7–12) and youth (13–19).*
- Retrieved from: *Portico – Canada's Mental Health and Addiction Network*

Frameworks/strategies

Higgins, D. (2015). A *public health approach to enhancing safe and supportive family environments for children*. Family Matters, No. 96, p. 39-52.
- Retrieved from: *Australian Institute of Family Studies*

Miles, J., Espiritu, R., Horen, N. M., Sebian, J., & Waetzig, E. (2010). *A Public Health Approach to Children's Mental Health: A Conceptual Framework.*
- Retrieved from: *Georgetown University – Center for Child and Human Development*

World Health Organization (2013). *Mental Health Action Plan 2013–2020*. World Health Organization, Geneva.
- Retrieved from: *World Health Organization*

Mantoura, P. (2014). *Defining a population mental health framework for public health*. Montréal, Québec: National Collaborating Centre for Healthy Public Policy.
- Retrieved from: *National Collaborating Centre for Healthy Public Policy*

Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016). London: Faculty of Public Health and Mental Health Foundation.
- Retrieved from: *Mental Health Foundation* (UK)

Waddell, C., McEwan, K., Shepherd, C. A., Offord, D. R., & Hua, J. M. (2005). *A public health strategy to improve the mental health of Canadian children. Canadian Journal of Psychiatry*, 50(4), 226–233.

[ix] For more information, please see *Scan Report: resources for population mental health promotion for children and youth in Canada* and *Database of resources for population mental health promotion for children and youth in Canada* in this Collection.

Training/capacity building

Mantoura P. (2016). *Main types of needs of the public health workforce for population mental health* [Internet]. Montreal, Quebec: National Collaborating Centre for Healthy Public Policy; 2016 [cited]. 76p.
• Retrieved from: *National Collaborating Centre for Healthy Public Policy*

Other

Orpana, H., J. Vachon, J. Dykxhoorn, L. McRae, G. Jayaraman, (2016). *Monitoring positive mental health and its determinants in Canada: the development of the Positive Mental Health Surveillance Indicator Framework.* Health Promotion and Chronic Disease Prevention in Canada, Vol 36, No 1, January 2016.
• Retrieved from: *Public Health Agency of Canada*

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• Retrieved from: *Canadian Institute for Health Information*

Welsh, J., Ford, L., Strazdins, L., Friel, S. (2015). *Evidence Review: Addressing the social determinants of inequities in mental wellbeing of children and adolescents.* Australian National University, Vic Health, September, 2015.
• Retrieved from *VicHealth* (Australia)

Source: iStock

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Breslau, N., Koenen, K. C., Luo, Z., Agnew-Blais, J., Swanson, S., Houts, R. M., . . . Moffitt, T. E. (2014). Childhood maltreatment, juvenile disorders and adult post-traumatic stress disorder: A prospective investigation. *Psychological Medicine,* 44(09), 1937-1945.

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Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood.* Center on the Developing Child at Harvard University.

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Centre for Addiction and Mental Health, Ontario Agency for Health Protection and Promotion (Public Health Ontario), & Toronto Public Health. (2013). *Connecting the dots: How Ontario public health units are addressing child and youth mental health.* Toronto, ON: Centre for Addiction and Mental Health.

Clinton, J., Kays-Burden, A., Carter, C., Bhasin, K., Cairney, J., Carrey, N., . . . Williams, R. (2014). *Supporting Ontario's youngest minds: Investing in the mental health of children under 6.* Ontario: Ontario Centre of Excellence for Child and Youth Mental Health.

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