

Upstream 101
Thinking Upstream for Mental Health

**Healthy Campus Alberta 2020 Wellness Summit
Pre-Summit Webinar**

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Upstream approaches to mental health can enhance our community's ability to flourish in times of uncertainty and change. In this webinar, join us for an in-depth exploration of the concepts of health promotion, prevention, and the social determinants of health, and how they apply in the context of post-secondary mental health and wellness.

Truth or Myth?



- Working and thinking about institutional structures and systems that affect mental health is beyond the scope of frontline staff.
- People with mental disorders need a better system of services and treatments; mental health promotion is a lower priority.
- Mental health promotion refers to public education about mental health

Mental health versus mental disorders

What does thinking *upstream* mean?

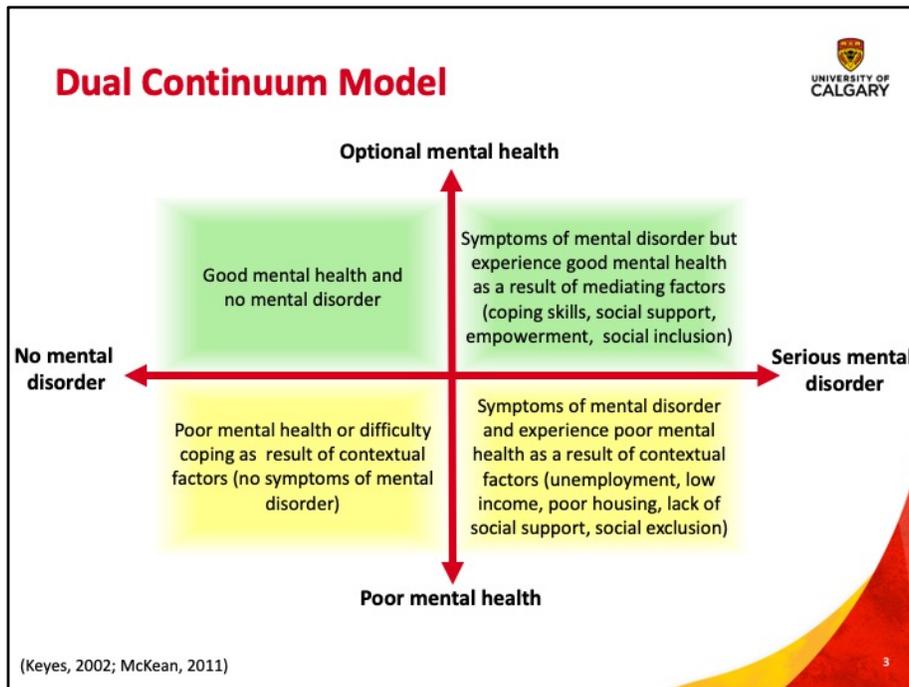
Mental health promotion and illness prevention

Social determinants of mental health

Focus on mental health equity

Implications for the post-secondary context

No conflicts of interest to declare



A mental disorder is a recognized, medically diagnosable illness that results in the significant impairment of an individual’s cognitive, affective or relational abilities. Much of the work on mental health has not focused on supporting the development of positive health, but instead has had a primary focus on mental disorder, specifically service access and stigma-related issues.

Upstream means a focus on the top half of the diagram– aiming to keep all students in a state of positive mental health

Mental Health



“Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”

-Public Health Agency of Canada (PHAC)

Mental health is more than just the absence of a mental illness – three core themes – ability to cope

Common themes in how research conceptualizes positive mental health include our individual feelings; developing our capabilities to cope; our sense of meaning, purpose and engagement in life; and having quality supportive environments and social relationships.

Thinking Upstream



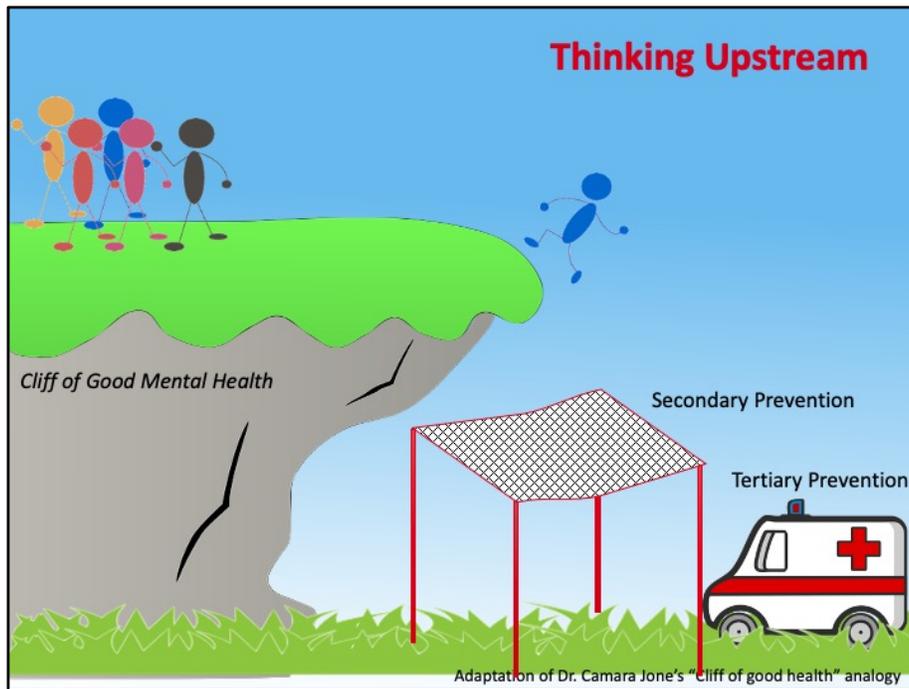
- Adaptation of Dr. Camara Jones's "Cliff of good health" analogy



Jones, C.P., Jones, C.Y., Perry, G.S., Barclay, G. & Jones, C.A. 2009.
Addressing the Social Determinants of Children's Health: A Cliff Analogy. *Journal of Health Care for the Poor and Underserved*, 20 (4),1-12

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Dr. Camara Phyllis Jones is an American physician, epidemiologist, and civil rights activist who specializes in the effects of racism and social inequalities on health.

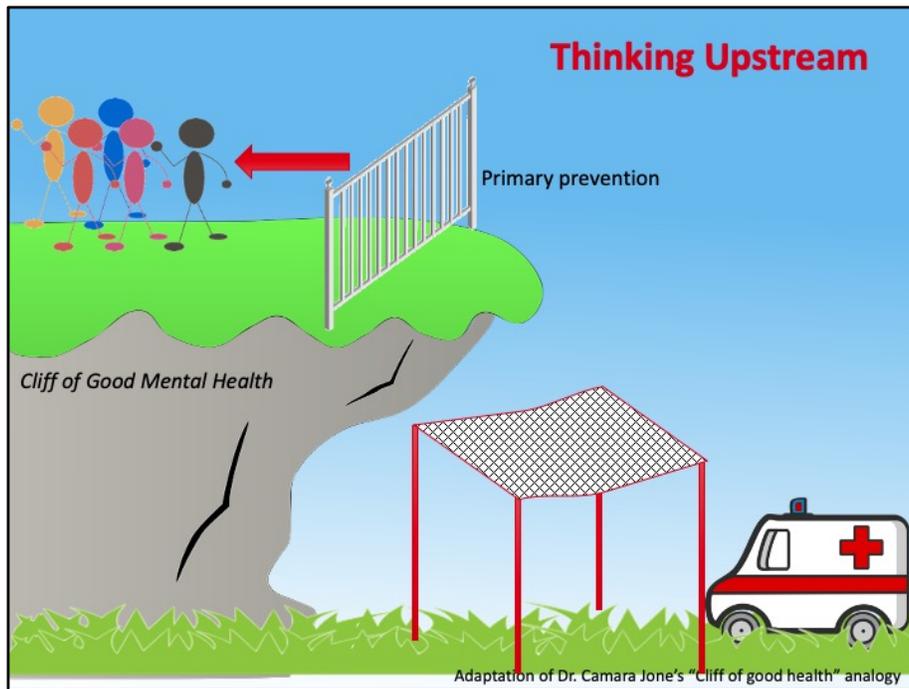


Tertiary – preventing further morbidity and mortality; recovery and rehabilitation

Secondary – preventing clinical disease onset; early diagnosis and screening

Primary – preventing disease and reducing risk; social determinants of health

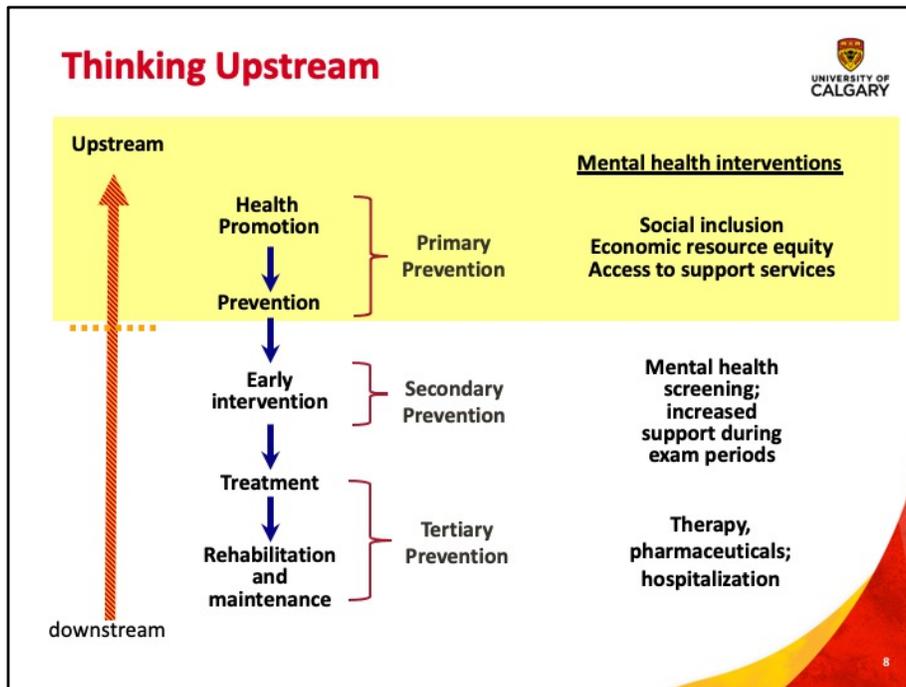
Address factors that go beyond our biology, genetics and beyond our personal behaviours



Jones is an American physician, epidemiologist, and civil rights activist who specializes in the effects of racism and social inequalities on health.

Key message – purpose of mental health promotion is keep individuals on the cliff of good mental health - focus on primary prevention and action on the social determinants of health

Address factors that go beyond our biology, genetics and beyond our personal behaviours



Three levels of prevention :

Key message – purpose of mental health promotion is keep individuals on the cliff of good mental health - focus on primary prevention and action on the social determinants of health

Two important points :

1. 2 and 3 prevention are necessary
2. Those working in 2 and 3 areas should be thinking the upstream

OTTAWA CHARTER FOR HEALTH PROMOTION
CHARTRE D'OTTAWA POUR LA PROMOTION DE LA SANTÉ

STRENGTHEN COMMUNITY ACTION
 RENFORCER L'ACTION COMMUNAUTAIRE

DEVELOP PERSONAL SKILLS
 DÉVELOPPER LES APÉTITUDES PERSONNELLES

ENABLE
 CONFÉRER LES MOYENS

MEDIATE
 SERVIR DE MÉDIATEUR

ADVOCATE
 PROMOUVOIR L'IDÉE

CREATE SUPPORTIVE ENVIRONNEMENTS
 CRÉER DES MILIEUX FAVORABLES

REORIENT HEALTH SERVICES
 RÉORIENTER LES SERVICES DE SANTÉ

BUILD HEALTHY PUBLIC POLICY
 ÉTABLIR UNE POLITIQUE PUBLIQUE SAINTE

AN INTERNATIONAL CONFERENCE ON HEALTH PROMOTION
 The move towards a new public health
 November 17-21, 1986 Ottawa, Ontario, Canada

UNE CONFÉRENCE INTERNATIONALE POUR LA PROMOTION DE LA SANTÉ
 Vers une nouvelle santé publique
 17-21 novembre 1986 Ottawa (Ontario) Canada

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“Health promotion is the process of enabling people to increase control over, and to improve, their health.”

- *Ottawa Charter for Health Promotion*
- (WHO,1986)

Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media.

Thinking upstream – Mental Health Promotion

- “The process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and resilience, while showing respect for culture, equity, social justice, interconnections, and dignity.”

– Inaugural issue of the *International Journal of Mental Health Promotion* (Joubert & Raeburn, 1998)

Natacha Joubert and John Raeburn

Mental Health Promotion



- Emphasis on enhancing mental health
- Building on individual and community assets to strengthen mental health
- Empowerment:
 - A contextual process based on self-determination and respect
 - Support individuals and communities to gain control over their own mental health and well being
- Resilience:
 - the ability to recover from or adjust to change or life's difficulties

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recognizing that people have the capacity to cope with life (regardless of whether they are currently coping well or not)
acknowledging that people and communities themselves know best how to access their own intrinsic capabilities.

Health and Mental Health Promotion



- Aim to enhance protective factors, remove risk factors, and reduce inequities
- Act on the Social Determinants of Health (SDOH)
 - The conditions in which people are born, grow, live, work and age.
 - Social, economic and political
 - Outside of an individual's control
 - Necessitates action at the group and population level

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focus on the enhancement of well-being rather than on illness

- *address the population as a whole, including people experiencing risk conditions, in the context of everyday life*

are oriented toward taking action on the **determinants of health**

The social determinants of health are the conditions in which people are born, grow, live, work and play, which influence health (CSDH, 2008).

Determinants of Health – Which are SDOH?



- Income and social status
- Housing
- Social support networks and social connectedness
- Education
- Employment and working conditions
- Unemployment and employment security
- Physical environments
- Biology and genetics
- Personal health practices and coping skills
- Healthy child development
- Health services

Social Determinants of Health: Canadian Perspectives (Raphael, 2004)

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Poll

Dennis Raphael



Protective factors buffer a person “in the face of adversity and moderate the impact of stress on social and emotional well-being. These SDMH protect good mental health and work against a deterioration to poor mental health.

Social inclusion or connectedness is protective of mental health. Having social ties can promote feelings of attachment and companionship, enhancing one’s sense of purpose and self-esteem. For individuals experiencing stress, one’s social network can provide personal support and enhance coping. Social contacts also serve as resources for sharing information that can enhance one’s ability to deal with adversity, therefore moderating distress. Community participation and civic engagement are associated with better self-reported mental health. Participating in social clubs and recreational activities or volunteering can enhance social ties. Civic engagement can impact the social, economic and political forces that can improve one’s life (VicHealth, 2005a).

Freedom from Discrimination and Violence. Discrimination and violence are risk factors for poor mental health. Discrimination refers to actions taken to exclude or treat others differently because of their race, ethnicity, gender, sexual orientation and/or disability. Stigma and discrimination against people with mental illness is also a major concern, not just as a risk factor for recovery, but also as a barrier to accessing services and housing. For all those affected, discrimination creates a hostile and stressful

environment, resulting in psychological distress and feelings of low self-esteem, control and mastery, as well as anxiety and depression (Rychetnik & Todd, 2004).

Discrimination and violence are often linked. Violence is often the vehicle through which discrimination is acted out. Violence can take many forms, including child abuse, neglect by parents, bullying, youth violence, violence by intimate partners, abuse of the elderly, sexual violence, self-directed violence and collective violence (Krug et al., 2002). Being a victim of violence is strongly associated with substance abuse and mental health problems.

Access to economic resources, such as housing, education, work and income, is strongly correlated with mental health because it impacts social connectedness and personal sense of competence and control, as well as socio-economic status. These factors are known to both protect and promote mental health (Mulvihill, Mailoux & Atkin, 2001). Economic participation is enhanced by strategies that support life skills and social inclusion, and address systemic inequities. Lack of access to economic resources can result in poverty and material deprivation, sustained hardship and poorer mental health. Investing in strategies and supports that improve access to economic resources and remedy the inequalities experienced by disadvantaged or marginalized populations can significantly increase economic participation and promote positive mental health.

Mental Health Inequities



- Differences in mental health outcomes that are avoidable, unfair and related to social inequalities and disadvantage
- Social inequalities = mental health inequities
- Groups who are marginalized
 - Face disadvantages in accessing SDOH
 - Suffer poorer mental health, worse mental health outcomes and are less likely to access mental health supports and services than their more advantaged counterparts

(PHAC, 2018)

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The social determinants of health *inequities* are these conditions and the structural processes that distribute them unequally in society – definitively at the population/group level, little to no control of individuals

Mental Health Inequities



- Result from structures and processes that distribute the social determinants of mental health unequally based on social hierarchies
 - Social exclusion (based on sexual orientation, income and poverty, racialization and disability)
 - Inadequate access to economic resources
 - Experience discrimination and interpersonal and structural violence
- A focus on social determinants of mental health highlights opportunities for equity action

(PHAC, 2018)

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The social determinants of health *inequities* are these conditions and the structural processes that distribute them unequally in society – definitively at the population/group level, little to no control of individuals

Strategies for Health Promotion

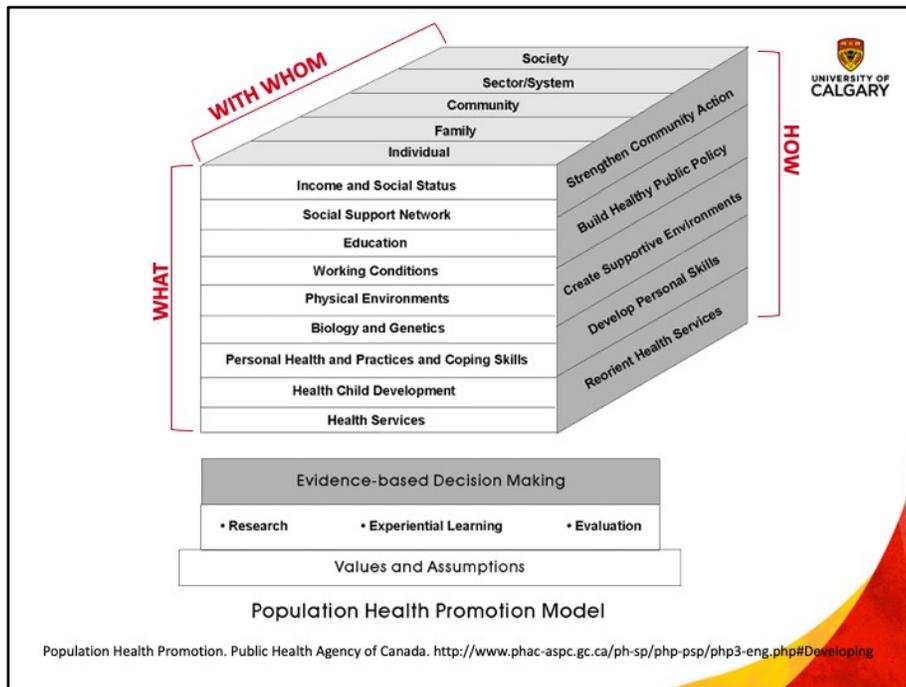


- Five key action areas for health promotion practice:
 - Building healthy public policy
 - Creating supportive environments
 - Strengthening community action
 - Developing personal skills
 - Re-orienting health services
- Activities include research, policy development, community action and program activity

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Policies for mental health and wellbeing can be developed in any organisation, association, club or workplace, and at any level of government. Policy is part of the necessary infrastructure to support health promotion.



WHO:

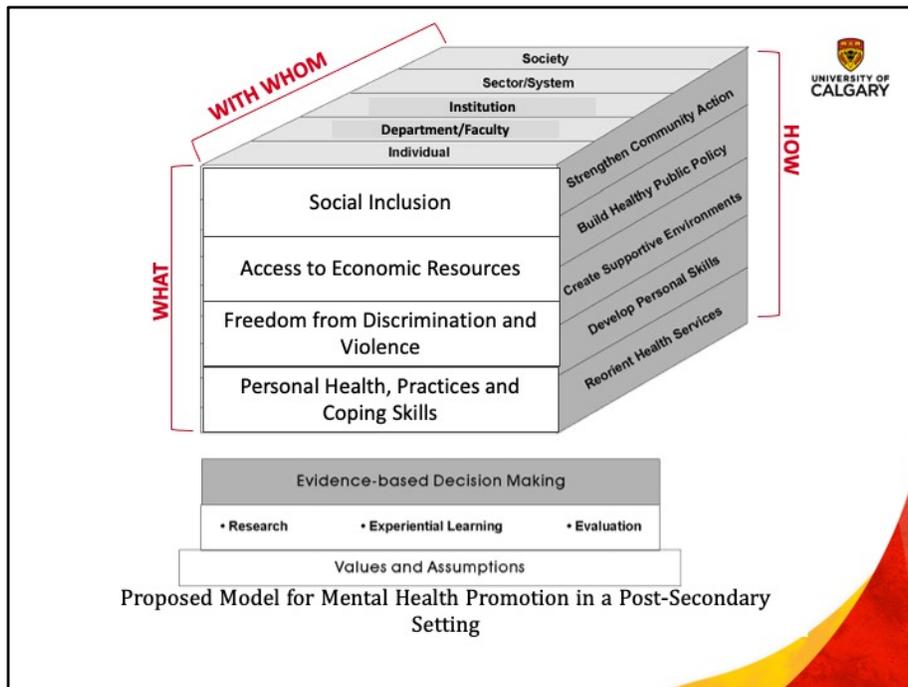
the individual; family and friends; community (people linked by a common interest or geographic setting such as a neighbourhood, school or workplace); sector/system (education, income support, housing, etc.); and society as a whole. For example, to promote the health of school-aged children we can help young people develop a positive self-image; involve families in the education of their children; ensure that schools, as communities, are healthy places to be; develop policies within the educational system that support the realization of one's full potential; and promote the value of learning and education throughout the society as a whole.

This model also illustrates the need for evidence-based decision-making to underpin the development of population health promotion activities. Evidenced-based decisions are required to ensure that policies and programs focus on the right issues, take effective action and produce sound results. When assembling the evidence required, three sources should be consulted:

Research studies that have systematically studied health issues, the underlying factors, the interventions and their impact, both intended and unintended.

Experiential knowledge that has been gained through practice and synthesized in ways that can guide practice and policy-making.

Evaluation studies (formative and summative) of policies, programs and projects. These sources provide evidence based on an examination of past activities. In addition, trends can be analyzed to identify emerging issues and visioning can be done to create preferred scenarios for the future. Evidence-based decision-making is thus, an art and a science where collective wisdom and vision, along with empirically derived knowledge, play worthwhile roles.



Consistent with health promotion generally, mental health promotion actions need to be multi-level and intersectoral, and concerned with systems change, policy and the development of evidence about what programs work.

Implications for the Post-Secondary Setting



- Ensure that institutions are inclusive and responsive, that they provide safe, supportive and sustainable environments for health, and that they can work in partnerships and across sectors, and implement evidence-based approaches to their work
- Educational opportunities are prerequisites for good mental and physical health, and key to people's capacity to find satisfying work, participate in other aspects of social life and undertake social roles.

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Basic and lifelong educational opportunities are prerequisites for good mental and physical health,

Implications for practice - program and service delivery



- Ask about and validate experiences of stigma, discrimination as well as challenges in accessing the social determinants of health
- Collect client socio-demographic data to better understand who is being served
- Learn more about the social determinants of health and mental health
- Ask clients about their social and economic context (SDOH) to understand their broader needs and supports or challenges
- Refer/connect individuals to supports or assistance with accessing social determinants of health and follow up to see if the referral has happened
- Encourage opportunities for students to participate in organizational planning and governance

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We challenge mental health providers to increase their awareness of the social determinants of mental health, as a matter of mental health promotion and social justice.

Implications for practice – Institutional level



- Collect socio-demographic data using a standardized tool across institutional program and services
- Provide staff with training about a range of equity-related topics (e.g. asking the right questions about sexual identity; trauma informed service delivery; working with racialized or Indigenous populations, etc.)
- Focus policy and programming to reflect social determinants of health and mental health
- Explore partnerships with organizations that have relationships or effectively serve diverse and/ or marginalized populations in the broader community
- Hire people with lived experiences and people from marginalized communities for service delivery and program planning
- Develop cross-sectoral partnerships to develop strategies for addressing needs
- Create opportunities for a diversity of students to participate in organizational governance and operational planning

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integrating on-campus mental health supports with larger regional systems

Conduct needs assessments to better understand the needs (SDOH focus) of your student populations; including marginalized student groups

Moving Forward – Opportunities & Challenges

- Integrating a system of ‘silos’
- Intersectoral collaboration
- Making mental health a social and financial priority
- Evidence-based decision making and measuring success
- Uncomfortable conversations about equity



Summary



- **Thinking upstream** focuses on a state of well-being and good mental health
- **Thinking upstream** broadens the scope of activities to include social determinants of health as protective factors
- **Mental health promotion** includes a wide range of strategies such as communication, education, policy development, organizational change, **community development** and local services

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Bibliography



- Canadian Mental Health Association Ontario. (2017) Advancing Equity in Mental Health: An Action Framework. <https://ontario.cmha.ca/wp-content/uploads/2016/07/PPE-0001-Advancing-Equity-in-Mental-Health-2.pdf>
- Canadian Mental Health Association Ontario. (2008) Mental Health Promotion in Ontario: A Call to Action. https://ontario.cmha.ca/wp-content/uploads/2008/11/mental_health_promotion_in_ontario_2008.pdf
- Government of Alberta. (2020). Improving Postsecondary Mental Health. <https://www.alberta.ca/improving-post-secondary-mental-health.aspx>
- Joubert, N., & Raeburn, J. (1998). Mental health promotion: People, power and passion. *International Journal of Mental Health Promotion*, 1(1), 15-22.
- Jones, C.P., Jones, C.Y., Perry, G.S., Barclay, G. & Jones, C.A. 2009. Addressing the Social Determinants of Children's Health: A Cliff Analogy. *Journal of Health Care for the Poor and Underserved*, 20 (4),1-12
- Keleher, H. & Armstrong, R. 2005. Evidence-based mental health promotion resource. Report for the Department of Human Services and VicHealth. Melbourne, Australia.
- Keyes, C. L. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73(3), 539.
- MacKean, G. (2011). Mental health and well-being in post-secondary education settings . Canadian Association of College and University Student Services pre-conference workshop; Toronto, ON. http://www.cacuss.ca/_Library/documents/Post_Sec_Final_Report_June6.pdf
- Ottawa Charter for Health Promotion. (1986). First international conference on health promotion. Ottawa, Canada.
- Raeburn, J. (2009). Improving the Health of Canadians, 2009: Exploring Positive Mental Health. Canadian Institute for Health Information (CIHI); Ottawa, Canada.
- Raphael, D. (Ed.). (2009). *Social determinants of health: Canadian perspectives*. Canadian Scholars' Press.
- Shim, R., Koplan, C., Langheim, F. J., Manseau, M. W., Powers, R. A., & Compton, M. T. (2014). The social determinants of mental health: An overview and call to action. *Psychiatric Annals*, 44(1), 22-26.
- World Health Organization. (2005). *Promoting mental health: concepts, emerging evidence, practice: a report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne*. World Health Organization; Geneva, Switzerland
- World Health Organization and Calouste Gulbenkian Foundation. (2014). *Social determinants of mental health*. Geneva, Switzerland.