

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
20 June 2016 / 20 juin 2016**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2016-OPH-HPDP-0004

SUBJECT: OTTAWA PUBLIC HEALTH'S PLAN TO FOSTER MENTAL HEALTH IN OUR COMMUNITY

OBJET: PLAN DE SANTÉ PUBLIQUE OTTAWA POUR PROMOUVOIR LA SANTÉ MENTALE DANS NOTRE COLLECTIVITÉ

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa Health Unit:

- 1. Approve the focus areas and strategic initiatives for Ottawa Public Health's Strategic Direction #2 – *Fostering Mental Health in Our Community*, as outlined below and discussed in this report:**

- a. Mental health awareness and stigma reduction:**

- i. Have THAT talk optimal mental health and stigma reduction campaign;
 - ii. Mental health epidemiological report;
 - b. Towards a more resilient community:
 - iii. Culture of alcohol moderation;
 - iv. Reducing harms from prescription medication;
 - v. Mentally healthy workplaces;
 - c. Suicide prevention:
 - vi. Suicide safer Ottawa; and
2. Approve that the Chair of the Board of Health write a letter to the Ministry of Health and Long-Term Care requesting that it explicitly include mental health promotion requirements relating to surveillance, health assessment, health promotion and policy development in the 2016 revision of the Ontario Public Health Standards.

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa :

1. approuve les domaines d'intérêt et les initiatives stratégiques pour l'orientation stratégique n° 2 de Santé publique Ottawa – *Promouvoir la santé mentale dans notre collectivité*, comme décrit ci-dessous et examiné dans ce rapport :
 - a. Sensibilisation à la santé mentale et réduction de la stigmatisation :
 - i. campagne de santé mentale optimale et de réduction de la stigmatisation « Temps d'en parler »;
 - ii. rapport épidémiologique sur la santé mentale;
 - b. Vers une communauté plus résiliente :
 - iii. culture axée sur la consommation modérée d'alcool;
 - iv. réduction des préjudices causés par les médicaments d'ordonnance;

v. milieux de travail favorisant la santé mentale;

c. Prévention du suicide :

vi. pour un Ottawa sans suicide, et

- 2. approuve que le président du Conseil de santé écrive une lettre au ministère de la Santé et des Soins de longue durée demandant qu'il inclue explicitement les exigences en matière de promotion de la santé mentale ayant trait à la surveillance, à l'évaluation de la santé, à la promotion de la santé et à l'élaboration des politiques dans la révision de 2016 des Normes de santé publique de l'Ontario.**

EXECUTIVE SUMMARY

Ottawa Public Health's (OPH's) Strategic Plan for 2015 – 2018 ([ACS2015–OPH-SSB – 0006](#)) identifies a series of strategic directions to advance health for people who live, learn, work and play in the communities of Ottawa. Strategic Direction #2 – Fostering Mental Health in Our Community, will build on OPH's work to promote optimal mental health for all Ottawa residents.

Poor mental health, mental illness and addictions affect individuals and our whole community. In Ottawa, an average of 67 people die by suicide every year and over 1,300 emergency room visits are related to intentional self harm behaviours. Seventy per cent of students who considered suicide said there was a time in the previous year when they wanted support but did not know where to turn. Additionally, there are at least 110 deaths related to alcohol misuse and approximately 46 drug overdose deaths annually.

OPH's proposed plan to Foster Mental Health in Our Community builds on recent concerted effort on children and youth mental health promotion and older adults' mental health that occurred through the [2011-2014 Child and Youth Mental Health Promotion and Suicide Prevention Strategy](#) and [Seniors Healthy Aging Strategy](#). In order to more fully address and support mental health promotion across all ages and stages in Ottawa, OPH will continue existing work that supports children, youth and older adults while seeking to deepen efforts in 2015-2018 to include adults and the general population.

OPH's Mental Health Plan proposes long-term objectives and short-term initiatives with an aim to create a city where mental health is valued, promoted and protected.

The plan's long-term objectives are to:

1. Promote mental health across the lifespan to improve the well-being of the population;
2. Foster supportive environments that enhance mental health where residents live, learn, play and work; and
3. Influence various sectors to improve the quality and accessibility of services for individuals with mental health issues and their caregivers.

The proposed three areas and six strategic initiatives to help achieve these long-term objectives are:

- a. Mental health awareness and stigma reduction:
 - i. “Have THAT Talk” optimal mental health and stigma reduction campaign;
 - ii. Mental health epidemiological report;
- b. Towards a more resilient community:
 - iii. Culture of alcohol moderation;
 - iv. Reducing harms from prescription medication;
 - v. Mentally healthy workplaces;
- c. Suicide prevention:
 - vi. Suicide safer Ottawa

The plan emphasizes the role of engaging community partners and looking at the health of the population as a whole. In addition, the plan highlights public health's distinct role in addressing mental health challenges through population-wide health promotion initiatives. Throughout 2015-2018, OPH will also continue to respond to new and growing opportunities with key stakeholders as they arise.

SOMMAIRE

Le Plan stratégique 2015- 2018 de Santé publique Ottawa (SPO) ([ACS2015-OPH-SSB-0006](#)) présente une série d'orientations stratégiques visant à favoriser la santé des

gens qui vivent, qui apprennent, qui travaillent et qui jouent dans les collectivités d'Ottawa. L'orientation stratégique n° 2 – Promouvoir la santé mentale dans notre collectivité, s'inspirera des travaux de SPO visant à promouvoir une santé mentale optimale pour tous les résidents d'Ottawa.

Une mauvaise santé mentale, la maladie mentale et la toxicomanie touchent les personnes et l'ensemble de notre collectivité. À Ottawa, 67 personnes en moyenne se suicident chaque année, et plus de 1 300 visites à l'urgence sont associées à des actes autodestructeurs intentionnels. Soixante-dix pour cent des étudiants qui ont envisagé de se suicider ont dit qu'il y avait une période dans l'année précédente où ils auraient voulu du soutien, mais ne savaient pas vers qui se tourner. De plus, il y a au moins 110 décès liés à l'abus d'alcool et environ 46 décès par surdose de drogue chaque année.

Le plan proposé de SPO visant à promouvoir la santé mentale dans notre collectivité s'appuie sur les récents efforts concertés de promotion de la santé mentale des enfants et des jeunes et de la santé mentale des personnes âgées qui ont été déployés par l'entremise de la [Stratégie 2011-2014 en matière de promotion de la santé mentale et de prévention du suicide chez les enfants et les jeunes](#) et de la [Stratégie pour le vieillissement sain des aînés](#). Afin de mieux aborder et appuyer la promotion de la santé mentale à tous les âges et toutes les étapes de la vie à Ottawa, SPO poursuivra les travaux actuels qui appuient les enfants, les jeunes et les aînés tout en cherchant à intensifier les efforts en 2015-2018 afin d'inclure les adultes et la population en général.

Le plan en matière de santé mentale de SPO propose des objectifs à long terme et des initiatives à court terme dans le but de créer une ville où la santé mentale est importante, favorisée et protégée.

Voici les objectifs du plan à long terme :

1. promouvoir la santé mentale tout au long de la vie pour améliorer le bien-être de la population;
2. améliorer les milieux de soutien qui accordent de la valeur à la santé mentale là où les résidents vivent, apprennent, jouent et travaillent;
3. influencer divers secteurs afin d'améliorer la qualité et l'accessibilité des services pour les personnes atteintes d'une maladie mentale ou éprouvant des problèmes de santé mentale et leurs soignants.

Voici les trois domaines d'intérêt et les six initiatives stratégiques proposés afin d'atteindre ces objectifs à long terme :

- a. Sensibilisation à la santé mentale et réduction de la stigmatisation :
 - i. campagne de santé mentale optimale et de réduction de la stigmatisation « Temps d'en parler »;
 - ii. rapport épidémiologique sur la santé mentale;
- b. Vers une communauté plus résiliente :
 - iii. culture axée sur la consommation modérée d'alcool;
 - iv. réduction des préjudices causés par les médicaments d'ordonnance;
 - v. milieux de travail favorisant la santé mentale;
- c. Prévention du suicide :
 - vi. Pour un Ottawa sans suicide

Le plan met l'accent sur la participation des partenaires communautaires et examine la santé de la population dans son ensemble. De plus, le plan souligne le rôle distinct de la Santé publique lorsqu'il s'agit de relever les défis de santé mentale par le biais d'initiatives de promotion de la santé à l'échelle de la population. De 2015 à 2018, SPO continuera également de répondre aux nouvelles occasions croissantes de participation avec les principaux intervenants lorsqu'elles se présentent.

BACKGROUND

At its meeting of April 20, 2015, the Board of Health for the City of Ottawa Health Unit approved a report titled "[Building a Healthier Ottawa: Ottawa Public Health Strategic Plan 2015 – 2018](#)" (ACS2015-OPH-SSB-0007). In approving this report, the Board of Health (BOH) adopted five (5) Strategic Directions:

1. Inspire and Support Healthy Eating and Active Living
2. Foster Mental Health in Our Community
3. Enhance Collective Capacity to Reduce Preventable Infectious Diseases
4. Develop an Adaptive Workforce for the Future
5. Advance Healthy Public Policy

This report outlines Ottawa Public Health's (OPH) proposed strategic initiatives for fostering mental in our community.

The need to address poor mental health, mental illness and addictions in Ottawa is reinforced by epidemiological data, along with a local call to action. Ottawa Public Health (OPH) has supported mental health in the community for many years, through specific programming for vulnerable populations. More recently, concerted effort on children and youth mental health promotion occurred through the [2011-2014 Child and Youth Mental Health Promotion and Suicide Prevention Strategy](#). Work to enhance older adult well-being occurred through the [OPH's Seniors Healthy Aging strategy](#) and advancements of the [City of Ottawa's Older Adult Plan](#). These focused activities highlighted the value of OPH working with partners to address mental health and the importance of supporting mental health promotion across all ages and stages using a population health approach¹.

Expanding on OPH's efforts to promote optimal mental health for all Ottawa residents, the Strategic Direction provides an opportunity for the community to better understand mental health, mental illness and addiction; determine the burden of mental illness on the community; articulate the unique contribution of public health in mental health promotion; and determine opportunities for greater impact based on existing work in mental health.

Mental health and mental illness

Mental health is the capacity to enjoy life, to contribute to the community, to deal with challenges and adversity, to use one's abilities, to achieve goals, and to sustain meaningful relationships with others². Mental illness comprises medically recognized and diagnosable illnesses that result in significant impairment of an individual's cognitive, affective or social abilities³. There are many types of mental illness, including addiction, which vary in degrees of severity and may result from a combination of biological, developmental, or psychological factors⁴.

Mental health and mental illness are dynamic states and not mutually exclusive.

Although 80% of the population will not experience a mental illness or an addiction in their lifetime, they still may not experience positive mental health⁵. Positive mental health protects people from the stress of everyday life and can reduce the risk of developing poor mental health and mental illness⁶. Mental illness and mental health are interrelated concepts that can co-occur in individuals; therefore positive mental health is not merely the absence of mental illness⁷ (see Document 1 for mental health and mental illness dual continuums).

Mental Health in our Community

In Ottawa, poor mental health, mental illness and addictions affect many residents. Currently we know, for example, that:

- Sixteen percent of postpartum mothers self report a mental health concern, including anxiety and depression;
- Twenty-five percent of Ottawa's senior kindergarten children are at risk or vulnerable in the emotional maturity domain⁸;
- One in four grade 7-12 students reported visiting a mental health professional at least once in the previous year;
- Twelve percent of grade 7-12 students reported they had seriously considered attempting suicide in the previous year;
- Seventy percent of the students who considered suicide said there was a time in the previous year when they wanted support but did not know where to turn⁹;
- Ten percent of Ottawa residents age 19 and over report having a mood disorder and nine per cent report an anxiety disorder;
- Forty-four per cent of adults reported binge drinking at least once in the past year;
- There are at least 110 deaths related to alcohol misuse each year;
- Almost a third of adults exceed the low-risk alcohol drinking guidelines, 17% were current smokers and 13% had used cannabis more than once in the past year;
- Among Ottawa students, 47% drank alcohol in the past year, 24% had used cannabis and 9% were current smokers; however, 13% had used prescription opioids for non-medical purposes in the past year compared to just 2% of adults;
- The annual number of drug overdose deaths is approximately 46 (2010 – 2014). Over half (56%) of all drug-related overdose deaths are due to opioid toxicity;
- An average of 67 people die by suicide in Ottawa every year and over 1,300 emergency room visits are related to intentional self harm behaviours¹⁰;
- Almost one in four adults over the age of 65 reported that they would have liked to have participated in more social activities in the past year; and
- The predicted rate of dementia for the Ottawa area will see 3,000 new cases each year for the near future¹¹.
- Furthermore, there are significant personal and economic burdens to poor mental health, mental illness and addictions in our community as they relate to health care, law enforcement, loss of productivity and quality of life¹². Mitigating the impact of these health issues is important to sustaining a healthy city.

Provincial and Federal Context

As there is a growing societal focus on mental health, national and provincial reports have emphasized the urgent need for comprehensive strategies to address mental health and addictions (see Document 2). Many reports have focused on prevention, with children and youth as a priority, and encourage mental health promotion across the different stages of life. These reports have also highlighted the importance of mental health promotion in reducing the burden of mental illness and addictions, including the effects to the individual and community^{13,14,15,16}.

Harm reduction is also an essential part of a comprehensive approach, seeing the need for services along the continuum. To reduce harms for people with mental illness, addiction or poor mental health best practices include: stigma and discrimination reduction; programs, services, and policies that improve access to resources and address inequities for vulnerable populations; and continued suicide prevention work^{17,18,19,20}.

Role of Public Health in Mental Health

Public health's major contribution in mental health is health promotion, using a global approach to look at the health of the entire population. This role is distinct. A public health practitioner looks at the health of the entire population by monitoring health data across a community, assessing trends in the health of certain populations or groups. As such, public health is able to identify emerging issues and populations that may benefit from tailored programs and services. Public health practitioners are also able to communicate this information with health and non-health partners to inform planning and increase residents' awareness by sharing information with the community.

Existing OPH's Population Mental Health Promotion

Currently, OPH incorporates mental health promotion into programs wherever appropriate. For example, OPH's family health programs support families experiencing challenges that put their child's development at risk, such as: physical health problems, parenting challenges, postpartum mood and anxiety disorders, intimate partner violence, addictions, Post Traumatic Stress Disorder, and infant mental health. OPH's Healthy Sexuality and Risk Reduction Unit (HSRRU) provides clinical and social support services for priority populations, including people who use drugs, people involved in the sex industry, and high risk youth. This takes the form of monitoring trends of sub-populations, working in partnership with agencies that form their safety net, advocating on their behalf to reduce inequities and referring clients to appropriate mental health

services. A summary of OPH's mental health promotion programming and services is presented in Document 3.

In 2014, OPH reported to the Board of Health on the advancements of the multi-year *OPH Mental Health Promotion and Suicide Prevention Strategy for Children and Youth*. This strategy was developed to respond to growing concerns about youth suicide and the lack of mental health promotion services in Ottawa. OPH worked with partners to improve access to services and supports for children, youth and parents, including the increased availability of early identification and mental health walk-in programming. OPH has also partnered to support families as they transition between settings and services, for example the *Bridges* program^A to support youth 13-18 as they transition from hospital to community settings. Enhanced universal mental health promotion for children and parents was also established through programs such as *Healthy Transitions* and *Have THAT Talk* parent education, and *Parenting in Ottawa* website and Facebook. Recognizing the need to integrate mental health promotion with substance misuse prevention, OPH has worked to increase awareness of and provide referrals to addiction partners and services. Continued work with child and youth partners is underway.

With the older adult population, OPH implemented the *OPH 2011-2014 Seniors Healthy Aging Strategy* to address social isolation, caregiver support and fall prevention. OPH continues to work with partners on these initiatives and supports the [City's Older Adult Plan](#) in becoming an Age-Friendly City.

DISCUSSION

As previously noted, the Board of Health approved [OPH's Strategic Plan for 2015 – 2018 \(ACS2015–OPH-SSB –0006\)](#) in April 2015. *Fostering Mental Health in Our Community* is one of the strategic directions to advance health. This strategic direction provided OPH with the opportunity to develop a robust plan of action grounded in need, impact, capacity and partnerships. With the growing evidence in the literature that positive mental health is an essential component of overall health and well-being, recent epidemiological data, as well as the community call to make mental health a priority, OPH will continue to work to support Ottawa as a city where mental health is valued, promoted and protected. OPH's Mental Health Plan is based on the adoption of a

^A The *Bridges* program is a partnership between the Children's Hospital of Eastern Ontario (CHEO), Ottawa Public Health (OPH), the Royal, and the Youth Services Bureau (YSB) to develop an integrated intensive treatment and relapse prevention program to address the needs of youth and their families who have complex and persistent mental health issues. The goal of this program is to address the existing gap in recovery-focused treatment services for youth age 13-18 years.

vision, long-term objectives and short-term initiatives while continuing to work with partners to reach residents at all stages from infancy until end of life (see Document 4 for OPH's Strategy Chart).

OPH's Mental Health Plan

Vision: A city where mental health is valued, promoted and protected

Long-term objectives:

1. Promote mental health across the lifespan to improve the well-being of the population;
2. Foster supportive environments that enhance mental health where residents live, learn, play and work; and
3. Influence various sectors to improve the quality and accessibility of services for individuals with mental health issues and their caregivers.

Short-term initiatives:

Recommendation #1 - Approve the areas of focus and strategic initiatives for Ottawa Public Health's Strategic Direction #2 – Fostering Mental Health in Our Community:

a. Mental health awareness and stigma reduction:

- i. "Have THAT Talk" optimal mental health and stigma reduction campaign;
- ii. Mental health epidemiological report;

b. Towards a more resilient community:

- iv. Culture of alcohol moderation;
- v. Reducing harms from prescription medication;
- vi. Mentally healthy workplaces;

c. Suicide prevention:

- vi. Suicide safer Ottawa

In order to more fully address and support mental health promotion across all ages and stages in Ottawa, OPH will continue existing work that supports children, youth and older adults while seeking to deepen efforts in 2015-2018 to include adults and the general population. OPH's Mental Health Plan will focus on three areas with six strategic initiatives. OPH will also continue to respond to new and growing opportunities with key stakeholders as they arise. The following paragraphs further describe each area of focus and each strategic initiative.

a. Mental health awareness and stigma reduction

Stigma and discrimination against people with poor mental health, mental illness and addictions creates barriers to accessing services, employment, housing and educational opportunities. Continued work is needed to decrease stigma and advocate for those living with poor mental health, mental illness and addictions in order to reduce inequities. OPH will support the following initiative:

- i. **“Have THAT Talk” optimal mental health and stigma reduction campaign:** Expand on the mental health promotion “Have THAT Talk” series already in place to promote positive mental health for all ages. The first phase will be a partnership with the Mental Health Commission of Canada to focus on psychological health and safety in the workplace. The second phase will include a public campaign that will comprise elements of stigma reduction, how to talk about your own mental health, care giving, resilience, and social connectedness.

Mental health awareness and stigma reduction includes communicating the current state of mental health in Ottawa. OPH is seeking improved access to and monitoring of data to strengthen services and supports for Ottawa residents. Enhanced surveillance, situational assessments, and data sharing with partners will further inform decision makers of gaps and services that could be re-oriented. Recent indicators for positive mental health from the Public Health Agency of Canada (PHAC)²¹ have been released. An opportunity now exists to compile and analyze data to report more comprehensively on mental health status in Ottawa. OPH will partner with community agencies to make information available to decision makers at all levels of government, service providers and the public. OPH will support the following initiative:

- ii. **Mental Health in Ottawa epidemiological report:** OPH works with partners to support local surveillance and reporting of mental health indicators; the incidence and impact of mental illness, and addictions in Ottawa. OPH will use the surveillance technology recently developed by PHAC to report on Ottawa's

mental health indicators and develop a status report to inform and influence health and mental health decision makers.

b. Towards a more resilient community

OPH's second area of focus includes working towards a more resilient community. In this context, resiliency is defined by the capacity to recover from difficulties or change. Consequently, OPH is seeking to support a more resilient community where individuals are better able to cope with stresses and challenges in future situations²². Resilience is influenced by risk factors and protective factors. Examples of risk factors include having a traumatic experience or living in poverty. Protective factors include living in stable housing and having supportive relationships.

A Population Mental Health Framework for Public Health approach²³ looks to increase protective factors at the individual, family, community and societal levels across a resident's lifespan while seeking opportunities to reduce inequities. Recently, OPH has worked with partners to enhance mental health protective factors for children, youth and older adults to be more resilient. Further expanding mental health promotion activities to residents of all ages can move the entire community towards more positive mental health regardless of mental illness or addiction.

OPH has also identified the need to influence the environment in which we live. Positive mental health environments include healthy social and cultural norms, as well as policies that address inequities in health, poverty and education. OPH will seek to address social norms relating to alcohol, a safe approach to prescription medication, and to support mentally healthy workplaces.

Ottawa does not have a culture of alcohol moderation. Twenty-eight per cent of Ottawa adults aged 19 and older exceed the recommended weekly alcohol limits set out by Canada's Low-Risk Alcohol Drinking Guidelines²⁴ – this proportion has been consistently higher than the rest of Ontario since 2003. In 2013, approximately half of Ottawa students in grades 7 to 12 drank alcohol at least once during the past year and sixty-two per cent of 19 to 44 year olds binge drink at least once a year, which is significantly more than adults in Ontario²⁵. Work is needed to reframe how the community views alcohol-related issues, such as underage drinking, binge drinking, impaired driving and violence. OPH will support the following initiative:

- iii. **Culture of alcohol moderation:** Engage stakeholders and the public through a series of online and in person discussions in reframing excessive alcohol use from merely one of individual choice and consequence, to an issue that affects

the community at large. Explore opportunities for policy action that would support safe and appropriate use of alcohol.

Reducing inequities in health can create positive mental health environments. A harm-reduction philosophy directs strategies at the whole population, as well as tailoring specific programs for vulnerable people. This philosophy tries to reduce harms while recognizing that some individuals may not be ready or able to make changes. Unlike efforts that target symptoms and deficits, these strategies focus on improving quality of life and increasing the potential for health²⁶. Although deaths from substance misuse make up a small part of the overall impact in Ottawa, for every death, there are many more hospitalizations, emergency department visits and injuries. Alcohol, tobacco and cannabis are the most frequently used drugs for adults. Almost a third of adults exceed the low risk alcohol drinking guidelines, 17% were current smokers and 13% had used cannabis more than once in the past year.

The ripple effects on others, including families, friends and society, can also not be ignored.

Prescription opioid pain relievers are misused more than illegal drugs in Ottawa. The College of Physicians and Surgeons of Ontario linked the opioid public health crisis to, among other factors, the inappropriate prescribing, dispensing, and illicit use²⁷. OPH has identified a need to reduce the harms related to opioids by applying the continuum of interventions to address substance misuse; prevention, harm reduction, treatment, and enforcement. OPH will support the following initiative:

- iv. **Reducing harms of prescription medication:** Work with partners to support best practice initiatives relating to safe prescribing, dispensing and appropriate use and disposal of opioids.

The cost of not addressing mental health in the workplace is significant as it relates to disability claims, lost productivity as well as liability claims for harassment and bullying^{28, 29}. In fall 2014, Ottawa City Council passed a motion to address workplace mental health and, through work with partners, Ottawa is now the first city in Canada and largest in the world to offer safeTALK suicide prevention training to all of its employees. However, with over 27,000 workplaces in Ottawa, employing over half a million people 15 years and older, there are still opportunities to partner in promoting and protecting mental health in Ottawa workplaces. OPH will support the following initiative:

- v. **Mentally healthy workplaces:** OPH will build upon existing work to support implementation of [National Standard of Canada for Psychological Health and Safety in the Workplace](#) through a building block series and pilot workshop series with Workplace Safety and Prevention Services (WSPS). OPH will also deliver safeTALK suicide prevention sessions with workplaces with limited or no employee support programs.

c. Suicide prevention

OPH will work to promote and enhance protective factors for suicide, which are also strongly linked to the key determinants of mental health: access to quality mental and physical health care, skills in problem solving, conflict resolution and non-violent handling of disputes, as well as strong familial connections, supportive communities, and restricted access to means of suicide³⁰. Enhanced efforts from public health will increase suicide prevention awareness, policies, programming and training at the City, in the community and in workplaces. Suicide prevention is intricately related to mental health promotion, as suicide prevention strategies attempt to reduce stigma, inequities and risk factors, while promoting protective factors linked to mental health. As the co-chair of the Ottawa Suicide Prevention Coalition and steering committee member of the Community Suicide Prevention Network, OPH will continue to work with its partners^B to increase activities to prevent suicides across the lifespan. OPH will support the following initiative:

- vi. **Suicide safer Ottawa:** OPH will increase actions to become a suicide safer city through continued advocacy efforts with over 50 local organizations in the Community Suicide Prevention Network and Ottawa Suicide Prevention Coalition to enhance suicide prevention policies, interventions and programs. OPH will also maintain and strengthen partnerships to increase the number of suicide prevention trainings, communications and safe language, as well as contribute to post suicide supports in order to become a suicide safer city.

Recommendation #2 - Approve that the Chair of the Board of Health write a letter to the Ministry of Health and Long-Term Care requesting that it explicitly include mental health promotion requirements relating to surveillance, health assessment, health promotion and policy development in the 2016 revision of the Ontario Public Health Standards.

^B Partners include but are not limited to Canadian Mental Health Association (CMHA), Hospitals, Champlain Local Health Integration Network (LHIN), Community Health Centres, and community groups focused on Infant, Child, Youth and Older adult

The Ontario Public Health Standards (OPHS) outline the minimum requirements for health programs to be carried out by the 36 public health units across the province. The 2008 OPHS describe the influence of mental health risk and protective factors, such as resiliency, and explicitly identify mental health and its determinants in six *OPHS Guidance Documents*. However, the promotion of mental health and prevention of mental illness is not a specific requirement within OPHS.

Aligning with other local health units, such as Peterborough County-City Health Unit, OPH recognizes a population mental health approach can contribute to a comprehensive, coordinated approach to mental health programming and services for Ottawa residents.

Adoption of the *Population Mental Health Framework for Public Health* approach would support the planning, implementation and evaluation for public health units in Ontario.

Next steps

OPH will address the promotion of mental health in order to achieve overall benefits in health. OPH will continue to build on previous work with partners to implement the initiatives outlined above.

RURAL IMPLICATIONS

There are no rural implications to this information report.

CONSULTATION

Progress on Ottawa Public Health's mental health strategic direction *Fostering Mental Health in our Community 2015-2018* was made possible through collaborative effort with stakeholders and harnessing of best evidence. From April to May 2016 stakeholder consultations occurred with key partners to validate and further inform OPH's Mental Health plan with one-on-one meetings, as well as presentations at local Network and Coalition partner tables. Partners from various sectors were consulted, including leaders in the community, the Canadian Mental Health Association (CMHA), Hospitals, Champlain Local Health Integration Network (LHIN), Community Health Centres, and community groups focused on Infant, Child, Youth and Older adult perspectives.

LEGAL IMPLICATIONS

There are no legal impediments to the implementation of the recommendations in this report.

RISK MANAGEMENT IMPLICATIONS

Risks have been considered and there are no risk management implications to receiving this report.

FINANCIAL IMPLICATIONS

There are no financial implications to receiving this report.

ACCESSIBILITY IMPACTS

There are no accessibility implications to receiving this report.

TECHNOLOGY IMPLICATIONS

There are no technology implications to receiving this report.

SUPPORTING DOCUMENTATION

Document 1 – Dual Continuum of Mental Health and Mental Illness

Document 2 – Summary of Supporting Documents

Document 3 – Mental Health Promotion Across the Ages and Stages

Document 4 –OPH's Mental Health Strategy Map

DISPOSITION

OPH will implement the recommendations of this report.

REFERENCES

- ¹ Ottawa Public Health (2014). Ottawa Public Health Mental Health Strategy for Children and Youth. Retrieved from <http://ottawa.ca/calendar/ottawa/citycouncil/obh/2014/09-15/Mental%20Health%20Report.pdf>
- ² Pollett, H. (2007). Mental Health Promotion: a literature review. *Prepared for the Mental Health Promotion Working Group of the Provincial Wellness Advisory Council*. Canada: Canadian Mental Health Association. Retrieved from www.cmhanl.ca/pdf/Mental%20Health%20Promotion%20Lit.%20Review%20June%202018.pdf
- ³ Victorian Health Foundation (VicHealth) (2007). Burden of Disease Due to Mental Illness and Mental Health Problems. *Summary Report, Research Summary 1*. from <http://www.vichealth.vic.gov.au/en/Publications/Mental-health-promotion/Burden-of-Disease-due-to-mental-illness-and-mental-health-problems.aspx>
- ⁴ Victorian Health Promotion Foundation (VicHealth). (2005). *Social inclusion as a determinant of mental health and wellbeing*. Victoria, VicHealth Mental Health & Well-Being Unit. Victoria, Australia: VicHealth. Retrieved from www.vichealth.vic.gov.au/assets/contentFiles/Social_Inclusion_Final_Fact_sheet.pdf
- ⁵ Smetanin et al (2011). The life and economic impact of major mental illnesses in Canada: 2011-2041
- ⁶ Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB: Author. Retrieved from <http://strategy.mentalhealthcommission.ca/download/>
- ⁷ Perry, G.S., Presley-Cantrell, L.R., Dhingra, S. (2012). Guest Editorial: Addressing Mental Health Promotion in Chronic Disease Prevention and Health Promotion. *Public Health Reviews*, 34(2), 2337-9. 42
- ⁸ Jubenville, K., Lafrenière, A., Millar, C., de Quimper, C., and Woods, K. 2013. Developmental Health at School Entry in Ottawa – Results from the 2010-12 implementation of the Early Development Instrument and Kindergarten Parent Survey in Ottawa. Program Effectiveness Data Analysis Coordinators, Parent Resource Centre, Ottawa, ON.
- ⁹ Ottawa Public Health. (2014). Ontario Student Drug Use and Health Survey 2014. Retrieved from <http://documents.ottawa.ca/en/node/6000>
- ¹⁰ Ontario Mortality Data 2007-2011, Intellihealth ONTARIO, Ontario MOHLTC. Extracted September 5, 2014 by Ottawa Public Health. Suicide (ICD-10-CA: X60-X84, Y87), And Ambulatory emergency external cause 2003 to 2015 calendar years, Ontario MOHLTC, IntelliHEALTH ONTARIO. Extracted April 1, 2016 by Ottawa Public Health. Self harm (ICD-10-CA: X60-X84, Y87)

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- ¹¹ “Dementia Projections for the Counties, Regional Municipalities and Districts of Ontario.” Geriatric Psychiatry Programme Clinical/Research Bulletin No. 16. Hopkins, R.W., PCCC Mental Health Services, Kingston
- ¹² Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB: Author. Retrieved from <http://strategy.mentalhealthcommission.ca/download>
- ¹³ Centre for Addiction and Mental Health. (2015). Pathways to Promoting Mental Health: a 2015 Survey of Ontario Health Units. Retrieved from https://www.porticonetwork.ca/documents/81358/128451/Pathways_Appendices.pdf/abd2946f-13d6-4348-8c9e-3e30543f2b19
- ¹⁴ Mental Health Commission of Canada. (2012). *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. Calgary, AB: Mental Health Commission of Canada.
- ¹⁵ Government of Ontario (2014). *Open Minds, Healthy Minds Ontario's Comprehensive Mental Health and Addictions: Expanded Strategy*. Retrieved from http://www.health.gov.on.ca/en/public/programs/mentalhealth/expanded_strategy.aspx
- ¹⁶ Ontario Centre of Excellence for Child and Youth Mental Health. (2014). Supporting Ontario's youngest minds: Investing in the mental health of children under 6. Retrieved from http://www.excellenceforchildand youth.ca/sites/default/files/policy_early_years.pdf
- ¹⁷ Centre for Addiction and Mental Health. (2015). Pathways to Promoting Mental Health: a 2015 Survey of Ontario Health Units. Retrieved from https://www.porticonetwork.ca/documents/81358/128451/Pathways_Appendices.pdf/abd2946f-13d6-4348-8c9e-3e30543f2b19
- ¹⁸ Mental Health Commission of Canada. (2012). *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. Calgary, AB: Mental Health Commission of Canada.
- ¹⁹ Government of Ontario (2014). *Open Minds, Healthy Minds Ontario's Comprehensive Mental Health and Addictions: Expanded Strategy*. Retrieved from http://www.health.gov.on.ca/en/public/programs/mentalhealth/expanded_strategy.aspx
- ²⁰ Ontario Centre of Excellence for Child and Youth Mental Health. (2014). Supporting Ontario's youngest minds: Investing in the mental health of children under 6. Retrieved from http://www.excellenceforchildand youth.ca/sites/default/files/policy_early_years.pdf
- ²¹ Public Health Agency of Canada. (2015). Monitoring positive mental health and its determinants in Canada: the development of the Positive Mental Health Surveillance Indicator Framework. Retrieved from <http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/36-1/ar-01-eng.php>

-
- ²² Canadian Mental Health Association. (2009). *The connection between mental and physical health*. Retrieved from http://www.ontario.cmha.ca/fact_sheets.asp?cID= 3963.
- ²³ Mantoura, P. 2014. Defining a population mental health framework for public health. National Collaborating Centre for Healthy Public Policy. Quebec
- ²⁴ Ottawa Public Health. Substance Misuse in Ottawa: Technical Report. March 2013. Ottawa (ON): Ottawa Public Health; 2013.
- ²⁵ Ottawa Public Health. Substance Misuse in Ottawa: Technical Report. March 2013. Ottawa (ON): Ottawa Public Health; 2013.
- ²⁶ World Health Organization (2002). Prevention and Promotion in Mental Health. Geneva, Switzerland: World Health Organization. Retrieved from http://www.who.int/mental_health/media/en/545.pdf
- ²⁷ College of Physicians and Surgeons of Ontario. (September 8, 2010). *Avoiding Abuse, Achieving a Balance: Tackling the Opioid Public Health Crisis*. Retrieved from: http://www.cpso.on.ca/cpso/media/uploadedfiles/policies/policies/opioid_report_final.pdf
- ²⁸ Mental Health Commission of Canada. (2012). Canadian Mental Health Strategy. Retrieved from <http://www.mentalhealthcommission.ca/English?node/721>
- ²⁹ Smetanin, P., Stiff, D., Briante, C., Adair, C., Ahmad, S., & Khan, M. (2011). *The life and economic impact of major mental illnesses in Canada: 2011 to 2041*. RiskAnalytica, on behalf of the Mental Health Commission of Canada
- ³⁰ World Health Organization (2012). *Public health action for the prevention of suicide: a framework*. Geneva, Switzerland: World Health Organization. Retrieved September 10, 2012 from http://www.who.int/mental_health/publications/prevention_suicide_2012/en/index.html