



MENTAL HEALTH PROMOTION STRATEGY

2019-2022

ACKNOWLEDGEMENTS

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LIST OF ABBREVIATIONS

ACE	Adverse Childhood Experience
CHSCY	Canadian Health Study on Children and Youth
EIDM	Evidence-Informed Decision Making
EOI	Educational Opportunities Index
FNMI	First Nation Inuit Metis
HBHC	Healthy Babies Healthy Children
P.A.L.S.	Playground Activity Leaders in Schools
IMHP	Infant Mental Health Promotion
LGBTQ2S+	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Two Spirit
MHP	Mental Health Promotion
OPHS	Ontario Public Health Standards
OSDUHS	Ontario Student Drug Use and Health Survey
PWLE	People With Lived Experience
RAAM Clinic	Rapid Access Addiction Medicine Clinic
SMDHU	Simcoe Muskoka District Health Unit
SMOS	Simcoe Muskoka Opioid Strategy

INTRODUCTION

The Simcoe Muskoka District Health Unit (SMDHU) has produced a Mental Health Promotion Strategy in line with directions from the modernized Ontario Public Health Standards (OPHS) and the Mental Health Promotion (MHP) Guideline.^{1,2}

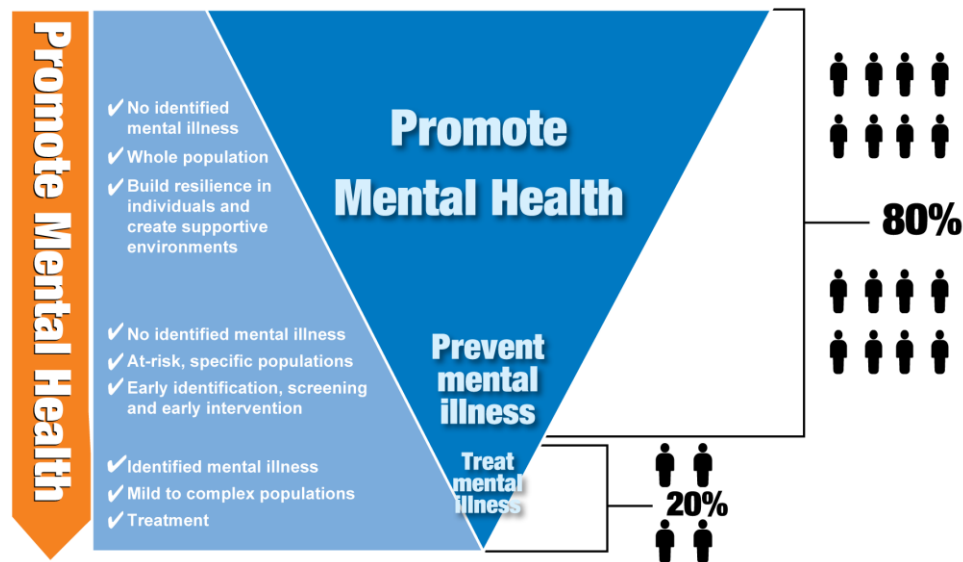


Figure 1 Tiered Population Mental Health Promotion Approach from CAMH Provincial System Support Program (2018, cited by Ontario Ministry of Health and Long-Term Care. Mental Health Promotion Guideline, 2018²)

As shown in Figure 1, a tiered approach to mental health promotion involves:

- Tier 1: Promoting mental health
- Tier 2: Preventing mental illness
- Tier 3: Treating mental illness.

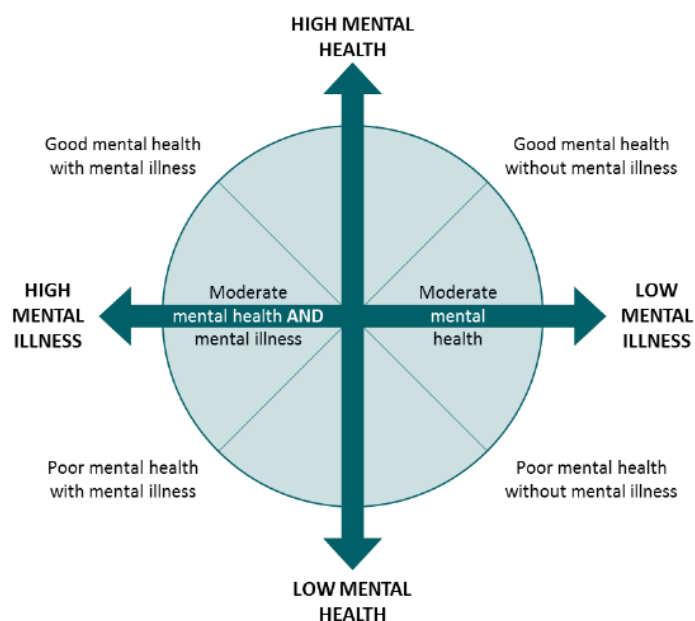
The role of public health lies in Tier 1 (promote mental health) and Tier 2 (prevent mental illness) as articulated in the OPHS MHP Guideline. The extent to which Tier 2 activities occur depends on local community assessment, epidemiological trends and the resources available. For example, consideration of more intentional universal well-being screening at various points across the life course is a recommended activity in this strategy. An exploration of the feasibility of this activity may lead to a coordinated effort across multiple sectors in order to fully implement.

To fulfill the role of supporting population level positive mental health, some key public health functions include: surveillance, advocacy, and collaboration with other stakeholders on community engagement and health promotion campaigns.

Dr. Margaret Chan, former Director-General of the World Health Organization (WHO), says that mental well-being is a fundamental component of health. Good mental health enables people to realize their potential, cope with normal stresses of life, work productively, and contribute to their communities.³ Supporting mental well-being is a large focus of Tier 1 activities. This strategy recommends activities that foster individual and community resilience and promote a variety of supportive environments to improve self-care behaviours and overall well-being.

Since the determinants of mental health and well-being influence people differently at different life stages, the activities in this strategy are intended to be applied across the lifespan. However, since the evidence is clear that ensuring mental well-being in childhood achieves the greatest impacts, many of the activities included in this strategy support children, youth, their caregivers and environments.

As shown in Figure 2, levels of mental health and mental illness can be conceptualized on dual continua², where one can have low or high mental health independent of whether one has been diagnosed with a mental illness. The MHP strategy at the SMDHU was developed by looking at evidence and health status data along both continua. It is important to note that people living with mental illness, can be resilient and thrive.



Since an individual's response to issues is influenced by the fair distribution of economic, social, environmental, health, etc. resources within our society, and all people should have a fair opportunity to attain their full health potential, the strategy was also developed through a lens of ensuring equitable access to opportunities and resources to support mental well-being across population groups.⁴

Figure 2 - The Two Continua Model of Mental Health and Mental Illness, from Keyes, C. L. (2010, cited by Ontario Ministry of Health and Long-Term Care. Mental Health Promotion Guideline, 20182)

MHP Strategy Planning Process

Fostering a culture of evidence-informed decision making (EIDM) is a strategic goal at the Simcoe Muskoka District Health Unit. As we began our strategy development process (Figure 3), we incorporated EIDM and used the guidance provided by Public Health Ontario and the National Collaborating Centre on Methods and Tools to frame our situational assessment.^{5,6}

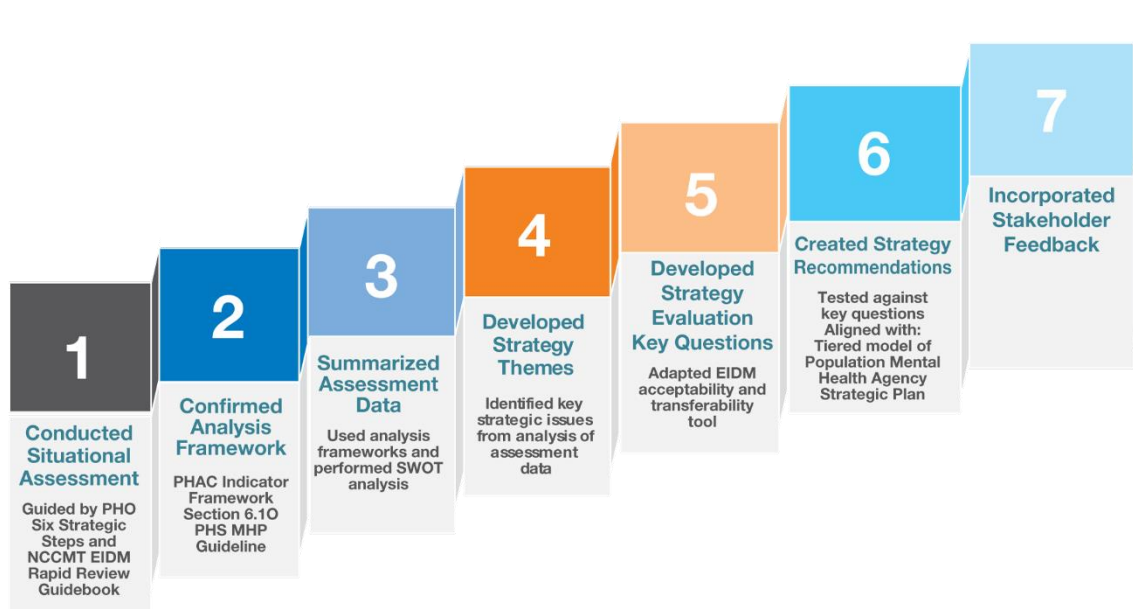


Figure 3 – SMDHU Mental Health Promotion Strategy Process Map

The situational assessment consisted of four parts: an internal survey, an external survey, a mental health status data review and a rapid review of the literature (Table 1).

Assessment Activity	Details
Internal Survey	<p>14 question online survey</p> <p>Target group: Agency Management: n = 41</p> <p>Number of responses: n = 29</p> <p>Response rate: 70.7%</p>
External Survey	<p>23 question online survey</p> <p>Target group: organizations in the health, justice, education, media, social service, municipal, and newcomer services sectors.</p> <p>Reach: 173 individuals</p> <p>Number of Responses: n = 52, mainly staff in leadership positions.</p> <p>Response rate: unable to calculate (survey link was sharable).</p>
Mental Health Status Data Review	<p>A total of 116 potential indicators were evaluated using a prioritization matrix consisting of nine criteria; 66 indicators were selected for analysis that reflect individual, family, community and society risk and protective factors.</p>
Rapid Literature Review	<p>A review of the grey and published literature to explore the recommended components of a mental health promotion strategy and the potential role for public health; 496 articles were reviewed and 34 were included for analysis.</p>

Table 1 - Synopsis of Situational Assessment Methods

Highlights of the situational assessment are presented throughout the strategy report. Detailed reports for each part of the situational assessment are also available upon request.

PROMOTING POSITIVE MENTAL HEALTH ACROSS THE LIFESPAN

The analysis of our situational assessment data pointed to four strategic themes and revealed 38 key considerations. The key considerations were consolidated into 11 categories that supported the identification of Goals within the strategy.

Strategic Theme



Category

1. Staff development
2. Health equity
3. Relationships
4. A focus on children, youth, and their caregivers
5. Data and evidence collection and sharing
6. Suicide prevention and life promotion
7. Social connection
8. Substance use
9. Workplace wellness
10. Promotion of mental and physical health together
11. Policy advocacy

The results of the EIDM process lead to the synthesis of the strategy map in Figure 4.

MENTAL HEALTH PROMOTION STRATEGY MAP



Figure 4 - Simcoe Muskoka District Health Unit Mental Health Promotion Strategy Map

The strategic themes are each summarized below and is organized under the subtitles: Continue, Enhance and Propose. **Continue** describes current work already in place and recommends its continuation. **Enhance** refers to a recommendation to enhance work that is currently being done. Enhancements are individual to each activity, dependent on the capacity of the program team, and could include things like more explicit measurement and reporting on mental health impacts, or increasing collaboration. **Propose** indicates a recommendation for new work where further investigation of feasibility and implementation details is required.

Strategic Theme #1 - Mental Health Equity

Intended Outcome

All people in Simcoe Muskoka will have equitable access to information, supports and resources to foster positive mental health.

Why it Matters

A rapid review of the literature revealed addressing stigma and discrimination as a foundational priority to mental health promotion. At an individual level, stigma and discrimination experienced by people with mental health problems are considered significant barriers to quality of life and mental well-being. In a broader context, the presence of stigma and discrimination is also a barrier to mental health promotion as it is a risk factor for mental illness and is a barrier to people accessing services. The strong influence of a range of social and economic determinants on mental health as noted in the “Situation Highlights” has been well known for some time. Promoting the mental health and well-being of our population requires a collaborative, proportionate yet universal approach.

Where We Will Focus

Goal 1.1 Stigma and discrimination will be reduced

- **Continue** to support initiatives that increase inclusive practice and environments for staff, community partners and the public, i.e. Safer Spaces Workshops, anti-stigma campaigns.
- **Enhance** collaboration with internal and external stakeholders on anti-stigma initiatives.
- **Propose** investigation and implementation of further anti-stigma activities and advocacy for public policy that reduces stigma and supports mental health **and** action to increase awareness of mental health problems.

Populations at Risk - Indigenous peoples, Francophones, Immigrant, refugee, ethno-cultural and racialized groups, LGBTQ2S+ populations, people with disabilities, people experiencing low income or income insecurity, people who are underhoused, people experiencing mental health problems, illness or substance use problems

Goal 1.2 The voices of populations at risk will inform our work

- **Continue** consulting with family members and where possible people with lived experience (PWLE), e.g. on Simcoe Muskoka Opioid Strategy **and** prioritizing opportunities for youth engagement/student voice.
- **Enhance** the link of existing mental health promotion activities to our health equity work **and** engagement of populations at risk (as described in Mental Health Promotion Guideline) for health inequities in the development of health unit program planning, advocacy and service delivery for mental health promotion.
- **Propose** supporting the creation of an indigenous led mental health promotion plan.

Goal 1.3 The mental health equity gradient will be reduced

- **Continue** conducting Health Equity Impact Assessments (HEIAs) and ensure unintended negative impacts on mental health are considered **and** resourcing agency programs and initiatives like Healthy Babies Healthy Children (HBHC), Healthy Smiles, Household Food Insecurity (No Money for Food is Cent\$less), naturalized play environments, What Matters to your Health, Climate Change Vulnerability Assessment, harm reduction **and** reducing barriers to support systems for populations at risk, e.g. participation on poverty reduction and housing roundtables, supporting communities during and after a major incident/emergency.
- **Enhance** the integration of the determinants of mental health in agency programs, services and initiatives **and** provision of enhanced language services.
- **Propose** consideration of new agency initiatives and strategies (e.g. advocacy) that address the determinants of mental health, e.g. social isolation/connectedness, culture, race and ethnicity and housing, etc.

SITUATION HIGHLIGHTS

66% of area stakeholders surveyed have already integrated stigma reduction into their mental health work.

53% of area stakeholders report an unmet need for staff training to reduce stigma.

32% of Canadian adults report experiencing unfair treatment due to gender, race, age, or appearance. Youth (39%) and young adults (48%) report experiencing this discrimination more than older adults.

Local health status data revealed a need to enhance understanding of mental health inequities among at risk populations such as the FNMI and LGBTQ2S+ communities.

People with low income have lower rates of self-reported mental health, lower overall health, lower psychological well-being and a lower sense of community belonging than people with higher income.

Strategic Theme #2 - Knowledgeable People

Intended Outcome

All people in Simcoe Muskoka will understand the value of positive mental health and will have the skills to promote and protect mental health.

Why it Matters

The OPHS MHP Guideline directs boards of health to consider strategies to develop core skills and capabilities within the public health workforce to deliver improvements in mental health promotion, mental illness prevention, early identification and referrals. A rapid review of the literature suggested that mental health literacy is a necessary foundation for public health practice. The following areas were highlighted for improved staff competence: trauma informed practice, culturally safe care, determinants of mental health, connecting people through referral networks and suicide prevention/life promotion supports.

Where We Will Focus

Goal 2.1 SMDHU staff and community partners will have improved mental health promotion knowledge and skills

- **Continue** existing program work that increases the knowledge and capacity of area service providers, to support mental health promotion, e.g. Infant Mental Health Promotion (IMHP) training, Can You Feel It?, Healthy P.A.L.S. (Playground Activity Leaders in Schools), naturalized play environments, Alberta Family Wellness workshops, **and** existing staff training, e.g. Mental Health First Aid, IMHP, Alberta Family Wellness.
- **Enhance** the use of existing external committees/coalitions as a venue to collaborate on mental health promotion and share mental health literacy resources, information and training opportunities.
- **Propose** exploration of ways to develop shared mental health promotion competencies and skills among all service providers

SITUATION HIGHLIGHTS

53% of area stakeholders surveyed said their staff required additional training to embed trauma awareness into practice.

52% of area stakeholders surveyed indicated that while developing its role, SMDHU could consider providing MHP training.

24% of SMDHU leadership surveyed disagreed that they had the knowledge to support the development of MHP interventions.

31% of Simcoe Muskoka youth have reported they have wanted to talk to someone about a mental health or emotional concern in the past year but did not know where to turn.

Lack of public awareness of services and lack of professional education and training were two gaps identified in the survey of external stakeholders.

and incorporating human resource strategies into our agency's Business Continuity Plan **and** creation of a mental health promotion section on the staff intranet to house professional resources and information **and** exploration of SMDHU staff training needs to build and support competency in:

- mental health literacy including compassion fatigue
- stigma reduction including anti-oppression
- mental health promotion
- trauma informed practice including Critical Incident Stress Management and Alberta Family Wellness – Brain Story Certification.

Goal 2.2 People will have increased mental health literacy

- **Continue** existing program work that increases mental health literacy, e.g. parenting education, Simcoe Muskoka Opioid Strategy (SMOS), anti-stigma work and campaigns.
- **Enhance** promotion and access to mental health and addiction services across the lifespan, e.g. North Simcoe Muskoka Pathways to Child and Youth Mental Health and Addiction Services, RAAM clinics (Rapid Access Addiction Medicine) **and** exploration of capacity to further integrate mental health promotion into comprehensive workplace health **and** SMDHU web page/section on mental health promotion.
- **Propose** consideration of a community mental health literacy initiative/communication plan in cooperation with partners, e.g. 5 Ways to Well-being.

Strategic Theme #3 - Thriving Community

Intended Outcome

Our children and youth will be resilient and live in family and community environments that support them.

Why it Matters

The OPHS MHP Guideline reminds us that investing early and often helps buffer individuals from harms. The concept of resiliency is important across the lifespan, but shifting the balance to decrease risk factors and promote protective factors in children is critically important. Experts agree that a focus on social determinants of health, family relationships and parenting styles is foundational to the promotion of mental health in children and youth. Moreover, families are situated within communities and broader social networks, with child care, schools, workplaces, neighbourhood built and social environments as settings for population mental health promotion.⁷

Where We Will Focus

Goal 3.1 Children and youth will be resilient

- **Continue** existing program work that supports resiliency, e.g. Healthy Schools, Healthy Babies Healthy Children (HBHC).
- **Enhance** existing program work on developmental assets and relationships **and** youth engagement in health unit programs and services **and** substance use prevention in children and youth.
- **Propose** literature reviews and exploration of opportunities to implement evidence-based population level interventions to reduce youth self-harm **and** reduce and mitigate adverse childhood experiences (ACEs).

Goal 3.2 People will have supportive family environments.

- **Continue** existing program work that supports families, e.g. HBHC home visiting, parenting education, Health Connection assessment, counselling and referral.
- **Enhance** inclusion of mental health promotion in parental education.
- **Propose** advocacy for provincial policy/funding to enhance public health supports for families **and** explore opportunities to implement evidence-based interventions to support parents, children and youth at key transition stages, e.g. universal screening for perinatal mood disorders.

Goal 3.3 People will have supportive community environments.

- **Continue** to support community connectedness, e.g. age friendly communities, youth friendly communities, Cyber Seniors **and** policy advocacy that promotes mental health, e.g. municipal alcohol policy, comprehensive provincial child care strategy **and** to promote mental health before, during and after an emergency.
- **Enhance** built and natural environments that promote mental health, e.g. Official Plan, Master Plan and other plan reviews (Natural Heritage Plans, Urban Forestry Plans) **and** examine current health unit program work to articulate impact on mental health promotion, e.g. community food programs, health school nutrition environments, healthy outdoor school environments.
- **Propose** exploration of stakeholder readiness to pursue a community response to life promotion/suicide prevention, e.g. Suicide-Safer Community designation.

SITUATION HIGHLIGHTS

More Simcoe County children were identified as vulnerable on the Early Development Index than the provincial average.

One third of adults in Ontario report experiencing child abuse before age 16.

One quarter of new mothers in Simcoe Muskoka reported a mental health concern during their pregnancy. This is higher than the ON average and has increased between 2013 and 2016.

1 in 5 Simcoe Muskoka students report severe psychological distress in past month. This is higher than the provincial average.

There has been a **sharp and significant** upward trend in non-suicidal self-injury hospitalizations and ED visits for female youth aged 10-19. The rate is higher than the ON average for both sexes.

The suicide rate in Simcoe Muskoka for all ages is higher than the Ontario rate.

Strategic Theme #4 - Collective Action

Intended Outcome

Our partners will have the evidence and data they need to plan to improve positive mental health across our region in a coordinated way.

Why it Matters

A comprehensive population mental health approach includes contributions from a wide range of stakeholders across multiple sectors. A rapid review of the literature revealed that historically there have been challenges monitoring and analyzing mental health indicators. In recent years we do a better job at monitoring mental illness than measuring resilience, protective factors and positive mental health. The general consensus is that much more needs to be done with respect to improving the evidence base for population level mental health promotion from both the surveillance and implementation perspectives. No single entity is capable of implementing a complete suite of solutions. Canada's Chief Public Health Officer challenges public health to accelerate established and budding collaborations across diverse sectors, collectively develop new ideas, and move forward together.⁸

Where We Will Focus

Goal 4.1 Common goals and actions will be developed with our partners from multiple sectors to improve mental health promotion.

- **Continue** collaborating with community partners and committees and initiatives that promote positive mental health, e.g. built environment work, the Early Years Mental Health Committee and Harm Reduction.
- **Enhance** relationships with community partners where there is an opportunity to impact on mental health promotion e.g. North Simcoe Youth Wellness Hub, PWLE network, adult mental health service providers.
- **Propose** working towards a common approach among stakeholders to address mental health promotion (focus on Tier 1).

SITUATION HIGHLIGHTS

External stakeholders surveyed sighted **partnerships as the #1 strength** in mental health promotion work in Simcoe Muskoka.

Lack of external coordination was identified by stakeholders as the second largest gap in MHP initiatives (after lack of treatment services).

56% of external stakeholders surveyed said they saw SMDHU leading and participating in policy development and advocacy.

Important data gaps exist especially with respect to positive mental health indicators and some at risk populations.

Mental health promotion implementation science is underdeveloped.

Goal 4.2 Positive mental health and mental illness data collection analysis and sharing will be enhanced.

- **Continue** current mental health and health equity surveillance activities, e.g. HealthSTATS, Ontario Student Drug Use and Health Survey (OSDUHS), Educational Opportunities Index (EOI).
- **Enhance** data products (e.g. HealthMAPS) with mental health indicators, e.g. Adverse Childhood Experiences and local perinatal mental health data **and** understanding and interpretation of new and existing sources, e.g. Early Development Instrument (EDI) data, OHIP data **and** relationships with community partners to collect and share mental health status data.
- **Propose** considering future opportunities to oversample in the Canadian Health Study on Children and Youth (CHSCY) **and** investigation and advocacy for ways to address the identified data gaps.

Goal 4.3 Mental health evidence development and sharing will be enhanced.

- **Continue** collaborating with community partners to evaluate and share best practice information, e.g. Can You Feel It? Stress Workshop evaluation.
- **Enhance** evaluation of mental health related program outcomes **and** exploration and sharing of best-practice/evidence-based mental health promotion interventions.
- **Propose** exploration of external partnerships to support program evaluation (e.g. postsecondary institutions) **and** the systematic use of evidence-informed decision making to inform mental health promotion program planning **and** the selection of SMDHU initiatives that produce positive mental health outcomes to participate in a PMF/CQI process.

CONCLUSION

As we look ahead, the Simcoe Muskoka District Health Unit looks forward to evolving the role of public health in mental health promotion. We will build on our foundations. Relying on collective action, and knowledgeable people, we will support our community to thrive and ensure equitable opportunities for all our community members, to experience positive mental health and mental well-being.

RECOMMENDATIONS FOR IMPLEMENTATION



GLOSSARY

Built environment: Every place has a natural environment, characterized by climate and terrain. The built environment reflects how we shape these places for human habitation. The design of buildings, the location of stores, factories, offices and schools are all part of the built environment, as are the location and design of roads, sidewalks, bike lanes and footpaths. (Health Canada, Health Policy Research Bulletin, Issue 14, November 2007. Every place has a natural environment, characterized by climate and terrain).

Discrimination is unfair treatment due to a person's identity, which includes race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability, including mental disorder.

Harm reduction is any program or policy designed to reduce drug-related harm without requiring the cessation of drug use. Interventions may be targeted at the individual, the family, community or society. (Centre for Addiction and Mental Health 2009).

Health equity means that all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance.

Mental health is a positive concept and more than the absence of mental illness. The Public Health Agency of Canada defines it as "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." Mental health may be used interchangeably with mental well-being, particularly outside of the health sector.

Mental health promotion is the process of enhancing the capacity of individuals and communities to increase control over their lives and improve their mental health. Beyond a focus on risk factors, it is an approach that aims to improve the health of individuals, families, communities, and society by influencing the complex interactions between social and economic factors, the physical environment, and individual behaviours and conditions across the lifespan (i.e., the social determinants of health).

Mental illness refers to conditions where our thinking, mood, and behaviours severely and negatively impact how we function in our lives. Mental illnesses are affected by "a complex mix of social, economic, psychological, biological, and genetic factors," and may take many forms, including mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders, and addictions such as substance dependence and gambling.

Mental illness prevention focuses on reducing risk factors for mental illness and enhancing protective factors. Prevention aims to address risk and protective factors before the onset of illness. However, prevention can also address risk and protective factors once symptoms of mental illness emerge to reduce their severity.

Oppression is the use of power to disempower, marginalize, silence or otherwise subordinate one social group or category, often in order to further empower and/or privilege the oppressor.

People with lived experience have knowledge about the world gained through direct, first-hand involvement in everyday events. People with lived experience of a variety of health inequities, provide the context expertise required in health promotion and service delivery planning.

Population health is the health of the population, measured by health status indicators. Population health is influenced by physical, biological, behavioural, social, cultural, economic, and other factors. The term is also used to refer to the prevailing health level of the population, or a specified subset of the population, or the level to which the population aspires. Population health describes the state of health, and public health is the range of practices, procedures, methods, institutions, and disciplines required to achieve it. The term also is used to describe the academic disciplines involved in studies of determinants and dynamics of health status of the population.

Priority populations are those that are experiencing and/or at increased risk of poor health outcomes due to the burden of disease and/or factors for disease; the determinants of health, including the social determinants of health; and/or the intersection between them. They are identified by using local, provincial, and/or federal data sources; emerging trends and local context; community assessments; surveillance; and epidemiological and other research studies.

Proportionate universalism is an approach that balances targeted and universal population health perspectives. This approach makes health actions or interventions available to the whole population, but with a scale, intensity and delivery that is proportionate to the level of need and disadvantage in particular populations.

Stigma is a perceived negative attribute/stereotype that causes someone to devalue or think less of the whole person.

Youth Engagement can be defined as the "meaningful participation and sustained involvement of a young person in an activity with a focus outside of him or herself." (Centre of Excellence for Youth Engagement).

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