Connecting the Dots Forum

Wednesday December 4, 2013
8:00 AM to 4:30 PM
Charbonnel Lounge, University of St. Michael's College

Forum Proceedings

camh HPRC Health Promotion Resource Centre

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Background

The Centre for Addiction and Mental Health (CAMH) Health Promotion Resource Centre (HPRC), Public Health Ontario (PHO) and Toronto Public Health (TPH) recently released the report, *Connecting the Dots: How Ontario Public Health Units are Addressing Child and Youth Mental Health*, which documents the many public health unit activities that address child and youth mental health in Ontario. A key finding was that the role of public health in mental health for children and youth lacks clarity and system level coordination. To further explore this issue, PHO and CAMH HPRC decided to host a one-day forum. A planning committee (See Appendix A) comprised of senior representatives from the Ontario Ministries of Children and Youth Services (MCYS), Health and Long-Term Care (MOHLTC) and Education (EDU), as well as other key public health and child and youth mental health partners was established in order to develop forum objectives, agenda, identify participants and potential speakers.

A multi-sector meeting of this nature was timely given the many provincial-level efforts underway to address the mental health of children and youth, including the *Make No Little Plans – Ontario's Public Health Sector Strategic Plan*, *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy*, the *Moving on Mental Health* action plan, and *No Time to Wait: The Healthy Kids Strategy*.

Forum Objectives

The Connecting the Dots Forum brought together key public health, mental health and leaders from education and child and youth services in Ontario to discuss public health strategies that address child and youth mental health (see Appendix B for full agenda). The forum objectives aimed to explore a concept of mental health that recognizes the importance of the prevention of mental illness, the promotion of mental wellness, and mental health services. More specifically, the objectives of the forum were to:

1. Explore the contributions of public health in child and youth mental health in Ontario;
2. Identify opportunities for collaboration between public health and other sectors to address and promote mental health in children and youth.

Participants

The forum brought together nearly 60 stakeholders from various organizations and sectors including the Ministries of Health and Long-Term Care, Children and Youth Services and Education, as well as public health and provincial health and mental health organizations. Participants included senior decision-makers, practitioners, and policy makers whose work impacts child and youth mental health in Ontario.

Welcome and Opening Remarks

Dr. Chris Mackie, Medical Officer of Health and Chief Executive Officer, Middlesex-London Health Unit, and Christie Collins-Williams, Manager, Strategic Partnerships and Engagement, Provincial System Support Program, CAMH, welcomed participants to the day. Dr. Mackie and

Ms. Collins-Williams outlined the objectives for the day. Dr. Mackie also described the context for the forum by outlining key findings from the *Connecting the Dots* report.

Christie Collins-Williams, Manager, Strategic Partnerships and Engagement, PSSP, CAMH, and Dr. Chris Mackie, MOH and CEO, Middlesex-London Health Unit

Keynote Address: Investing in the Mental Health of Our Children and Youth: Everyone, Every Place, Every Day

Dr. Rob Santos, Associate Secretary to the Government of Manitoba's Healthy Child Committee of Cabinet, Research Scientist at the Manitoba Centre for Health Policy and an Assistant Professor in the Department of Community Health Sciences, Faculty of Medicine, University of Manitoba. Dr. Santos' keynote address and slides can be viewed here and here.

Dr. Santos provided examples to highlight the important contributions of public health and health promotion to system-wide approaches for addressing child and youth mental health. Further to this, Dr. Santos outlined three "take home messages" which he elaborated on throughout his presentation:

1) **There can be no mental health without public mental health.**
   We cannot address the prevalence of mental health concerns through treatment alone. Upstream, population health interventions that address the social determinants of health are necessary to reduce the burden of mental health problems.

2) **Investing in early childhood = investing in lifelong mental health.**
   Dr. Santos highlighted the early onset of mental health problems in childhood and adolescence as an impetus to address the risk and protective factors during this period. As an example, Dr. Santos identified research on brain development showing the positive impacts of "serve and return interaction" process between children and significant adults in their lives in building the brain architecture in young children. It is

also necessary to prevent toxic stress in children, given the correlation between adverse childhood and other health problems later in life (e.g. cardiovascular health disease and addiction). For more information, three short videos from Harvard University's Center on the Developing Child are available.

3) **We have to work together so that mental health = everyone, every place, every day.**
Dr. Santos acknowledged that the topic of mental health is currently entering mainstream conversations as demonstrated by the growing number of provincial mental health strategies and corporate support for anti-stigma activities. That being said, Dr. Santos emphasized the continued importance in working together across sectors to promote mental health in children and youth. The mental health of children and youth cannot be considered in isolation from their overall health so the various sectors concerned with the well-being, growth and development of children must work together.

Dr. Rob Santos speaks to participants at the Connecting the Dots Forum.

To advance these objectives, Dr. Santos spoke about the role of evidence. While acknowledging that the shared value of children brings people together, Dr. Santos stressed that it is science that keeps advances moving forward. To this end, Dr. Santos highlighted how evidence in the following areas will help to maintain a focus on promoting mental health in children and youth:

- Epidemiology
- Economics
- Early childhood development theory
- Executive function
- Epigenetics
- Early childhood development interventions
- Evidence-based kernels (i.e. low cost, innovative interventions that are informed by evidence)

Dr. Arlene King, Chief Medical Officer of Health for Ontario, Ministry of Health and Long-Term Care

Dr. Arlene King reflected on Dr. Santos' keynote address and talked about the Ontario context. Specifically, Dr. King highlighted several strategic areas at the provincial level that address mental health and that provide opportunities for work in the area of mental health promotion. Some examples of these strategic areas include Ontario's *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy*, Ontario's Public Health Sector Strategic Plan and the new Healthy Schools Unit in the Ministry of Education.

Dr. King also identified several key activities necessary to promote child and youth mental health, including:

1) Establishing a common definition of mental well-being;
2) Identifying the evidence-base for interventions to promote mental wellness and resiliency in children and clarifying the role of public health in delivering these interventions;
3) Determining how to measure impacts from promoting and protecting mental health and well-being.

Panel Discussion: Reflection on Gaps and Opportunities in Current Activities to Address Child and Youth Mental Health in Ontario

Following the keynote address, an inter-ministerial panel including Cynthia Abel (MCYS), Kate Manson-Smith (MOHLTC), Dr. Vasanthi Srinivasan (MOHLTC) and Barry Finlay (EDU) discussed the strategies of their respective ministry to address child and youth mental health. Moderated by Dr. Heather Manson, Chief, Health Promotion, Chronic Disease and Injury Prevention at Public Health Ontario, panelists were asked to reflect on the following questions:

- How is your Ministry, and its partners, currently addressing child and youth mental health?
- What are the current gaps across the continuum of service offerings[1] for addressing child and youth mental health from your Ministry's perspective?
- What opportunities do you see for public health to help resolve these gaps?

Panelists spoke for approximately 15 minutes, reflecting on the questions above and then responding to questions from participants. Key points from each panelist's presentation are described below.

[1] The term "service offerings" refers to the range of possible interventions and services available across the continuum of the health care system ranging from health promotion and illness prevention to treatment.

Cynthia Abel, Director, System Transition Team, Policy Development and Program Design Division, Ministry of Children and Youth Services

Cynthia Abel talked about how the Ministry of Children and Youth Services (MCYS) is addressing child and youth mental health in Ontario through the provision of services along a continuum of needs and core services. Building on strategic responses outlined in the MCYS document, *A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health* and *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy*, Ms. Abel discussed MCYS' *Moving on Mental Health* plan. Key elements in the plan include:

- Creating and supporting pathways to care;
- Defining core services;
- Establishing lead agencies in every community;
- Developing a transparent, equitable funding model; and
- Putting in place appropriate legislative/regulatory/accountability tools.

Ms. Abel explained that along a continuum of child and youth mental health needs, MCYS would be most active in providing services for children at risk for, or who are currently, experiencing mental health problems that affect functioning in some areas such as at home, school and/or in the community.

Reflecting on barriers identified by public health stakeholders outlined in the Connecting the Dots report, Ms. Abel presented the table below to show how public health could potentially partner with the future lead agencies outlined in the MCYS plan:

Barriers	**Examples of roles of public health with lead agencies**
Coordination challenges among community partners	Work with lead agencies as Core Service Delivery Plans (CSDP) and Community Mental Health Plans (CMHP) are created to identify leadership and roles and responsibilities with service areas.
Limited resources: evidence and expertise	By identifying and partnering with child and youth mental health (CYMH) service delivery agencies within service areas, public health units will be able to source best practices, find local experts and data to determine the "best path" to take – public health units may also be able to source and access professional development and local CYMH providers.
Lack of focus on mental health promotion	As lead agencies will be central contact points for CYMH information in local service areas, an opportunity exists for public health units to work with lead agencies to create knowledge exchange opportunities for mental health promotion, resiliency and supports training for children,

	youth and families.
Public perceptions	An opportunity exists to share and clarify information among service partners (e.g. social determinants and mental health outcomes) and use existing public health programs and opportunities to educate service providers and families about child and youth mental health issues.

Kate Manson-Smith, Assistant Deputy Minister, Health Promotion Division, Ministry of Health and Long-Term Care

Ms. Manson-Smith noted that mental health promotion is an important priority in effectively implementing Ontario's Mental Health and Addictions Strategy. She also noted that although mental health promotion can be embedded in many areas that public health already supports, there is no specific direction provided to public health units, via the Ontario Public Health Standards, on how to support mental health promotion in their communities. Ms. Manson-Smith identified that public health can continue to impact mental health in an upstream manner by addressing the risk and protective factors of mental health for the whole population and by supporting community environments that foster a healthy balance in the lives of children and youth. Some examples provided of this work include breastfeeding supports, student nutrition programs, and larger initiatives such as the Healthy Kids Strategy and Smoke-Free Ontario.

Ms. Manson-Smith noted that these program examples and initiatives positively influence protective factors of mental health and well-being for children and youth while providing physical health benefits. She identified that research shows that mental health promotion strategies are most effective when integrated into broader health promotion programs, targeting large population groups, such as chronic disease prevention.

Ms. Manson-Smith also identified avenues to better address child and youth mental health across the continuum of activities for addressing child and youth mental health such as:

- Clarifying the definition of mental health promotion.
- Going further to integrate mental health promotion into all activities that influence the protective and risk factors associated with mental health and addictions.
- Determining how each sector (health, education, justice, housing, etc.) are effectively addressing the underlying factors for mental health and addictions.
- Continuing to promote the Low-Risk Alcohol Drinking Guidelines and a culture of moderation as doing so connects to the prevention of addictions in children and youth which directly relates to mental health and well-being.

Finally, to better address child and youth mental health, Ms. Manson-Smith identified that we need to work together to increase the knowledge and awareness of effective mental health promotion interventions and leverage current programs and services to include a mental health promotion element.

Dr. Vasanthi Srinivasan, Assistant Deputy Minister, Health System Strategy and Policy Division, Ministry of Health and Long-Term Care

Dr. Srinivasan's presentation outlined several ways that the Ministry of Health and Long-Term Care is currently addressing child and youth mental health. In terms of work connected to Ontario's Mental Health and Addictions Strategy, Dr. Srinivasan highlighted the following successes:

- The newly funded 144 mental health nurses in Ontario schools;
- The addition of 19 nurse practitioners dedicated to eating disorders treatment;
- Developing a soon to be announced Mental Health and Addictions Research Program in partnership with the Institute for Clinical Evaluative Sciences (ICES) where education, community and social services data will be connected;
- Planning for an inpatient mental health bed registry is underway.
- Planning for the remaining years of the 10 year Mental Health and Addictions Strategy is underway and will align with *Ontario's Action Plan for Health Care*; this will include establishing more emphasis on addictions in the Mental Health and Addictions Strategy.

In addition to these successes, Dr. Srinivasan spoke about the gaps in addressing child and youth mental health across the continuum of services, including:

- Placing a greater focus on addictions;
- Determining optimal use of resources with respect to the issues of policing and mental health;
- Addressing the mental health needs of pregnant women and new moms;
- Addressing the mental health needs of incarcerated people;
- Linking promising practices from those showing impact (e.g. telemedicine) and those struggling, e.g., telemedicine;
- A reality that the remaining years of the Mental Health and Addictions Strategy will not include large financial investments therefore alignment and integration of efforts is necessary;
- System coordination and the integration of mental health and addiction issues into other public sectors, including health, education, housing, and justice.

Dr. Srinivasan acknowledged public health's current contributions to addressing child and youth mental health and its role in promoting the resilience of children and youth. Going forward, Dr. Srinivasan hopes that public health will share their expertise in this area, particularly as the Ministry of Health and Long-Term Care begins planning for the remaining years of Ontario's Mental Health and Addictions Strategy.

Barry Finlay, Director, Special Education Policy & Programs Branch, Learning and Curriculum Division, Ministry of Education

Mr. Finlay discussed that it is a critical time in education as the Ministry of Education looks toward the evolution of public education. Starting in 2015, mental health learning will be part of pre-service training for educators. In addition, current curriculum is now moving to focus more closely on the needs of individual students.

The Ministry of Education also contributes to the School Mental Health ASSIST component of Ontario's Mental Health and Addictions Strategy. Some of this work has included:

- The addition of Mental Health Leads and coaches on each school board to support the creation of school board specific mental health strategies;
- Developing the "Supporting Minds" resource for educators to promote mental well-being in their classrooms;
- Conducting research to determine educator needs around student mental health.

Mr. Finlay identified a few specific gaps in addressing child and youth mental health across the continuum of services, including:

- Professional development;
- Addictions;
- Pathways to care;
    - Need to define pathways so we can articulate where educators can contribute, i.e., with respect to the role of educators

Mr. Finlay acknowledged that public health has a role in addressing some of the aforementioned gaps. Primarily, he noted that public health can assist in building a school culture that is focused on mental health and well-being in all areas as well as help to continue to advance the evidence base in this area. In order to continue to promote child and youth mental health, Mr. Finlay concluded that integrated thinking that involves all stakeholders across sectors is necessary.

Dr. Chris Mackie (far left) with panelists (from left to right), Cynthia Abel, Barry Finlay, Dr. Vasanthi Srinivasan, and Kate Manson-Smith

Facilitated Table Discussions

Informed by the morning's presentations, participants were invited to contribute their perspectives through facilitated table discussions. Participants were pre-assigned to small discussion groups that included mixed representation from various sectors, including:

- Ontario Provincial Ministries: MOHLTC, MCYS, and EDU;

- Local public health leaders;
- Provincial health and mental health organizations;
- Researchers; and
- Clinicians

Each table discussion group was instructed to assign a recorder to summarize responses to questions on the worksheet provided, and a presenter to share a summary of highlights from the group's discussion with the larger group. The following questions were discussed:

- *Who does Public Health need to work in collaboration with to be effective?*
- *What is required to facilitate improved collaboration between Public Health and other sectors (e.g. strategies, structures, processes, etc.?)*
- *How do we make this happen? What can we each do?*

A detailed summary of the responses from each table discussion group is captured in Appendix C. The following is a summary of the highlights of each small group's discussion that were presented to the large group by way of a 'report back':

DISCUSSION GROUP **(in order of presentation)**	**HIGHLIGHTS PRESENTED (from discussion of all 3 questions)**
1	• Need to involve all sectors, families, and groups that represent and serve vulnerable communities • Go to where children, youth and families are (e.g. primary care) • Work with local schools and school boards in addition to the Ministry of Education • Involve collaboration provincially and locally • Take advantage of existing tables and initiatives • Need direction in Ontario Public Health Standards and accountability requirements with respect to Child Mental Health Promotion
2	• Child mental health promotion should be specified in the Ontario Public Health Standards and accountability requirements, and we could include 'in partnership with other community agencies' • There should be more public health representation at local and provincial planning tables and strong encouragement for public health to participate • Create or identify a provincial child mental health champion (e.g. secretariat function provincially to provide coordination).
3	• Accountability agreements are required. • Involvement should be based on who has an impact on the determinants of health • The child and youth need to be at the centre of an ecological model, and all people that impact on the child need to be part of the discussion at both local and provincial levels • Need to appoint a group to pull all the information together (e.g. planning

	and secretariat committee for today's forum)
4	• Need to change the Ontario Public Health Standards • Connect and work with schools and parents (where children are) • Within communities, public health needs to be at all the community tables to identify gaps and contributions (resource mapping). Recognize that each community is different. • Learn from communities where public health has worked very well around mental health (Why were they successful?). • Define the indicators of success for child and youth mental health (what do we need to measure?).
5	• When thinking about 'moving on mental health' (MCYS strategy) public health should determine if it fits into level 1 on the 'continuum' defined by MCYS. • Public health needs to define its mandate with respect to Child and Youth mental health based on what they can best contribute to. Specifically, need to define a base mandate re: parenting, families and healthy babies and healthy children upstream work • At a systems level, the government needs to give others a mandate to work in collaboration with public health (e.g. early childhood education, health care, lead agencies – MCYS) • Public health can leverage current programs for addressing mental health issues (e.g. parenting, health schools).
6	• Public health needs clarity on the scope of their work re: CYMH • Look at what is working in other communities around CYMH (e.g. Halton) • Include the LHINs as part of the outreach.

In a large group discussion, participants highlighted the following emerging themes from the presentation of small group highlights:

- There is a need to address the Ontario Public Health Standards (specify mental health promotion work and define accountability requirements).
- Local coordinating tables/bodies should be required to reach out to and include public health (e.g. lead agencies in MCYS strategy), and there should be strong encouragement for public health to participate
- Public health must be nimble, flexible and responsive with respect to their involvement locally and at the system level.
- Best practices with respect to child and youth mental health promotion need to be identified and disseminated (e.g. measuring child and youth risk behaviors).

Closing Remarks

Dr. Robin Williams, Associate Chief Medical Officer of Health for Ontario, and Dr. Santos provided closing remarks. Dr. Williams reiterated the importance of public health stakeholders being part of conversations addressing child and youth mental health. Dr. Santos provided encouragement that Ontario is well-positioned to promote mental health in children and youth. For instance, Dr. Santos commented that Ontario's commitment to evidence informed action

will provide great support for moving forward. Moreover, given Ontario's influence nationally, changes in Ontario will impact the efforts of other provinces in the area of mental health promotion for children and youth.

As part of the closing comments, participants suggested that this forum was very useful. Some indicated that it was the first time that they have had the opportunity to be in the same room with so many different sectors and stakeholders.

For more information on the Connecting the Dots study, or to read the full report, please visit the following pages:

http://www.camh.ca/en/hospital/about_camh/provincial_systems_support_program/Documents/Connecting%20the%20Dots%20FINAL.pdf

http://www.publichealthontario.ca/en/BrowseByTopic/HealthPromotion/Pages/Connecting_the_Dots.aspx#.UssRZtJDv6Q

APPENDIX A: Planning Committee

Planning Committee

Dr. Chris Mackie (Chair)	Medical Officer of Health and CEO, Planning Committee Chair	Middlesex London Health Unit
Dr. Jean Clinton	Psychiatrist, Assistant Clinical Professor in the Department of Psychiatry and Behavioural Neuroscience	McMaster University
Olha Dobush	Director, Strategic Initiatives Branch, Health Promotion Division	Ministry of Health and Long-Term Care
Jim Grieve	Assistant Deputy Minister, Early Years Division	Ministry of Education
Lynne Hanna	Manager, School Years Program	Halton Region Health Department
Colleen Kiel	Manager, Health Promotion Performance & Accountability, Health Promotion Implementation Branch, Health Promotion Division	Ministry of Health and Long-Term Care
Sherene Lindsay	Manager, Planning and Results Unit, Strategic Initiatives Branch, Health Promotion Division	Ministry of Health and Long-Term Care
Kate Manson-Smith	Assistant Deputy Minister, Health Promotion Division	Ministry of Health and Long-term Care
Nancy Peroff-Johnston	Senior Nursing Consultant, Public Health Standards, Practice and Accountability Branch, Public Health Division	Ministry of Health and Long-Term Care
Darryl Sturtevant	Assistant Deputy Minister, Strategic Policy and Planning Division	Ministry of Children and Youth Services
Dr. Robin Williams	Associate Chief Medical Officer of Health	Ministry of Health and Long-Term Care

Administrative Secretariat to the Planning Committee

Christie Collins-Williams	Manager, Strategic Partnerships and Engagement, Provincial System Support Program	Centre for Addiction and Mental Health
Phat Ha	Research Coordinator, Heath Promotion, Chronic Disease and Injury Prevention	Public Health Ontario
Dr. Heather Manson	Chief, Health Promotion, Chronic Disease and Injury Prevention	Public Health Ontario
Tamar Meyer	Health Promotion Consultant, CAMH Health Promotion Resource Centre, Provincial System Support Program	Center for Addiction and Mental Health
Monica Nunes	Research Analyst, CAMH Health Promotion Resource Centre, Provincial System Support Program	Centre for Addiction and Mental Health

APPENDIX B: Agenda

Connecting the Dots Forum December 4th, 2013, 8:00 AM – 4:00 PM

TIME	ACTIVITY	PRESENTER
8:00 - 8:30 AM	**REGISTRATION AND BREAKFAST**	
8:30 - 9:00 AM	Welcome and Opening Comments	**Christie Collins-Williams**, Centre for Addiction and Mental Health **Dr. Christopher Mackie**, Medical Officer of Health and CEO, Middlesex-London Health Unit
9:00 - 10:15 AM	Keynote Speech: *Investing in the Mental Health of Our Children and Youth: Everyone, Every Place, Every Day* Response from Chief Medical Officer of Health for Ontario	**Dr. Rob Santos**, Associate Secretary to Healthy Child Committee of Cabinet, Government of Manitoba; and Executive Director, Science and Policy, Healthy Child Manitoba Office; and Research Scientist, Manitoba Centre for Health Policy, and Assistant Professor, Department of Community Health Sciences, Faculty of Medicine, University of Manitoba **Dr. Arlene King**, Chief Medical Officer of Health for Ontario, Ministry of Health and Long-Term Care
10:15-10:30 AM	**BREAK AND REFRESHMENTS**	
10:30 AM - 12:15PM	Panel Discussion: *Reflection on Gaps and Opportunities in Current Activities to Address Child and Youth Mental Health in Ontario*	Panelists: **Aryeh Gitterman**, Assistant Deputy Minister, Policy Development and Program Design Division, Ministry of Children and Youth Services **Kate Manson-Smith**, Assistant Deputy Minister, Health Promotion Division, Ministry of Health and Long-Term Care **Dr. Vasanthi Srinivasan**, Assistant Deputy Minister, Health System Strategy and Policy Division, Ministry of Health and Long-Term Care **Grant Clarke**, Assistant Deputy Minister, Learning and Curriculum Division, Ministry of Education Moderator: **Dr. Heather Manson**, Chief, Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario
12:15 - 1:00 PM	**LUNCH**	
1:00 - 1:30 PM	Morning Recap	**Heather Graham**, Facilitator
1:30 – 2:30 PM (Table discussions) 2:30 – 3:15 (Report back)	Table discussions: *Examining Public Health's Contributions and Collaborative Opportunities*	All participants
3:15 - 4:00 PM	Next Steps, Evaluation and Closing	**Dr. Robin Williams**, Associate Chief Medical Officer of Health for Ontario, Ministry of Health and Long-Term Care **Dr. Rob Santos**

APPENDIX C: Summary of Detailed Responses to Table Discussions

GROUP	*QUESTION #1:* *Who does Public Health need to work in collaboration with to be effective?*	*QUESTION #2:* *What is required to facilitate improved collaboration between Public Health and other sectors (e.g. strategies, structures, processes, etc.)?*	*QUESTION #3:* *How do we make this happen? What can we each do?*

#1	• What should public health do?
	• Needs to align itself under a strategic aim
	• Continuum – MCYS – Are we really a level 1 lead? How is this defined?
	• Local needs
	• Mental wellness needs a strategy
	• Does Public Health have the capacity?
	• Integration with public health access points (primary care, school boards and public health) "LEAD, MOVE, GET OUT OF THE WAY."
	• Ontario Public Health System - updated
	• What consistent components are present across?
	• What is working? What are the strengths?
	• Look at the intersection points of PH with clients and the system (e.g. parents; CSH; prenatal)
	• Introduce mental health promotion referral to larger systems (work with partners; identify the vulnerable/at risk)
		• Evaluation of what we do
		• Get on the same page re: our core/base mandate
		• We are good at and can offer:
		  ○ Evidence/health assessment
		  ○ Identifying access points/collaborate
		  ○ Advocate
		  ○ Social determinants of health approach
		  ○ Social marketing
		• Reciprocity – public health is required to work with others. We need education, ECE, primary care to be mandated to work with PH
		• What is our 'value-add'? The government's problem is the crisis of kids accessing treatment (we need to show them the value of our early interventions to prevent tsunami)
		• Parenting – ways to sneak in mental health promotion across settings
			NOTE: Group did not respond to this question.

#2	• NOT focused in treatment • School boards to enhance on mental wellness promotion/school culture • Comprehensive networks for early years and school years • Hospitals – ensuring supports through public health nursing with moms • School readiness from public health nursing	• Provide leadership to bring education, social services, early years together – figure out strengths, gaps and priorities • Connect with Family Health Teams, nurse practitioner to create a movement • Need agreement of the scope of the work in public health • Need direction from government (redistribution of	• Answer where leadership should come from? Directives from the Ministry? • Standard on mental health promotion for Public Health ○ Cornerstone to other risk factors – it is a driver for other issues such as increase in chronic diseases, substance use and abuse, risky sexual health behaviours, tobacco use

	interventions
	• Work with ECE centres (early identification)
	• LHINs – need to connect (CCACs; CHCs)
	• Primary care
	  ○ If dealing with postpartum depression will address infant mental health
	• Coalitions (poverty)
		resources?)
		• The What: Building resilience in individuals/communities
		  ○ Mechanisms to deliver these resiliency building will vary)
			• System framework for mental health promotion
			• Create a mental health indicators report card (from positive improvement perspective)
			  ○ Look at Halton's work (measures of resilience factors; "Our Kids Network" – Lynne Hanna)
			  ○ Working with school boards

#3	• Schools, child care (before/after school), community organizations (i.e. boys and girls)
	• How to reach parents? (social services, faith groups, OEYCs)
	• Best start family centres
	• Community planning tables – need to know what others are doing and what skills are required/what are the gaps?
	• Addictions – addiction prevention/early referrals
	• Need clarity around mandate for public health (foundational standard? Lens/framework?)
	• MCYC community mental health plans
		• Community mapping – what is happening in local communities
		• Engagement at the local/public health level
		• Community mental health plans (what tables?)
		• Need to look at best practices (successes; Are there examples of where Public Health has a key role?)
		• Need to be able to reach parents
		• Define Public Health standards
			• Mentoring/tracking work of public health
			• We have to fund meaningful indicators
			  ○ Evidence of increasing knowledge/awareness
			  ○ Evidence of implementation of best practices/at community levels
			• Public health and schools - changing relationships and mandates

#4	• Education sector
	• "everybody, everyplace, anytime"
	• Lead agencies for MCYS funded services (16 initially, 34 ultimately)
	• Will depend on the community (e.g. health centres on reserve; child care centres, early years; prenatal; parenting)
	• Health care sector
	• Municipalities (social assistance services; PFR)
	• NGO's – 4, Boys/Girls Clubs
	• Primary care pathways (Community Health Centres; Family Health Teams)
		• Inter-ministerial collaboration that already exists (i.e. poverty and Healthy Kids)
		• Package of materials to explain the issue
		• Declared accepted consensus for the role of public health and impact of our role on the system
		• Triple P – upstream (intensive intervention; clear roles re: who does what)
		• Participate in community mapping
		• Common language
		• Being able to clearly articulate what we do and the long term benefit
		• Prevention investment - health system level outcomes
			• Articulate mental health promotion in public health standards and protocols
			• Explicit expectations re: standards
			  ○ To have program plans; even if it's work we've already done
			  ○ Identify gaps in partnership with other community agencies to contribute to EDI.
			• More public health involvement in planning and system tables at local and provincial levels
			• Public health being open to participating at these planning tables
			• Mutually inform each other about our roles
			• Increase knowledge/information at schools about services in the community ("no door is

			the wrong door") • Connect in with mental health leaders in schools • How can public health be involved in next stages of provincial, mental health strategy? • How do we ensure that public health has input into provincial decisions? • Provincial champion – child mental health and/or secretariat function provincially (coordinator, outreach, aka Rob) ○ Look at success factors where things have been working well • As one part of the system transforms public health needs to as well
#5	• Families – parenting is so important (tools for parents) • Groups that represent and serve vulnerable populations • Primary care and schools (go where children and families are; where there are already encounters) • Need to have collaboration provincially and locally • Community-based organizations	• Legislation? Requiring collaboration? • Provincial framework for child health to define overall goal (each ministry carrying out their respective role) • Take advantage of some existing tables • Direction in Ontario Public Health Standards and accountability requirements	NOTE: Group did not respond to this question.
#6	• Multiple levels. Who don't we work with? (determinants of health = everyone) • Need to create a common understanding of public health, health promotion and disease prevention • Public health provincially needs to articulate what their role should be (connecting the dots takes the lead) • Education – important to have a common understanding across a school board as to how to work with public health (varies based on relationships and local board of health priorities)	• Clearly define what our contribution could be (not role) • Ecological model • Collective action – whole child approach (non-disciplinary) • Need language in accountability agreement that talks to the relationship that will benefit child and youth development – including mental health promotion). Foundational standards need to be written into accountability standards. • Conversation also needs to happen within sectors – not just between sectors • Does public health take the lead? • Continue to be responsive	• Collaborative action at the provincial and local level through a lens of collective impact • It's the tsunami of health care • Public health becomes our champion for mental wellness and resilience in collaboration with provincial level and community partners • Province identifies key outcomes and messaging

Individual responses (submitted by 2 different participants)	• Primary care
	• Families
	• Schools
	• NGOs
		• Public health resource development: local discussion on how existing public health programs address mental health promotion and how to extend this work with community partners
		• Mental health literacy training so that public health staff feel comfortable working along the spectrum of mental wellness and where to go if level 2-3-4 of mental health problems arise
		• There are 4+ 'integration' initiatives underway. Aside from the 14 LHINs, there is also the 16 MCYS 'lead agencies', the Health Links tables and Vasanthi mentioned 18 integration units. Why are these not integrated, and who is responsible for this?
			• Legislation
			  ○ Mandate
			  ○ Overseeing body responsible for overseeing life course approach
			• Who is responsible/accountable for MH promotion? PH can do this, but needs a clearer mandate (integrate into existing standards, e.g. by including triple p as an accountability, Santos' GBG program, etc.). NGOs also have a role.
			• 18 months is too late. Let's have an 18-week (gestational age) visit to get children/families on track over the first 0-2 years of life.