

**2009-10 Gap Analysis & Improvement Plan:
Mental Health Promotion & Mental Disorder Prevention
Prevention of Harms Associated with Substances
Core Public Health Programs**

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Executive Summary

In 2005, the BC Ministry of Health (now the Ministry of Healthy Living and Sport) released a policy framework to support the delivery of effective public health services. *The Framework for Core Functions in Public Health* identifies 20 core programs that a renewed and comprehensive public health system must provide. This document provides the Provincial Health Services Authority's gap analysis and improvement plan for two core programs, which were addressed together due to their overlapping scope. The two programs are *Mental Health Promotion and the Prevention of Mental Health Disorders core program* and the *Prevention of Harms Associated with Substances core program*.

In 2009, the PHSA Centres for Population & Public Health were launched as part of the PHSA commitment to advancing population and public health in BC. By implementing a coordinated approach to primordial and primary prevention, the Centres provide a venue to leverage expertise across PHSA agencies and programs, facilitate knowledge transfer and collaboration, and coordinate PHSA's response to the Core Public Health Program requirements. The PHSA Centre for Mental Health Promotion (CMHP) has undertaken the responsibility for developing the gap analysis and improvement plan for the Mental Health Promotion and Prevention of Mental Health Disorders core program and the Prevention of Harms Associated with Substances core program. The CMHP consists of representatives from across PHSA agencies and programs, including BC Mental Health & Addiction Services, BC Women's Hospital & Health Centre, BC Centre for Disease Control, PHSA Employee Wellness & Safety (now HR Services under VCH), and the PHSA Aboriginal Health Program.

The Mental Health Promotion and Prevention of Mental Disorders core program and the Prevention of Harms Associated with Substances core program were combined for purpose of this gap analysis and improvement plan. From a public health policy and practice perspective, understanding the interconnection between mental health and substance use is critical for a more holistic approach to promoting population health and well-being. Mental health promotion strategies aim to decrease risk factors and increase protective factors shared by mental health and substance use.

The gap analysis and improvement plan identifies strengths on which the CMHP can build to achieve the aims of the core programs, as well as challenges in the current capacity to achieve the full scope of the components of the core programs. Priorities for 2010-2013 have been identified for each core program. The key added value of the CMHP in relation to these core programs is to build linkages and collaboration with existing initiatives to support mental health promotion at all levels, across many activities.

Priority Areas for Improvement:

Mental Health Promotion and the Prevention of Mental Health Disorders

- Implement the PHSA Mental Health Promotion Capacity Building Project to enhance the capacity of PHSA clinicians across PHSA agencies and services to integrate mental health promotion into clinical assessments and care and discharge planning.
- Participate in the development of the Mental Health and Substance Use Module for the PHSA Aboriginal Cultural Competency Training Program.

Prevention of Harms Associated with Substances

- Establish linkages with existing PHSA substance use program/initiatives across PHSA agencies and services including the Heavy Alcohol Use Among Girls & Young Women Project: A strategy for gender informed primary prevention approaches (Centre for Women's Health); BC Substance Use Network; BC Youth Concurrent Disorders Network; BC Child & Youth Mental Health and Addiction Advisory Network (BC Mental Health & Addiction Services); BC's project under Health Canada's Drug Treatment Funding Program "Strengthening Substance Abuse Treatment Systems" (BC Mental Health & Addiction Services); Aurora Centre (BC Women's Hospital & Health Centre), and the PHSA Centre for Injury & Violence Prevention.
- Integrate violence prevention into CMHP activities to support the Prevention of Violence, Abuse and Neglect core program.

Cross Cutting Areas for Improvement (Common to both Core Programs)

- Develop a mechanism to increase partnerships and collaboration between the CMHP and existing PHSA agencies and programs that are interested in applying a mental health promotion perspective.
- Establish linkages with BC Mental Health and Substance Use Health Literacy Network (BC Mental Health & Addiction Services) and with the Reducing Health Inequities: A Health System Approach to Chronic Disease Prevention project (The Centre for Chronic Disease Prevention).
- Build support within CMHP for the PHSA Healthy Workplace Strategy, integrating mental and physical health promotion, as a priority area for PHSA.

The CMHP will also link with other Centres and core program initiatives as they relate to these two core program in order to identify opportunities for collaboration, coordination and joint action.

Introduction

In 2005, the BC Ministry of Health (now the Ministry of Healthy Living and Sport) released a policy framework to support the delivery of effective public health services. *The Framework for Core Functions in Public Health* identifies 20 core programs that a renewed and comprehensive public health system must provide. Evidence reviews are conducted for each core program to inform Model Core Program Papers, against which each health authority is responsible to perform a gap analysis and develop an improvement plan.

This document contains a gap analysis and improvement plan for the Mental Health Promotion and Prevention of Mental Disorders core program, and the Prevention of Harms Associated with Substances core program. The key objectives of the Mental Health Promotion & Mental Disorder Prevention core program are to enhance protective factors that contribute to positive mental health in individuals, families, workplaces and communities; prevent and/or reduce the social, environmental and individual risk factors that influence the occurrence of mental disorders; and reduce the incidence, prevalence and recurrence of mental disorders as well as the severity and impact of the illness on individuals, families and society.

The program outlines four core components through which health authorities can support the objectives listed above. These are:

- Mental health promotion (for all ages)
- Mental health promotion / mental disorders prevention across the lifespan/life course
- Reduction of discrimination and stigma
- Surveillance, monitoring, and program evaluation

The key objectives of Prevention of Harms Associated with Substances core program are to increase knowledge about psychoactive substances, delay the onset of first use; reduce problematic substance use; reduce use to safer levels; and sustain and/or create environments that support health.

The program outlines six core components through which health authorities can support the objectives listed above. These are:

- Influence protective and risk factors at key life stages/transitions
- Prevent, delay, and reduce alcohol, cannabis and tobacco use by children and youth
- Reduce risky patterns of substance use
- Create safer contexts for substance use
- Reduce discrimination and stigma
- Surveillance, monitoring and evaluation

The purpose of this document is to present PHSA's gap analysis and three-year improvement plan in relation to the components listed above to its stakeholders and provincial partners. This document is intended to summarize CMHP plan over a three-year period, 2010-2013, as they relate to the Mental Health Promotion and Prevention of Mental Disorders core program and the Prevention of Harms Associated with Substances core program.

Background

PHSA's Strategic Plan 2010-2013 identifies Promoting Healthier Populations as one of three key strategic directions for PHSA, along with Creating Quality Outcomes and Better Value for Patients, and Contributing to a Sustainable Health Care System. Many of PHSA's initiatives in Population & Public Health align with all three strategic directions.

In 2009, the PHSA Centres for Population & Public Health (see Appendix A) were launched as part of the commitment made by PHSA's Executive Leaders Council and Board to advance population and public health in BC. By implementing a coordinated approach to primordial and primary prevention, the Centres provide a venue to leverage expertise across PHSA agencies and programs, facilitate knowledge exchange and collaboration, and coordinate PHSA's response to the Core Public Health Functions requirements.

The Centres for Population & Public Health consist of nine Centres focused on key population and public health areas including:

- Communicable Disease Prevention
- Environmental Health
- Chronic Disease Prevention
- Mental Health Promotion
- Injury & Violence Prevention
- Health Emergency Management
- Children & Youth
- Women's Health
- Aboriginal Health

The Centres provide a mechanism for PHSA to internally coordinate primordial and primary prevention activities and link with external agencies to address issues across the province. The Centres are responsible for:

- Leveraging expertise and knowledge of key agencies.
- Developing gap analyses and performance improvement plans for Core Public Health Programs and report on progress of the plans.
- Collaborating on planning, implementation and evaluation of population and public health primary prevention projects funded by PHSA.
- Being a point of contact with external groups, including health authorities, government, community groups, aboriginal groups and other stakeholders; offer, and provide support to them in addressing province-wide needs through knowledge synthesis, transfer and exchange, coordination/facilitation of surveillance, consistent messaging, supporting healthy public policy and expert advice.
- Being a point of contact with academic institutions and a venue for coordinating and expanding academic initiatives in population and public health.

Context

The PHSA Centre for Mental Health Promotion (CMHP) has undertaken the responsibility for developing the gap analysis and improvement plan for the Mental Health Promotion and Prevention of Mental Health Disorders core program and the Prevention of Harms Associated with Substances core program. The CMHP consists of representatives from across PHSA Agencies and programs including BC Mental Health & Addiction Services, BC Women's Hospital & Health Centre, BC Centre for Disease Control, PHSA Employee Wellness & Safety (now Lower Mainland Consolidated HR Services under VCH leadership), and the PHSA Aboriginal Health Program. The CMHP is co-led by representatives from BC Mental Health & Addiction Services and BC Women's Hospital & Health Centre. CMHP members have expertise across the spectrum of mental health promotion, mental disorder prevention and substance use issues and expertise and/or interest in population and public health.

The Mental Health Promotion and Mental Disorder Prevention core program and the Prevention of Harms Associated with Substances core program were combined for purpose of this gap analysis and improvement plan. From a public health policy and practice perspective, understanding the interconnection between mental health and substance use is critical for a more holistic approach to promoting population health and well-being. Mental health promotion strategies aim to decrease risk factors and increase protective factors shared by mental health and substance use.

Gap Analysis

The first task of developing this gap analysis and improvement plan was to collect an inventory of activities across PHSA agencies and programs as they relate to these two core programs. The inventory showed that many PHSA programs, services and projects address both mental health promotion and substance use. Examples of these include:

- PHSA Mental Health Promotion Clinical Capacity Building Project (Centre for Mental Health Promotion, led by BCMHAS)
- Heavy Alcohol Use Among Girls & Young Women Project: A strategy for gender informed primary prevention approaches (Centre for Women's Health)
- BC Youth Concurrent Disorders Network (BC Mental Health & Addiction Services)
- BC's project under Health Canada's Drug Treatment Funding Program "Strengthening Substance Abuse Treatment Systems" (BC Mental Health & Addiction Services)
- PHSA Aboriginal Cultural Competency Training Program - Development of a Mental Health and Substance Use Module (PHSA Aboriginal Health Program)
- BC Mental Health and Substance Use Health Literacy Network (BC Mental Health & Addiction Services)
- Aurora Centre (BC Women's Hospital & Health Centre)
- Oak Tree Clinic (BC Women's Hospital & Health Centre)
- Women's Abuse Response Program (BC Women's Hospital & Health Centre)
- Short-Term Assessment of Risk and Treatability (START) (Forensic Psychiatric Services Commission, BC Mental Health & Addiction Services)

Following the completion of the inventory, CMHP members came together to discuss common strengths, challenges, gaps and priority areas for improvement across PHSA which formed the basis of this document.

Strengths across PHSA agencies and programs were identified as:

- Multidisciplinary approach to clinical practice.
- Knowledge synthesis, transfer and exchange within PHSA and with regional health authorities and other key stakeholders.
- Evidence-based practice within tertiary programs and services.
- Tertiary programs and services have provincial-level focus.
- Population-specific programs and services aim to provide equitable access to health information and services.
- Several initiatives provide women-centered approaches to care.
- Many initiatives promote comprehensive strategies, standards, guidelines and protocols.
- Some initiatives provide health promotion and prevention focused care.

Challenges across PHSA agencies and programs were identified as:

- Lack of resources generally (e.g., human, time, monetary) and, in particular, limited resources and capacity across PHSA agencies to engage and meet the needs of vulnerable and diverse populations.
- Mental health promotion, mental disorder prevention, substance use and violence prevention are not well integrated into services across PHSA agencies.
- Capacity and funding is limited to expand existing tertiary programs and services across various PHSA agencies to address mental health promotion and substance use prevention issues across the lifespan.
- Capacity to address stigma and discrimination related to mental health and substance use within PHSA agencies and services is minimal.
- Capacity and resources for continuing education and training across PHSA agencies are minimal.
- Awareness and understanding of issues between mental health and substance use are minimal across various PHSA agencies.
- Awareness and understanding of violence as a risk factor for mental health and substance use issues are minimal across various PHSA agencies.
- PHSA Healthy Workplace Strategy currently under revision to reflect the new Lower Mainland Consolidation Human Resource structure & PHSA Strategic HR structure.

Analysis

The above strengths and challenges were discussed by the CMHP members. The following areas for improvement across PHSA were identified:

- Engaging vulnerable and diverse populations (e.g., Aboriginal populations) throughout PHSA services.
- Integrating mental health promotion, mental disorder prevention, substance use and violence prevention into tertiary programs and services across PHSA agencies.
- Identify existing PHSA programs and potential linkages to leverage existing resource, capacity and opportunities to:
 - Improve continuing education and training.
 - Expand tertiary programs and services across PHSA to address mental health promotion and substance use issues across the lifespan.
 - Awareness and understanding of issues between mental health and substance use are minimal across various PHSA agencies.
 - Awareness and understanding of violence as a risk factor for mental health and substance use issues are minimal across various PHSA agencies.
 - Address stigma and discrimination related to mental health and substance use, across PHSA services.

- Build support within the CMHP for the PHSA Healthy Workplace Strategy, integrating mental and physical health promotion, as a priority area for PHSA.

These areas for improvement were prioritized in accordance with the core components of the core public health programs.

Priority Areas for Improvement:

Mental Health Promotion and the Prevention of Mental Health Disorders

- Implement the PHSA Mental Health Promotion Capacity Building Project to enhance the capacity of PHSA clinicians across PHSA agencies and services to integrate mental health promotion into clinical assessments and care and discharge planning.
- Participate in the development of the Mental Health and Substance Use Module for the PHSA Aboriginal Cultural Competency Training Program.

Prevention of Harms Associated with Substances

- Establish linkages with existing PHSA substance use program/initiatives across PHSA agencies and services including the Heavy Alcohol Use Among Girls & Young Women Project: A strategy for gender informed primary prevention approaches (Centre for Women's Health); BC Substance Use Network; BC Youth Concurrent Disorders Network; BC Child & Youth Mental Health and Addiction Advisory Network (BC Mental Health & Addiction Services); BC's project under Health Canada's Drug Treatment Funding Program "Strengthening Substance Abuse Treatment Systems" (BC Mental Health & Addiction Services); Aurora Centre (BC Women's Hospital & Health Centre), and the PHSA Centre for Injury & Violence Prevention.
- Integrate violence prevention into CMHP activities to support the Prevention of Violence, Abuse and Neglect core program.

Cross Cutting Areas for Improvement (Common to both Core Programs)

- Develop a mechanism to increase partnerships and collaboration between the CMHP and existing PHSA agencies and services that are interested in applying a mental health promotion perspective.
- Establish linkages with BC Mental Health and Substance Use Health Literacy Network (BCM HAS) and with the Reducing Health Inequities: A Health System Approach to Chronic Disease Prevention project (The Centre for Chronic Disease Prevention).
- Build support within CMHP for the PHSA Healthy Workplace Strategy, integrating mental and physical health promotion, as a priority for PHSA.

Improvement Plan:

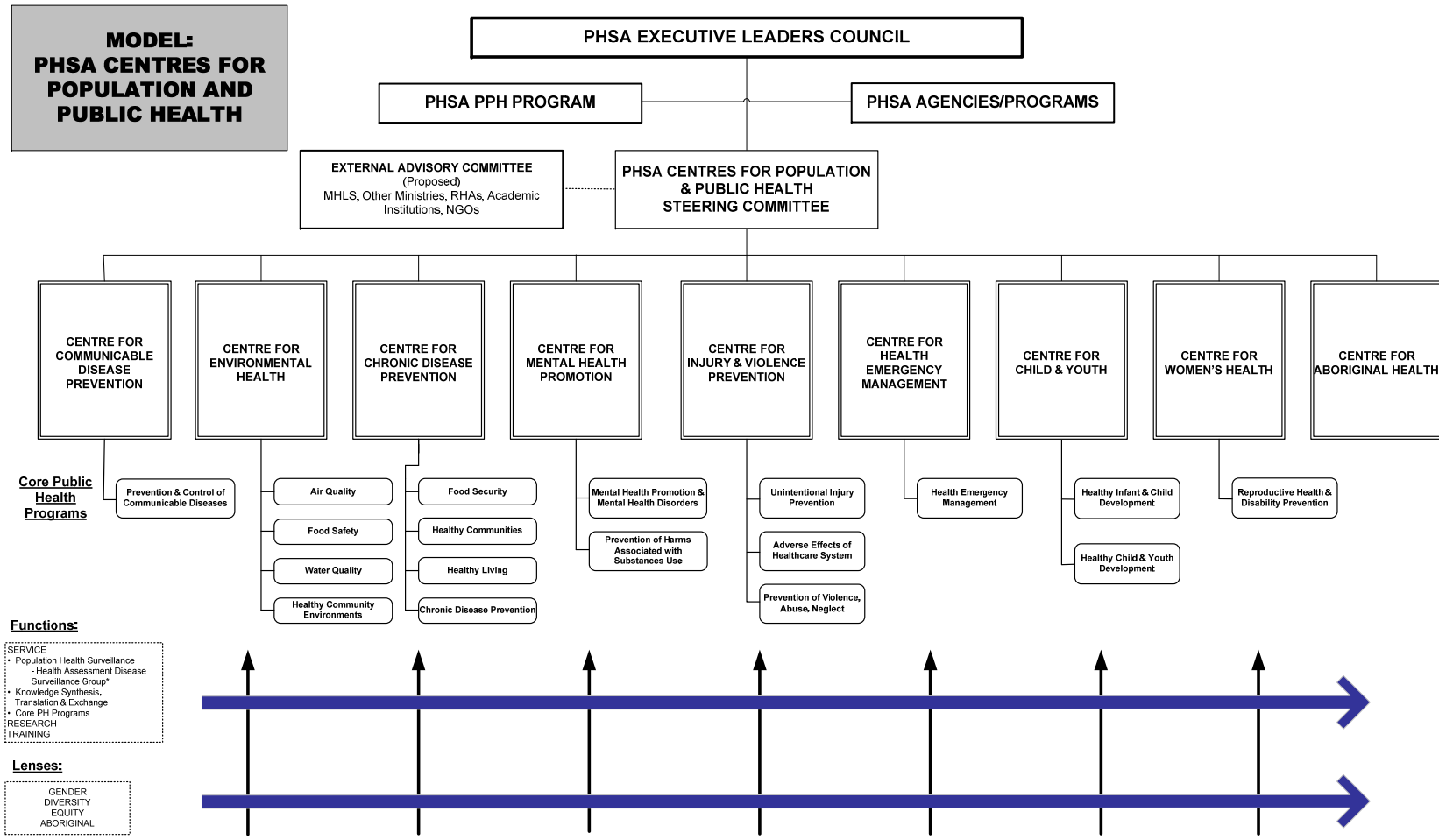
Component	Gaps	Outcomes/Objectives	Performance Targets (Indicators)	Timeline	PHSA Lead
Mental Health Promotion and Mental Disorder Prevention					
Mental Health Promotion (All Ages)	Mental health promotion, mental disorder prevention, substance use and violence prevention are not well integrated into tertiary programs and services across PHSA agencies	Implement the PHSA Mental Health Promotion Capacity Building Project to enhance the capacity of PHSA clinicians to integrate mental health promotion into clinical assessments and care and discharge planning	PHSA environmental scan of mental health promotion activities completed	Apr.2010	Shannon Griffin, Paola Ardiles & Alana Rauscher
Mental Health Promotion / Mental Disorders			MHP training tools/resources developed for PHSA clinicians and staff	Mar. 2011	Shannon Griffin, Paola Ardiles & Alana Rauscher
Prevention Across the Lifespan			Pilot testing of MHP training tools/resources for PHSA clinicians and staff completed	Mar. 2012	Shannon Griffin, Paola Ardiles & Alana Rauscher
Reduction of Discrimination and Stigma			Capacity to address stigma and discrimination within mental health and substance use across PHSA agencies services is minimal	Participate in the development of a Mental Health and Substance Use Module for the PHSA Aboriginal Cultural Competency Training Program	PHSA Aboriginal Cultural Competency Mental Health and Substance Use Module completed
	Capacity and resources for continuing education and training are minimal				

Component	Gaps	Outcomes/Objectives	Performance Targets (Indicators)	Timeline	PHSA Lead
Prevention of Harms Associated with Substances					
<p>Influence risk and protective factors at key developmental stages</p> <p>Prevent, delay, and reduce alcohol, cannabis and tobacco use by teens</p> <p>Reduce risky patterns of substance use</p> <p>Create safer contexts for substance use</p>	<p>Awareness and understanding of issues between mental health and substance use are minimal across various PHSA agencies.</p>	<p>Establish linkages with existing PHSA substance use programs/initiatives</p>	<p>PHSA programs/ initiatives addressing substance use identified and contacted</p>	<p>Mar. 2013</p>	<p>Co-Leads Centre for Mental Health Promotion</p>
	<p>Awareness and understanding of violence as a risk factor for mental health and substance use issues are minimal across various PHSA agencies.</p>	<p>Integrate violence prevention into CMHP activities to support the Prevention of Violence, Abuse and Neglect core program</p>	<p>Violence prevention integrated into CMHP activities</p>	<p>Mar. 2013</p>	<p>Co-Leads Centre for Mental Health Promotion</p>
Cross Cutting Areas for Improvement					
<p>Common to both core programs</p>	<p>Mental health promotion, mental disorder prevention, substance use and violence prevention are not well integrated into PHSA tertiary programs and services</p>	<p>Develop mechanism to increase partnership and collaboration between the CMHP and existing PHSA programs to leverage existing resources</p>	<p>CMHP membership reviewed</p>	<p>July 2010</p>	<p>Co-Leads Centre for Mental Health Promotion</p>
	<p>Lack of resources (e.g., human, time, monetary)</p> <p>Capacity and funding to expand existing tertiary programs and services to address mental health promotion and substance</p>		<p>New PHSA Agency membership recruited</p>	<p>Sept. 2010</p>	<p>Co-Leads Centre for Mental Health Promotion</p>

Component	Gaps	Outcomes/Objectives	Performance Targets (Indicators)	Timeline	PHSA Lead
	use prevention issues across PHSA agencies services are minimal	Establish linkages with existing PHSA programs that are interested in applying a mental health promotion perspective	PHSA programs interested in applying a mental health promotion perspective identified and contacted	Mar. 2011	Co-Leads Centre for Mental Health Promotion
	PHSA Healthy Workplace Strategy undergoing revisions to reflect the new Lower mainland Consolidation Human Resource structure & PHSA Strategic HR structure	Build support within CMHP for the PHSA Healthy Workplace Strategy, integrating mental and physical health promotion, as a priority area for PHSA	CMHP supported the PHSA Healthy Workplace Strategy as a priority for PHSA	Mar. 2012	Co-Leads Centre for Mental Health Promotion

Appendix

Appendix A – CPPH Model



* Health assessment & Disease Surveillance is also a Core Public Health Program

Appendix B – PHSA CENTRE FOR MENTAL HEALTH PROMOTION MEMBERSHIP

Mental Health Promotion and Mental Disorder Prevention Program Prevention of Harms Associated with Substances Program	
Shannon Griffin (Co-Chair)	BC Mental Health & Addiction Services (BCMHAS)
Fatima Yusufali (Co-Chair)	BC Women's Hospital (BCWH)
Paola Ardiles	BC Mental Health & Addiction Services (BCMHAS)
Alana Rauscher	BC Mental Health & Addiction Services (BCMHAS)
Jane Buxton	BC Centre for Disease Control (BCCDC)
Sarah Bell	BC Mental Health & Addiction Services (BCMHAS)
Sarah Desmarais	BC Mental Health & Addiction Services (BCMHAS)
Kira Tozer	PHSA Employee Wellness & Safety
Leslie Varley	PHSA Aboriginal Health Program
Shazia Karmali	PHSA Population and Public Health (PPH)