Complementary Article to the Canadian Institute for Health Information's Report

Improving the Health of Canadians 2009: Exploring Positive Mental Health

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Population Mental Health Promotion: What Is It? What Can It Become?

Natacha Joubert, PhD[i, ii, iii]

This article is dedicated to Professor John Raeburn in recognition of his significant contribution to mental health promotion.

Abstract

This article is meant to complement and expand on the report, *Improving the Health of Canadians: Exploring Positive Mental Health*, produced by the Canadian Institute for Health Information (CIHI) in 2009. It proposes a new paradigm and vision of population mental health promotion (PMHP) to clarify what it really is and move forward beyond many of the current challenges. The article also examines PMHP practices, as well as community projects, research, policy and training programs that need further development for PMHP to be fully operational and successful. Overall, the intent is to reach out and support the action of individuals, communities and organizations that believe in our common resourcefulness and capacity to transform ourselves and the world.

Introduction

In 1997, John Raeburn and I wrote a paper entitled *Mental Health Promotion: What Is It? What Can It Become?*,[1] which we presented at the Ayrshire International Mental Health Promotion Conference in Scotland. In the months following that presentation, the interest in the paper was such that we decided to rewrite it as a scholarly article. It became *Mental Health Promotion: People, Power and Passion* and was published in the inaugural issue of the *International Journal of Mental Health Promotion* in September 1998.[2]

Ten years have gone by since then, and many significant events have shaken the world and caused untold distress: the war in Europe (the former Yugoslavia); September 11 and the increase of world terrorism; the wars in Iraq and Afghanistan; the Indian Ocean tsunami; the genocide in Darfur (Africa); the accounting scandals of Enron and World Com (United States); the ongoing Arab/Palestinian–Israeli conflict; the global financial crisis; and so on. However, in contrast with all drama that has marked the history of

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ii. I would like to acknowledge the spirit, enthusiasm, talent and determination of the Canadian Population Health Initiative staff members in the development of the Canadian Institute for Health Information's report *Improving the Health of Canadians: Exploring Positive Mental Health* (Ottawa: CIHI, 2009). Special thanks to Dr. Elizabeth Votta, Lisa Corscadden and Andrew Taylor.

iii. I would like to express my sincere gratitude to my colleague and friend Debbie Blondell-Pitt, who has been my loyal and talented reviewer for the last 10 years.

humanity, these recent events have not only created more fear and misery, they have also contributed to an increase in human awareness and the emergence of a new global ethic.[3, 4, 5]

The very fact that we are so quickly and profusely informed of what is happening worldwide changes many things. For instance, we can see now more clearly than ever before how political and economic instability, corruption, inequity, social exclusion, interracial and religious conflicts, massive urbanization, poverty and environmental deterioration are affecting the life conditions, health and mental health of populations everywhere in the world. We also understand better how any local tragedy or crisis touches all of us globally. In the past, these situations were discussed and "controlled" only by a select few behind closed doors. Today, they are well documented by world organizations such as the World Health Organization, the Worldwatch Institute and Amnesty International and debated in numerous public forums online. Wherever they live in the world, people learn more about each other, exchange information, create networks of support and advocacy for various causes (for example, internet activism). We become more aware that together we can choose to move from a position of victimization to a process of transformation.[iv] In other words, the global village is not only a supply of drama but also a source of inspiration, reflection, collaborative connections and action for a better world.

The events that agitate the world and impact negatively on the health and mental health of its populations are an indication that we need to rethink and change our ways of relating to ourselves, others and the environment. We have to take responsibility for ourselves and the world by recognizing and placing more trust in our collective desire, resourcefulness and capacity to improve and protect our quality of life and environment. In other words, we have to move beyond a vision of ourselves and the world that keeps us immersed in our problems, misery and powerlessness to one that elevates and empowers us and brings out the best of ourselves. And this is the vision of population mental health promotion (PMHP).[v]

There are reasons to believe that PMHP's vision can be better understood and supported in the current context than 10 years ago. To start with, we are better informed of the staggering human and economic costs associated with mental health problems in Canada[6, 7] and in the world.[8] We also know that investing all our effort in crisis management and health services won't be enough. We have to be more proactive to protect and nurture population mental health. Moreover, an increasing number of leaders, governments and organizations worldwide are considering PMHP as a suitable approach to offset the imbalances of the current situation.[9, 10, 11]

In Canada, the making and release of *Improving the Health of Canadians: Exploring Positive Mental Health* by CIHI[12] testifies to a growing interest in PMHP as a credible approach to improve the mental health of Canadians. However, producing the report

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iv. A process of transformation refers to an inside-out process that describes people's capacity to transcend or move beyond personal limits (for example, fears) and bring about significant changes in their life circumstances.

v. Population mental health promotion (PMHP) is an enhanced concept of mental health promotion as defined by Joubert and Raeburn in *Mental Health Promotion: People, Power and Passion* in 1998.

also brought to light major challenges that need to be addressed in order for that approach to be fully operational and successful. Among them, there is the pervasive confusion between mental health and mental illness, a lack of understanding of what PMHP really is and how to achieve it and the scarcity of research, policy development and financial support for community action in the field.

In my view, the first step toward facing these challenges is to realize that we cannot promote population mental health within the current paradigm of mental illness prevention and treatment. PMHP is based on another paradigm. This fundamental distinction points toward a very different vision encompassing new principles and actions that have to be discussed so as to clarify what PMHP is and what it can become. And that is what this article seeks to achieve. It will expand on and complement notions and elements of mental health and mental health promotion mentioned in the CIHI report as well as in papers written by Raeburn and me in 1997–1998. The article also examines areas that need further work and support, such as the development of PMHP practices and community projects, the creation of PMHP indicators and surveys, the enhancement of PMHP research and evaluation, the elaboration of PMHP policy and the establishment of PMHP education and training programs.

The rehabilitation of mental health

Why do we have to say “positive” mental health when we want to talk about mental health, “real” mental health? Mainly because we want to avoid the negative connotation of mental health associated with mental illness. How did we end up mistaking mental health for mental illness? The same way most health professionals and people in general allude to illness when they talk about health and the health system. Should we start saying “positive” health when we want to discuss “real” health? How did we end up giving so much importance to illness over health? Is it because of an increase of diseases, the medicalization of life, to respond to pressure from the biomedical industry or out of compassion for the aging population? More fundamentally, I think this phenomenon reflects how the majority of us go about our lives—the way we understand and organize reality. In the social sciences, this is what we call the “dominant paradigm.” A dominant paradigm refers to the values or system of thought and beliefs in a society that are most standard and widely held at a given time.[13]

The predominance of illness over health and mental health is a manifestation of the most prevailing or dominant thoughts and beliefs we entertain about ourselves, others and the world. And the truth is that these are often about our problems, weaknesses, limitations, deficiencies, diseases and lack of control, and less about our healthiness, strength, resilience, insight, courage, wisdom, creativity, generosity, responsibility and determination. Also, we tend to perceive the world much more as an unpredictable and dangerous place that separates us than as a source of infinite possibilities to express and experience our resourcefulness and commonality.

When we look more closely at our current beliefs and most prevailing thoughts, we actually discover a lot of fear (for example, fear of change and ambiguity, of judgment and exclusion, of sickness and death, of violence and repression, of lacking money and poverty) and the by-products of fear (for example, separation, insecurity, depression, powerlessness, conflict and misery). All these fears shape our ways of being and relating to ourselves, others and the world. Throughout history, fear has been used by authorities to establish power over people. To date, the paradigm of fear still receives its

legitimacy from the establishment (for example, government agencies, educational and research institutions, professional organizations) and the media that view and describe people, life situations and reality through the lens of alarmism.

As William James (1897)[14] said so eloquently, "The world we see that seems so insane is the result of a belief system that is not working. To perceive the world differently, we must be willing to change our belief system, let the past slip away, expand our sense of now, and dissolve the fear in our minds." In other words, changing the world is not so much about trying to fix or control every situation in the world. Changing the world starts by being aware of the beliefs we entertain about ourselves, others and the world; being aware of their impact on our reality and changing the ones that don't serve us well; changing the ones that do not fit with our common aspiration for a better life and world.

This may sound unrealistic or beyond our reach but it can actually be done by giving more attention to "who we are" beyond our fears. And who we are beyond our fears is boundless. By doing so, we will make a world of difference! By doing so, we will create a paradigm shift—from a vision of fear and incompleteness to one of trust and resourcefulness—that can transform our whole reality at individual and societal levels, both locally and globally.

In short, it is important to realize that the confusion of mental health with mental illness results from the dominant paradigm or core beliefs we entertain about ourselves and the world. Until we change some of those beliefs, "health" and "mental health" will continue to be dominated by a vision of deficits and illnesses. Strategies like choosing other ways of referring to mental health (for example, mental wellness, mental well-being, mental healthiness, positive mental health) or simply stopping the use of the word won't be enough to dissipate confusion because the change has to take place at another level, at the level of our beliefs. The rehabilitation of mental health as mental health will require "health" to be "health"; it will require that we believe more in health and in our capacity to be healthy and invest more of our time and energy to promote and support health.

What is mental health really?

Despite the predominance of mental illness, there have been various attempts to agree on a positive definition of mental health.[12] The difficulty is that people and communities around the world have different conceptions or understandings of mental health. However, the beauty of it is that it there seems to be a consensus on what constitutes the essential elements of mental health: individual and/or community resilience or resourcefulness and supportive environments (see The effectiveness of PMHP).

Like any other life process, mental health is difficult to grasp. It fluctuates all the time and can hardly be represented on a continuum or confined to a static state. From birth to death, individuals—as well as communities and entire populations—go through the ups and downs of life. They draw on their personal resourcefulness or resilience and resourcing or supportive environments to develop, flourish and grow out of the various challenges they face (Figure 1).[2, 15] Obviously, the mental health status of people is not determined so much by their capacity to avoid or move away from vulnerabilities, problems or illnesses (that is, absence of disease). Rather, it's their determination to look beyond their vulnerabilities, problems and illnesses and move toward health that speaks forcefully of their inner strength, resilience and mental health. After all, mental

health is a continuous process of development and transformation that is nurtured by people's fundamental trust in their capacity to be, to belong and to become.

A new paradigm

Figure 2 outlines in general terms how a paradigm based on trust differs from the paradigm of fear. None of the elements included in this new paradigm is really "new" to us. However, looking at "who we are" and the world around us through the lens of *trust* instead of *fear* can actually change our whole system of thought and reality. For example, when we trust ourselves and others, we experience our openness and *connectedness*; we stop being judgmental and feeling *separated* from each other and the universe around us. Once we are reconnected to ourselves and others, the feeling of inadequacy, *incompleteness* or *deficiency* disappears. We can rediscover and enjoy our *resourcefulness* or *health*, individually and collectively. Our various life circumstances become *opportunities* for change or transformation and not threatening *problems*. Therefore, our actions are intended to *support* our resourcefulness and health instead of trying to fix or *contro*l our incompleteness or deficiency and problems. We take responsibility for and action on the *causes* of our different life circumstances instead of being victims of their multiple *effects*. Finally, our vision and actions are integrated into a *continuous* and evolving process, not a fragmented and *short-term* goal.

Imagine how different the world and our lives will be when our decisions and actions in all sectors of human life are built on a foundation of trust intended to empower and support the resourcefulness of individuals, communities and entire populations. There are a growing number of people who believe that we can change the world by focusing more on everything we are and can do—instead of our deficiencies and powerlessness. Individuals, organizations and corporations around the world, including Canada, are waking up and embracing a new outlook with an emphasis on their responsibility to contribute positively to our collective future.[5, 16, 17] This transformation in paradigm, vision and action is also what PMHP is about.

Population mental health: A collective resource

From the new paradigm we can develop a vision of population mental health based on a fundamental trust in people's desire and capacity to bring about transformations in themselves and their lives. Within that vision, population mental health is seen as a collective resource and wisdom that contains ways of being and doing that are conducive to mental health, well-being and prosperity—not as a mental illness survey. Its worth is invaluable but not inexhaustible. As any natural resource, it can be damaged and therefore needs to be protected as well as supported in its own capacity to regenerate itself. Protective and preventive factors or health determinants that are essential to population mental health—and overall health—include food, housing, social support networks, education, income, health and social services, social justice and human rights.

On the other hand, PMHP also calls for specific decisions and action to support and strengthen individual and collective mental health, resourcefulness and capacity for mental health and well-being. Although real and sustainable transformations always come from inside individuals and communities (an inside-out process), they can be facilitated and nurtured.

What is population mental health promotion?

In accordance with the new paradigm and vision of population mental health as a collective resource, promoting the mental health of populations is first and foremost recognizing and supporting that resourcefulness. Therefore, a PMHP approach can be defined as a set of principles and local, national and/or global actions that focuses on the following:

- Fostering the development of individual and community mental health, resourcefulness and capacity for well-being; and
- Creating supportive or resourcing environments or life settings.

The PMHP vision and approach can be schematized as follows:

- PMHP = $R+R^2$
- PMHP = Individual and community **R**esourcefulness + **R**esourcing environments[vi]

The authenticity and strength of PMHP come from its emphasis on the best in every individual and community, even the most vulnerable, and its focus on their resources and ability to generate and enjoy mental health and well-being. Wherever they live and whatever their life circumstances, people are much more open and responsive to an approach that recognizes and increases their healthiness and resourcefulness than to ones that victimize and reduce them to their deficiencies and disabilities.

Although we all experience problems and illnesses, they do not define who we really are. They are not part of our being or true identity. For a long time, physically disabled people were marginalized from society. They were considered, and considered themselves, to be diminished or lesser human beings. Since we, and they, changed our beliefs and attitudes toward them—from fearing and excluding them to recognizing their resourcefulness and including them—they have become full citizens, workers, university professors, world leaders, renowned artists and Olympic champions.

Within the new paradigm, PMHP principles and actions not only recognize and support individual and collective resourcefulness and mental health, but, as a result, they also help to reduce fears and exclusion associated with mental illnesses and social problems. There are examples of entire communities facing major problems such as high levels of violence, child abuse, delinquency, school drop-outs, drug trafficking and teenage pregnancy that have succeeded together in transforming what seemed to be intractable living conditions by primarily focusing on their resourcefulness and capacity for well-being—instead of trying to change destructive conditions that kept people immersed in their problems and feelings of powerlessness.[18, 19, 20] PMHP is also founded on principles such as community self-determination and empowerment, equity, social integration and citizen engagement, innovation and partnership.

As illustrated in Figure 3, the PMHP vision and the Resourcefulness + Resourcing approach can be very useful in defining, guiding and coordinating decisions and actions,

vi. The word “environments” refers to family/home, school, workplace, community organizations, senior residences and any other setting where life unfolds, as well as the economic, political, social, cultural and physical contexts.

from a process as much as a content point of view, at the governmental level (macro-), the community level (meso-) and the level of family and individual (micro-). That means that the various decisions and actions, either concerned with national surveys and policy, community projects and networks or family and individual day-to-day life, should reflect, foster and build on individual resourcefulness and mental health. They should also help to create resourcing or supportive environments for mental health.

For instance, developing a national strategy to promote population mental health would involve a government's leadership (macro-level) to facilitate and support community participation in the development of an R + R national policy and action plan. The communities or various life settings (meso-level) would have responsibility for determining the way to proceed and to make sure that the resources allocated to PMHP are actually reaching and strengthening families' and/or individuals' mental health and resourcefulness (micro-level). The PMHP vision and R + R approach can also be applied to health in general and to every sector that has a direct impact on population mental health: the economy, education, employment, housing, transportation, justice, social services and so on.

The role of communities or life settings (for example, school, the workplace, neighbourhoods, community centres and organizations and seniors' residences) is central in promoting the mental health of entire populations. As indicated by the central arrow on Figure 3, communities are the focal point connecting governments and agencies on one side, and families and individuals on the other. The role of government in the development of public policy gets its *raison d'être* from representing and voicing communities' concerns and realities. Communities are also in the best position to reach out and support individuals and families in their everyday lives. In fact, communities are the place where everybody lives, people learn to relate to one another, social organizations are created and social transformations happen. Furthermore, a sizeable share of knowledge and practice to promote the mental health of populations is also to be found in communities and life settings.

PMHP practices and community projects

In simple terms, PMHP practices are the ways of being and doing in day-to-day life that contribute to our individual and collective mental health and well-being. They include our values, beliefs and everything we are beyond fear: joyful, lovable, open, confident, positive, enthusiastic, curious, creative, insightful, trustworthy, generous, calm, fair, understanding, honest, audacious and inspired. They also include activities we enjoy doing alone or in the company of others: talking, playing, listening to music, working, reading, walking, singing, meditating, drawing, cooking, creating, gardening, dancing and dreaming. PMHP practices are part of the legacy left by centuries of human experience. They come from the best and immutable part of us, from our resourcefulness (for example, wisdom, strengths, life skills, resilience and assets) that not even the greatest misfortunes and tragedies have ever been able to wear away completely.

PMHP practices exist everywhere in the world. Although not labelled as "PMHP practices," they can be found among all social and cultural groups, for all age groups in all communities and life settings. Many of them are naturally integrated into people's daily ways of being and doing. Others are more structured and organized into distinct community projects. These can take different forms but they generally consist of

initiatives and actions implemented by people for people living in various life settings (for example, schools, neighbourhoods, workplaces and community organizations). Even if the majority of these PMHP grass-roots initiatives are not evidence-based practices or have not been subjected to systematic review (that is, randomized controlled trials or RCTs), they are nevertheless experience-based practices and should be valued, considered and evaluated as such.[21] Furthermore, they contain an important part of the knowledge we need to progress on all fronts in this domain (see A new partnership for PMHP).

Most existing models or approaches of self-determined community projects follow the same logic. People get together, discuss what they want to do and the resources available, decide how they will proceed, put their ideas into action and review outcomes. The PEOPLE-System developed by John Raeburn[21, 22] is a good example of a simple seven-step approach to planning, organizing and evaluating PMHP projects involving groups of people or whole populations (Figure 4). Above all, these projects always come about in a spirit of trust, openness, connectedness and participation, and they are meant to improve people's mental health, well-being and life circumstances.

In addition to examples provided in CIHI's report,[12] other PMHP community projects developed in various regions of Canada and the world[vii] follow:

- In Manitoba, the *Seniors' Medicine Wheel* project has succeeded in transforming an initiative to direct Aboriginal elders to health services into an opportunity where they and the children of the community come together and become mental health–promotion agents for one another through a cycle of spiritual growth and emotional healing.[23]

- *Resiliency Canada*—Based in Calgary, Alberta, this independent and non-profit organization strives to advance the well-being of children, youth and their families by generating knowledge about and the ability to assess the resiliency factors and developmental strengths that are essential to the well-being of individuals and the communities they live in.[24]

- In Newfoundland and Labrador, a project called *Helping Skills* established support and mutual help networks in parallel with existing health services and capitalized on local strengths and community solidarity to promote mental health and to prevent distress following loss of jobs caused by the moratorium on cod fishing.[25]

- *Le Projet Pacifique/Peaceful Project* is a school-based peer-mediated conflict resolution program developed by CAP santé Outaouais, a community organization from Quebec, in collaboration with schools, parents and the community who have decided to train and empower the students as peacemakers instead of implementing traditional top-down violence-prevention programs.[26]

- In New Zealand, the *Meeting of the Minds* program provides older people with opportunities and activities to "stretch their minds" and enrich their social lives. The

vii. Some of these projects have not been subjected to as rigorous an evaluation as those included in CIHI's report.

activities include the creation of book clubs and SeniorNet groups (computer-use classes for older people, delivered by older people).[27]

- *Life is Do-able* program was created by the Mental Health Foundation and the University of Auckland, New Zealand, as an attempt to take a positive approach to preventing youth suicide. The objective of the program is to help individuals achieve a positive feeling of well-being and empowerment. The program was very successful and the Ministry of Health funded its development for more general use around the country.[28]

- Using PMHP as the conceptual framework and the PEOPLE System as an organizational guide, the *Glen Innes Ka Mau Te Wero Project* (New Zealand) is about enhancing the well-being and quality of life of everyone in the community. Actions are self-determined and taken by the people themselves on their own priorities, needs and issues in a positive, strength-building approach, and under their own control and governance.[29]

- In Salvador de Bahia (Brazil), the *Axé Project* helps street kids by strengthening and fostering their desire for a better life (desire pedagogy) and their capacity to be authors of their own evolution and transformation.[30]

- In São Carlos, a slum of Rio de Janeiro (Brazil), young people are recruited and trained to become community health agents, as well as mentors and tutors for other young people and the community as a whole.[31]

- In Teresina (Piaui, Brazil), a project called *Girassol* helps sexually abused children recover their strengths and discover their inner resources in dance workshops and performances directed by professional dancers and choreographers.[32]

- *Home-Start International* is a home visiting program for families with children under five years of age that promotes the mental health of parents and their children. Home-Start works with networks of trained parent volunteers to offer support to vulnerable families. In rich and poor communities, in 18 countries on five continents, Home-Start reaches out to families in need to provide friendship and practical help.[33]

- The *JOBS Program* (U.S.) consists of job search training plus social support for recently unemployed adults. It builds job search skills and increases confidence, both in terms of self-esteem and self-efficacy in job seeking. The program has been delivered successfully in the U.S., Finland, China, Korea, the Netherlands and Ireland.[34]

In spite of their variety, PMHP community projects share a common humanity. They reflect people's desire and capacity to transform their lives and follow the same principles that rely on their resourcefulness. In other words, these activities and initiatives are always focused on supporting and reinforcing individuals' resourcefulness, mental health and life skills—not on their deficiencies and problems. Even when they take place in vulnerable or deprived communities, individuals are not seen as victims but as full participants in a society that they must build for themselves. The essence, knowledge and know-how contained in PMHP practices and community projects are the foundation of any action aimed at promoting population mental health. The benefits of

PMHP community projects constitute an invaluable source of information, development and prosperity. They need to be recognized within communities and shared among them and with the rest of the world.

The effectiveness of PMHP

Within the new paradigm, the effectiveness of PMHP decisions and actions is guaranteed by the very fact that they reflect and call upon individuals' and communities' mental health, resourcefulness and capacity for transformation. Difficult life circumstances may cover up or diminish that capacity for a while, but it is there to be retrieved, once recognized, and supported. PMHP actions or practices and projects are beneficial and applicable to all individuals in any life setting. Not only do they strengthen mental health, resourcefulness and life skills,[12, 35] but as a result they also enable the prevention of mental health problems before their occurrence (primary prevention).[35, 36] They can also contribute to more effective primary care,[37, 38] clinical treatment,[39] rehabilitation and recovery[40, 41, 42, 43]. Overall, PMHP practices can add significantly to the quality and efficacy of health care as long as they are used properly—to promote mental health—and not confounded with illness prevention and treatment activities.

Over the last 10 years, there has been an increasing number of articles, reports, conferences, networks and initiatives addressing mental health promotion programs, practices, research and policies in Canada and worldwide. More effort is also being made to evaluate the effectiveness of initiatives in this area.[35, 44, 45, 46] Although this burst of interest in PMHP was long awaited, it has created confusion and complications. For instance, many of the programs, projects and practices included in official reports on "mental health promotion" are centred on individuals' and communities' problems and illnesses, and are in fact secondary and tertiary prevention practices (that is, early intervention and treatment), not mental health promotion.[35, 44, 45, 46] In addition to the confusion, this situation jeopardizes efforts to understand and measure the effectiveness of mental health promotion.

To ensure that our work and activities for PMHP really progress and can be appraised, we need a clear understanding and consensus on what it is and how to do it. Such a consensus can easily be reached by simply agreeing on the essentials of PMHP (see Table 1, PMHP Essentials and Guiding Principles). For instance, all the definitions or models of "positive" mental health that can be found in the literature acknowledge people and communities' resilience and capacity to be mentally healthy.[47] They also recognize supportive environments as a prerequisite for good mental health. Therefore, we can say that fostering people's and communities' resourcefulness and capacity to be mentally healthy, as well as creating resourcing environments (R + R) are essentials of PMHP.

Another essential element of PMHP has to do with people and communities' direct participation and contribution to the field. Too many of the current national or global initiatives are top-down processes involving mainly professionals, researchers, policy-makers and administrators. If we want to accomplish something in any of our initiatives to promote the mental health of populations, it is important to realize that people and communities are primary resources and providers of mental health and well-being, as well as central partners in PMHP—not only recipients of programs or services and policies.

A new partnership for PMHP

Clearly, the success of PMHP will depend on our capacity to bring together and optimize all the available resources. A new partnership for PMHP requires genuine and equitable collaboration between communities, government and professionals in the field. Such collaboration is based on a common paradigm or vision and shared values (for example, trust, openness, connectedness and resourcefulness) and goals; acknowledgment of each partner's assets, role and responsibilities; mutual support and long-term commitment. Perhaps an important and helpful step in that direction would be to appreciate the value, extent and relevancy of such collaboration. For example, as we saw previously, people and communities hold an important part of PMHP knowledge and practices. Therefore, their input is essential to the development of PMHP tools and processes such as indicators, surveys, research, policy and training.

On the other hand, PMHP professionals also have an important role to play, not only in their capacity as policy-makers, researchers, practitioners and administrators, but as facilitators of the process by which the contribution of communities is fully recognized, validated and engaged (see PMHP education and training). This close collaboration between experts and communities could go a long way toward clarifying the action needed for PMHP. In turn, this concerted action should lead to stronger advocacy and greater support from government and organizations.

PMHP indicators and surveys

As shown in CIHI's report, most indicators used in so-called mental health surveys in Canada and around the world are measuring problems and illnesses—not mental health.[12] These indicators or scales developed by psychiatrists, epidemiologists, clinical psychologists and researchers are based on their clinical model and definition of mental illness. Unfortunately, these surveys have generated a lot of alarming data with no equivalent action. Actually, the situation is tricky because as the number of people with a diagnosis of mental illness increases, we are facing an overloaded and reduced capacity of public services to provide for and support them. Finding other ways to improve and strengthen population mental health has never been so crucial. As Albert Einstein said, "We can't solve problems by using the same kind of thinking we used when we created them."

In line with the new paradigm and vision of PMHP, the development of PMHP indicators is a process of searching for and describing what nurtures the resourcefulness of individuals, communities and entire populations and keeps them mentally healthy—which is quite different from looking for what places them at risk and makes them mentally ill. This shift in paradigm calls for an opening and innovation in our ways of doing things regarding statistical or quantitative and qualitative surveys, and also in the overall context of research and policy development.

PMHP indicators can serve many assessment purposes: mental health surveys, evaluation of community practices or projects and policy monitoring and evaluation (see figures 5a, 5b and 5c). The content of these indicators is based on people's personal and collective knowledge and day-to-day experience and practices of what contributes to their mental health and well-being. Therefore, that information is universal and accessible in all communities everywhere. It reflects people's constructs of their reality—not only the theoretical model developed by experts.

There are examples of "positive" mental health indicators or psychological well-being scales that have been developed from original content validation in real life. These positive indicators touch on factors related to cognitive, emotional, interpersonal, social and spiritual well-being and strength, as well as constructs associated with a pleasant, meaningful and engaged life.[12, 48] The advent of Flow theory[49] and positive psychology[50] have created a renewed interest in the study of positive human traits. In 2004, Peterson and Seligman[51] published a handbook and classification of human strengths in an attempt to complement the Diagnostic and Statistical Manual for Mental Disorders (DSM) and the International Statistical Classification of Diseases ICD manual. Their research indicates that strengths such as wisdom and knowledge, courage, humanity, justice, temperance (for example, forgiveness and humility) and transcendence (for example, hope and spirituality) are linked to higher life satisfaction and well-being and are common cross-culturally. Indicators of individual and community mental health and resourcefulness or resilience may not be numerous yet but they are definitely a growing and promising area of research.

We also need to identify, analyze and measure the various social and physical conditions and factors that can serve as resources to support people and community mental health. These are the real determinants of mental health. We already have scales to measure various dimensions of social support but we need to find out more about many other factors such as community spirit, cohesion, resilience and empowerment, equity and social justice and social inclusion.

The majority of mental health scales—and an important part of mental health research—focus on differences and disparity among individuals and communities. These differences are often referred to in a way that separates and stigmatizes people and communities (for example, personal problems, diagnosis, social problems index, populations at risk and deprived communities). We forget that behind these differences there is something much more powerful: our common humanity or commonality (for example, love, trust, generosity, courage, patience, openness and resourcefulness) Actually, once that common humanity is recognized, differences among people and communities across the country and the world appear as infinite expressions of the same humanity. We need to factor in and find out more about that common humanity so as to better measure it and support it.

We all know the importance of surveys, not only as an informative device but also as a prevailing incentive for research funding and policy development. By using indicators based on individuals' and communities' life experience and resourcefulness, PMHP surveys will have the advantage of providing more accurate information on population mental health and the social, cultural, economic and environmental determinants favourable to mental health. Furthermore, they will facilitate the translation of PMHP information into policy and action plan so as to ensure the availability of resources to support mental health for individuals and communities. Above all, it is much easier and cost-effective to decide on actions to support people's mental health than to try to fix or repair after the fact.

PMHP research and evaluation

Over the last century, mental health knowledge and research have been dominated by the medical model of illness. For example, many of the mental health research institutes

created in Canada over the last decades are situated in hospital settings and focused on clinical research.[52, 53, 54, 55, 56, 57] The Canadian Institutes of Health Research's institute for mental health research, the Institute of Neurosciences, Mental Health and Addiction (INMHA), supports research on the functioning and disorders of the brain, the burden of diseases and people affected with mental disorders and illnesses.[58] Obviously, we have to create a new area of "positive" mental health research and data collection to discover the extent and importance of its contribution to population mental heath. But first, we have to open up to everything we are capable of beyond what we define as our deficiencies or disabilities and limits. For instance, individual and collective resilience, or capacity to transform and grow out of difficult personal or life circumstances, are amazing sources of experience-based practices from which we can learn and benefit.

Any PMHP documenting or research process is, by definition, field and participatory research. Its starting point is to find out what, in people's ways of being and doing in day-to-day life, fosters their mental health and resourcefulness and which external factors or determinants are adding to it. That means that PMHP research, either quantitative (for example, survey research) or qualitative (for example, community action research), is conducted by PMHP professionals in partnership with people in their various life settings. There are various research models and methodologies such as community-based participatory research (CBPR)[59, 60] and asset-based community development (ABCD)[61] that can easily be adapted to uncover, investigate and evaluate individual and collective mental health, resourcefulness and resilience.

The participation of individuals and communities from outside the field in PMHP research has many advantages. As mentioned before, it ensures the authenticity and accuracy of the new knowledge and indicators being developed for PMHP surveys. In turn, these indicators can serve to evaluate the effectiveness of various PMHP community projects and the impact of policy. The participatory approach also eases the whole process of evaluation without reducing its rigour. Because they are part of it, people do not feel estranged by the process and can truly benefit from the feedback it provides.

One distinctive feature of PMHP tools and processes, such as the development of indicators, research and policy, is that they are interrelated—not silos—and they complement one another (see figures 5a, 5b and 5c). This is mainly because they all focus on people and communities' resourcefulness and commonalities in the context of daily life—not on distinctive diseases and separate clinical samples or populations. In other words, all PMHP tools, processes and knowledge are intended to reflect, serve and support population mental health, resourcefulness and quality of life—not only the advancement of a field of study.

PMHP policy

PMHP policy is quite different from traditional mental health policy. Typically, mental health policy is not concerned with mental health but with mental illness and the provision of treatment or services for people with mental illness. It also has to do with consumers' rights and issues related to discrimination and stigma. Within the new paradigm and vision and in the same vein of healthy public policy,[62] PMHP policy is really about mental health, promoting mental health of the whole population and creating environments that are conducive to mental health.

The making of traditional mental health policy is done by experts and starts with the identification of a problem, the population at risk or affected by the problem and the various options to deal with the problem. PMHP policy is focused on individual and community capacity to be mentally healthy, to determine their priorities and actions and to participate in the policy process. It is meant to recognize, strengthen and support positive outcomes—not to avoid some negative effects. Overall, a PMHP policy is a plan of action or strategy to guide decisions and achieve tangible and positive population mental health outcomes (that is, individual resourcefulness and resourcing environments/R + R). The involvement of people and communities in the development and implementation of policy ensure its legitimacy, relevance, validity, utility and efficacy[63] (see What is population mental health promotion?).

The dynamic process by which PMHP policy is created provides another great example of the various interactions and cyclical movement there is among PMHP areas of activity. It is also a vivid illustration of real knowledge transfer. Figures 5a, 5b and 5c show how PMHP indicators, surveys, research and community projects are an important source of input for each other and for the development of PMHP policy. In turn, the impact of PMHP policy can be monitored and evaluated by outcomes of PMHP surveys and the effectiveness of community projects.

PMHP education and training

The predominance of the medical model and the assimilation of mental illness into mental health also have an impact on the mental health profession. The vast majority of so-called mental health professionals (for example, psychiatrists, clinical psychologists, clinical social workers and psychiatric nurses) are specialized in the treatment of mental illness or disorders—not in the promotion of mental health. The university education and training provided for these professions are mainly focused on clinical practices and take place in general or psychiatric teaching hospitals.
Investing in other ways to improve and strengthen population mental health, as proposed by PMHP, will necessitate the creation of new education and training programs inspired by the new paradigm, informed by PMHP processes and activities (see Figure 5c) and centred on fostering individual and community mental health in day-to-day life. These programs will offer a vision of population mental health defined as a collective resource offering unlimited opportunities of transformation for mental health and well-being. Students and trainees will learn how to enhance the mental health and well-being of children, youth, adults and aging adults from various social and cultural groups in a variety of life settings and environments. They will be trained as PMHP researchers, community workers, policy-makers, administrators, counsellors, educators and so on and share the same trust and faith in people and community resourcefulness.

To my knowledge, the first and only university mental health–promotion program in existence in the world is the one created by John Raeburn at the School of Population Health, University of Auckland, in New Zealand.[64] In Canada, there are very rare educational events touching on mental health promotion.[65] Ongoing discussions and collaboration between the New Zealand School of Population Health and the University of Ottawa Institute of Mental Health Research will hopefully allow the creation of an international PMHP program in the years to come.

The upcoming generation of Canadian and worldwide PMHP professionals and community workers will be part of a redefined world community that we can see

emerging. They will have a strong vision of our common humanity and how to build from it. They will feel connected to people and community—not separated. They will share the desire for a better life, believe in and support resourcefulness and the capacity to achieve it. They will dedicate their attention and efforts to what they and others want to create or change—instead of fighting what they don't want. They will work as PMHP agents and facilitators and build bridges that unite people from various sectors of society who want to make a difference in the best interests of everyone.

Conclusion

The world is changing. The world is changing because we are changing. We are changing because we have become more aware that we are not just passive observers or "victims" of our world. Our reality or life experience is not just something that is happening or done to us. Rather, it is something we create individually and collectively.

As quantum physicists have revealed to us over the last century, there is no reality that exists independently of our own consciousness. John Wheeler,[66, 67] an American physicist and colleague of Albert Einstein at Princeton, said that the very building materials of the universe are these acts of observer-participancy. The very act of focusing our attention or consciousness on something is an act of creation in and of itself. In other words, our reality or experience of life is much more the result of an inside-out process than we thought for a long time. It is made of thoughts and beliefs we project into the world. It is made of what we think or believe about ourselves and the world.

When we believe something is reality or true, it becomes our experience. It becomes what we see. If it's impossible not to believe what we see, it's equally impossible to see what we do not believe. Believing is seeing! So, as suggested by Williams James, if we don't like what we see in the world, if we don't like what we are experiencing, if it doesn't bring us the quality of life we're hoping for, then let's change our belief system. Let's move away from the old paradigm of fear. We can see how the insecurity, depression, separation, conflict and misery created by fear cause immense suffering and ultimately imprison and impoverish us all. As long as fear rules our thoughts, actions and lives, it will interfere with our efforts to change and improve our life circumstances.

In Canada and the world, there is a strong desire to reduce human misery and a growing consensus that we have to open up to new ways to achieve it. The fact is the same when it comes to promoting the mental health of entire populations. In both cases, the first step toward such changes requires a shift in paradigm and a new vision of who we really are beyond fear. We need a vision of mental health beyond mental illness. And this is what PMHP seeks to achieve. As parents, we all know that the best way to strengthen our children's development is by focusing our trust, attention and support on what they do well, what they're good at—not by harping on their limits and deficiencies. The same reasoning applies to PMHP. We simply cannot succeed in promoting population mental health within a paradigm and vision that are dominated by our problems and disabilities. But that doesn't exclude redefining prevention and treatment within the new paradigm. Actually, there is no healing or recovery process without trust in our resourcefulness and capacity to move forward toward health.

The second step toward PMHP is the "re-cognition" and support of everything we are beyond our fear, problems and illnesses, individually and collectively. And I suggested

that there is no place where this is more visible than in people's daily practices and community projects. In so many ways, our ways of being and doing in life are a tribute to our common humanity and resourcefulness. There are numerous examples in Canada and everywhere in the world showing personal and community resourcefulness and the capacity to transform difficult life conditions into opportunities. These are the ones we have to document, learn from, publicize, strengthen and better support to promote population mental health.

The third step to PMHP is the development of a new partnership between community and professionals, as well as new tools and processes to translate the PMHP vision into reality. We have briefly reviewed and discussed some of the PMHP tools. Obviously, more research is required to create PMHP indicators that will measure the multiple dimensions, expressions and resources of population mental health. This implies the launch of a new sector of mental health research studying people's and communities' ways of being and doing that keep them mentally healthy, and the social and physical determinants that are conducive to mental health. The positive results will then inform the making of healthy public policy that recognizes and supports resourcefulness and mental health in people, communities and entire populations. The development of PMHP education and training programs is also an important step toward providing an identity, legitimacy, expansion and dissemination to PMHP activities. It will also ensure their sustainability and progression.

Last but not least, a recommendation concerning the vigilance and determination needed in order to develop and apply a new paradigm and vision of population mental health promotion: the weakening of health promotion in Canada provides a good example of what can happen to a new vision when its actions lose sight of its founding principles.[15] Pressure from the dominant paradigm can be strong, confusing and can increase the propensity to slip back into old thinking (that is, illness). Constant review of PMHP essentials and guiding principles can help us stay on track during planning and implementing processes (see Table 1). Once the identity and efficacy of PMHP have been fully demonstrated and established, the entire field should be able to flow and become everything it can become.

Everything we need to change the world is to be found in the greatness of who we really are, beyond fear.

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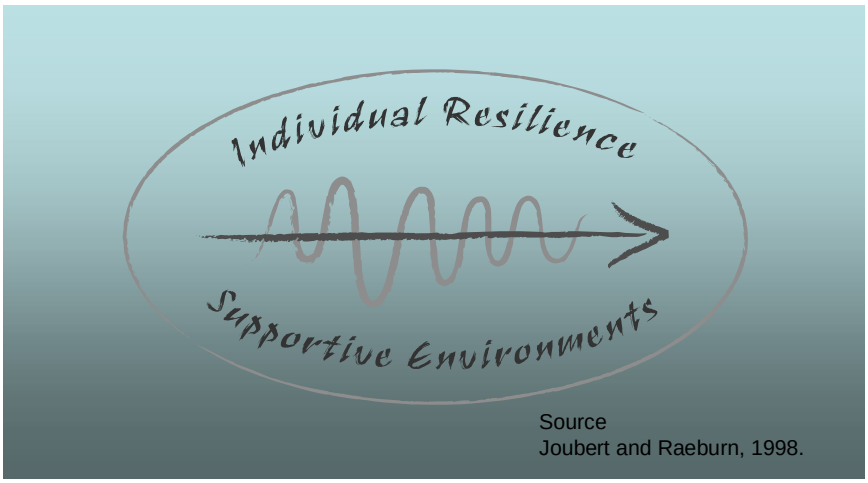
Figure 1

Mental Health as a Continuous Process of Development and Transformation Through Life's Ups and Downs



(N. Joubert and J. Raeburn, "Mental Health Promotion: People, Power and Passion," *International Journal of Mental Health Promotion, Inaugural Issue* (1998): pp. 15–22.)

Figure 2

TOWARD A NEW PARADIGM

	FEAR →	TRUST
Thoughts/ Beliefs	Judgment	Openness
	Separation	Connectedness
	Incompleteness	Resourcefulness
	Problems	Opportunities
Actions	Control	Support
	Cause-EFFECT	CAUSE-effect
	Short-term	Continuity

Figure 3

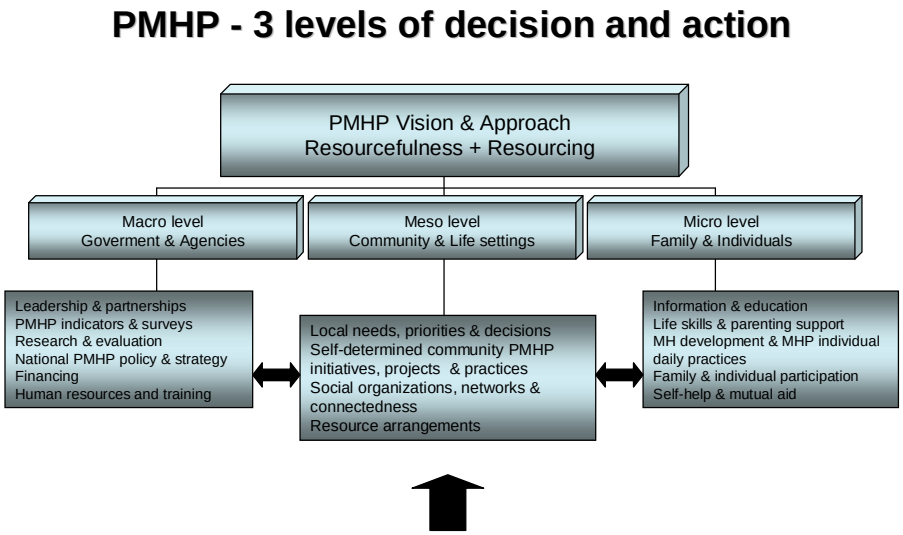
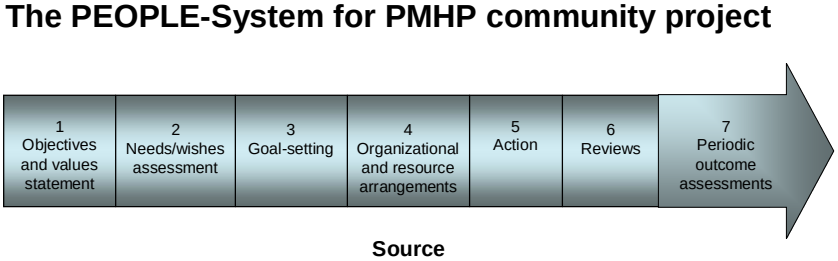


Figure 4



Source
Raeburn, 1998.

(J. Raeburn and I. Rootman, *People-Centred Health Promotion* (Chichester, England: Wiley, 1998), pp. 16–18.)

Figure 5a

PMHP participatory and complementary processes

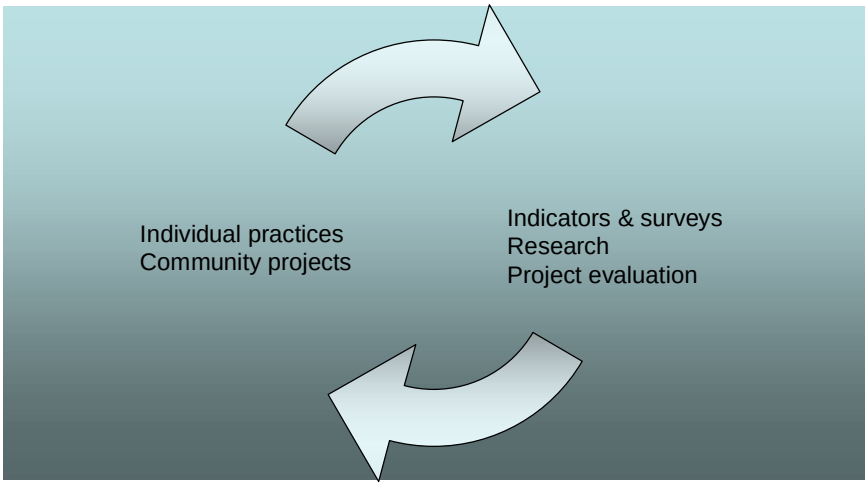


Figure 5b

PMHP participatory and complementary processes

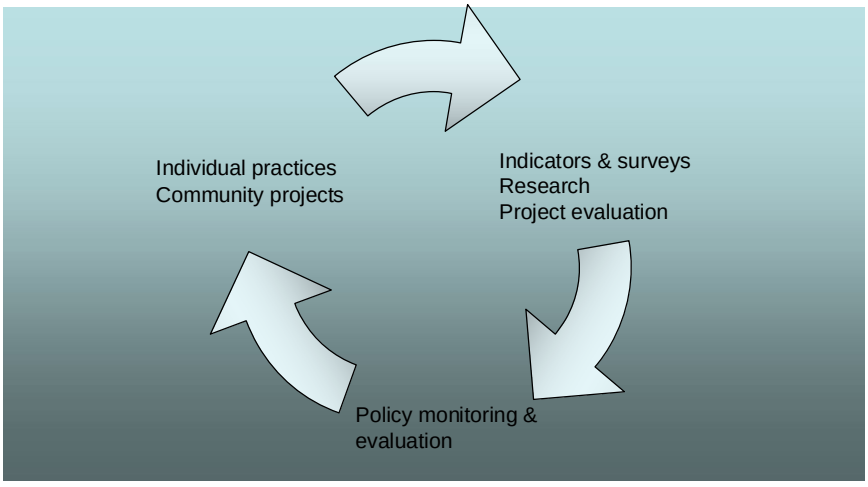


Figure 5c

PMHP participatory and complementary processes

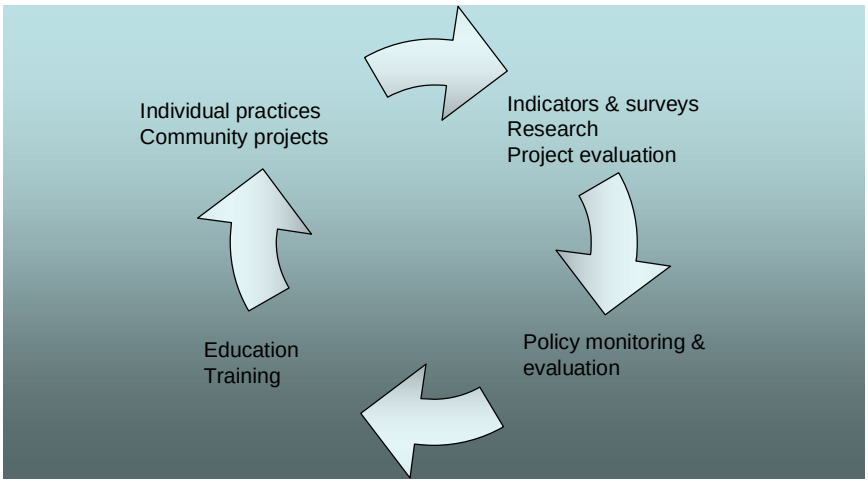


Table 1

PMHP Essentials and Guiding Principles

✓PMHP is based on a paradigm of trust – not fear (Figure 2) and a positive vision of mental health defined as individual and collective resource and wisdom.
With guiding principles including:

- ▪Recognition and celebration of everything we are beyond fear
- •Positive goals: strengths, resilience, quality of life, better world
- ▪Respect, dignity and seeing the best in everyone
- ▪Inclusiveness, connectedness, mutual support and commonality

✓PMHP actions are: (1) fostering individual and community mental health, resourcefulness and wellbeing and (2) creating supportive and resourcing environments (R + R), in the context of day-to-day life.
With guiding principles including:

- ▪People's experience, wisdom and daily practices contributing to mental health
- ▪Inside-out process of transformation, empowerment and capacity-building
- ▪Communities as primary resources and providers of mental health
- ▪Dynamic, holistic and ecological

Table 1 (cont'd)

PMHP Essentials and Guiding Principles

✓PMHP practices and projects, research and policy are participatory, complementary and focused on what nurtures the resourcefulness of individuals, communities and entire populations and keeps them mentally healthy.

With guiding principles, including:

- •Genuine partnership among communities, professionals and government
- ▪Innovation and development in PMHP practices, research, policy and training
- •Evaluation, planning models and sustainable self-optimizing systems
- •Professionals trained as facilitators of PMHP

✓Vigilance and determination to stick to the new paradigm

Note: Essentials are just that, essential. As for the principles, it is up to people and their communities to adopt those that best represent them and support their actions and transformations. The principles presented here are simply a few examples.

Adapted from Raeburn, 2008

(J. Raeburn, *Mental Health Promotion: A Magic Bullet for the 21st Century World*, World Mental Health Day Conference (Auckland, New Zealand, 2008).