

# Towards Flourishing - Mental Health Promotion for Families: Overview of Strategy and Key Findings

## What is the Towards Flourishing project?

The Towards Flourishing Project began as a demonstration project designed to promote the mental well-being of parents and their children, which was added to Manitoba's Families First Home Visiting Program as well as to public health practice. Emotional distress in the postpartum period has been deemed a public health concern because it is highly prevalent and is believed to adversely affect child development. Results from Manitoba's universal screening at birth suggest that 11% to 14% of women experience some degree of post-natal depression or anxiety. The Towards Flourishing Mental Health Promotion Strategy (TF) is comprised of multiple components and focuses on promoting and protecting positive mental health as well as addressing mental illness and distress in the postpartum period.

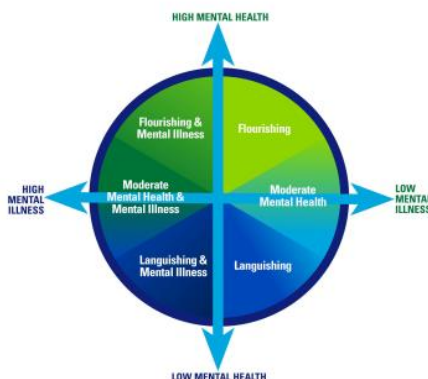
## Main Partners and Funders

In response to a Public Health Agency of Canada (PHAC)'s call, Healthy Child Manitoba Office (HCMO), the Winnipeg Regional Health Authority (WRHA) and the Manitoba Centre for Health Policy (MCHP) at the University of Manitoba collaborated on developing an innovative mental health promotion strategy. The WRHA had recently piloted resources to increase public health's capacity to address mental health in the postpartum period and HCMO's evaluation had found high levels of mental distress among vulnerable families in the home visiting program. The idea of TF was proposed and received funding from PHAC over a five year period (ending May 2015) as part of the Innovation Strategy for promoting mental health in Canada.

As iterations of TF developed and evolved, so did the partnerships so essential in its development. Mental health and public health sectors within Northern, Prairie Mountain Health, Interlake Eastern and Southern Health/Santé Sud embraced the project in the early stages of development – as did the First Nations' Maternal and Child Health program (Strengthening Families), the Coalition francophone de la petite enfance (francophone early childhood coalition) and service providers working with newcomer and indigenous families. Manitoba Health (public, mental and spiritual health sectors), the Canadian Mental Health Association and academic researchers also offered their expertise and experience.

## Project Goals

1. To improve mental health and decrease mental illness/distress of parents and their families in the Families First Home Visiting Program;
2. To strengthen public health workforce capacity to address mental health and well-being needs of all families in their regions;
3. To build community capacity for mental health promotion.



Keyes, 2002

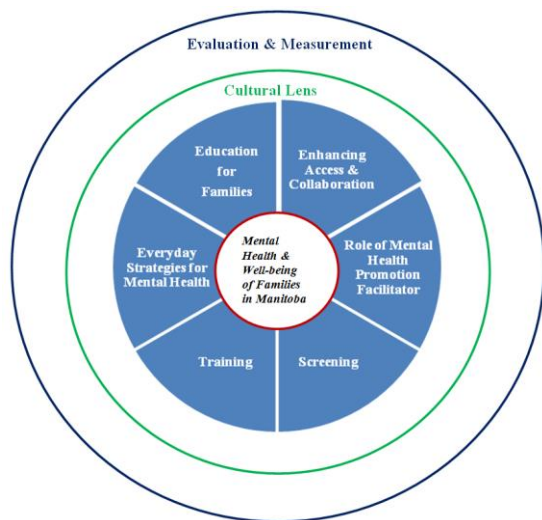
## Development of the TF-MHP Strategy

The Dual Continua Model of Mental Health as described by Keyes<sup>1</sup>, illustrates that mental health is a complex state and not merely the absence of mental illness symptoms or diagnosis. Mental Health is the presence of something positive. A critical message of Keyes' work is that maintenance and protection of positive mental health, and not just alleviation of mental distress, is necessary to achieve a mentally healthy population.

Towards Flourishing was inspired by the idea that our mental health can be improved by embedding simple, evidence-based practices into everyday life. Many simple strategies have been scientifically proven to improve mental health because they have reliable effects on at least one specific behavior<sup>2</sup>. These simple strategies are like the "active ingredients" found in more complex interventions. They are the building blocks for creating greater change.

After extensive search through the scientific literature, consultations with experts and service providers, nine strategies were selected. These strategies had demonstrated effects on adult or parental mental health, they are simple, easily taught by word of mouth, no-cost, and fit well with the home visiting program and within public health practice.

The Towards Flourishing curriculum itself was conceptualized as an "enhanced" mental health promotion curriculum which would work in companionship with existing home visiting curriculums. These topic areas therefore, were also identified as being compatible with the current home visiting curriculum that is used by Manitoba's Family First program. Four conversation "topics" within the Towards Flourishing curriculum included: changes and expectations, flourishing, coping strategies, and reaching out. These four topic areas were chosen because the literature indicates that these are the most common and significant areas of concern and offer particularly good opportunities to support the mental health of parents with a new infant.



**Towards Flourishing Strategy**

## Components of the Strategy

At the centre of the TF Strategy is the mental health and well-being of families in Manitoba. While the nine strategies and the four topics were the active ingredients of TF, the team realized that the strategy required a number of components to support the mental well-being of families and the capacity of public health for its delivery. The strategy capitalized on the mental health expertise of the mental health sector and the population health and health promotion expertise of public health. These included:

- **Mental health education** for new parents offered through a Curriculum introducing topics on mental health and wellness including a menu of simple **Everyday Strategies** for parents and their families to promote positive mental health and well-being
- **Training** for public health staff to enhance knowledge of mental health promotion and guide the introduction of mental health tools for families
- Additional **screening** for new parents involving a collection of measures of mental health and well-being
- A plan to **improve access of families** to mental health services, resources and supports and to **strengthen collaboration between Public Health and Mental Health** systems by streamlining communication, consultation and referral processes
- The **role of a Mental Health Promotion Facilitator (MHPF)** to enhance public health and community capacity to meet the mental health needs of families by strengthening connections within and between programs, facilitating access to mental health resources and services, and by serving as a resource for mental health promotion. According to Barry and Jenkins, “the development and sustainability of mental health promotion is dependent on having a skilled and informed workforce drawn from across different sectors such as health, education, employment, community and non-governmental organizations” (p. 36)<sup>3</sup>.
- A **Cultural Lens** on the Strategy developed collaboratively with community leaders, experts and stakeholders to ensure that it has cultural relevance and reflects the distinct world views of all families in Manitoba with a specific mandate to incorporate the perspective of Manitoba’s Indigenous, Francophone and newcomer populations. Over the course of a day long workshop, service providers that work with Indigenous families provided some crucial advice in adapting our materials to make them culturally safe.
- **Research and Evaluation** was embedded within the strategy as described below.

## Research and Evaluation: What did we learn?

Given the innovative approach, it was imperative that research and evaluation methods were embedded into the TF Strategy. A developmental evaluation framework guided the process and used emerging findings to refine the Strategy. Interviews, focus groups, surveys, formal and informal meetings were used to evaluate the process and short-term impacts of implementation of the Strategy. A stepped wedge cluster randomized design was implemented to determine the effectiveness of TF in improving the mental well-being of parents.



Parents, home visitors and public health nurses told us that integrating a mental health promotion strategy into an existing public health program was feasible, acceptable and useful for the parents receiving the services and for the service providers delivering them. The TF curriculum provided a mechanism for parents and service providers to dialogue about mental health. Support from the mental health promotion facilitator, training in mental health promotion and the trusting relationship that home visitors develop with the families facilitated the introduction of the TF Strategy. Early impacts described by parents include normalizing the postpartum mental health experience, relaxation, positive thoughts and feelings and increased awareness of existing supports in their networks and communities. Nurses, home visitors and parents provided feedback critical in improving the strategy. Early in the pilot phase, they reported that the literacy levels and the complexity of some of the concepts made the discussion challenging. Other barriers to utilizing the materials included stigma, time pressures and economic factors. (See Chartier et al. 2015<sup>4</sup> for more details.)

“I like it [information on mental health and Everyday Strategies] because it does not make you feel like you are the only one that feels that way. When you are feeling stressed out, you are feeling a little bit sad, it makes [it] seem normal, makes it seem okay, and you will not feel [like a] horrible mother, you feel, okay, this is normal, now what do I do, it tells you”  
Mother

According to the decision makers and the service providers, the MHPF’s role was credited with being the liaison that brings the public health and mental health programs together. The knowledge needed for the role is broad ranging from understanding concepts in mental health, community development, policy and practice development as well as skills in teaching, facilitating, working intersectorally and with communities and an array of service providers. MHPFs were noted as going above and beyond, being welcoming, supportive, and very valued by public health staff. Building strong relationships between groups involved in Towards Flourishing was mentioned by all stakeholder groups as being critical to the successful implementation of the strategy but also, a product of the strategy.

Decision-makers across the different regions within Manitoba have made mental health promotion a budget priority and are at varying stages of contributing to the sustainability of Towards Flourishing. Some were actively evaluating current positions to see if they could be restructured in order to support Towards Flourishing once the research concluded. Others were looking at potential programs that could model the Families First approach, and embed the Towards Flourishing strategy in other existing programs. All decision makers stressed that talks were needed to ensure sustainability. Many decisions makers feared that this would be another example of a great program that just got too buried and was lost. As one decision-maker put it Towards Flourishing is an initiative that can function on relatively limited resources, most of the funding is needed for the facilitator role, so in that sense it’s a very valuable resource.

The TF economic analysis suggested that economic benefits could be realized by implementing the Towards Flourishing project in Manitoba. The cost to roll out and maintain the Towards Flourishing intervention across the entire province of Manitoba would cost approximately \$45 per birth.

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*About reducing the stigma, I think it has opened the door for people to talk about Mental Health and that there is a difference, like everybody can benefit from coping skills and improved Mental Health and that doesn't necessarily mean that you have to have a diagnosis of mental illness.*

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*Public Health Nurse*

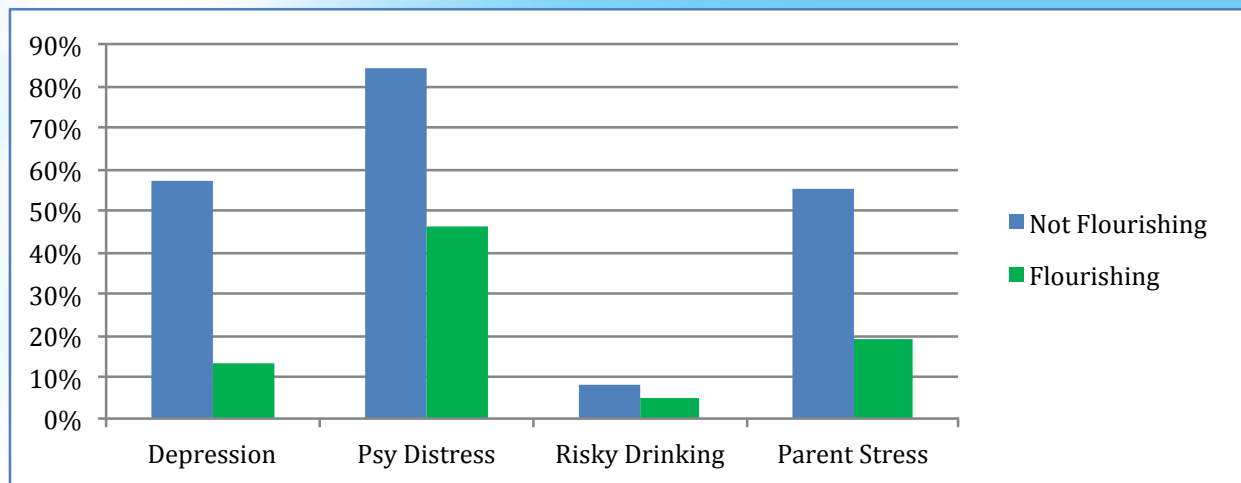
In developing the strategy, we heard from service providers who work with newcomer families. They identified situations that increased their clients' vulnerability to mental health problems. Social isolation, especially after a woman had a baby, was frequently mentioned as a potential stress that could be addressed with TF. Staff indicated a need to be cautious when speaking about mental health with their clients. They tried to avoid using the word "mental," which they said carried negative connotations and was often a foreign concept. They expressed appreciation for the TF Strategy, finding it useful in their attempts to promote their clients' well-being.

The Francophone community has early childhood and family centres called Centre de la petite enfance et de la famille (CPEF) where parents receive supports and resources. TF was implemented and evaluated in these parent-group settings during the postpartum period. Parents and group facilitators alike felt strongly that the topic of mental health should be broached in the first year postpartum. Discussing mental health within a group fostered peer support and social connections and reduced feelings of isolation. The discussions were successful in normalizing the nuances of the postpartum experience and reducing stigma associated with mental health.

Evaluation to determine whether or not TF improved the mental health of families is ongoing. The preliminary results presented below are based on a sample size that limits our ability to evaluate all the indicators. We compared the mental health of at-risk families in the home visiting program who received the program as usual (control families) with those who were exposed to TF in addition to the usual home visiting program (TF families).

- Before Towards Flourishing was introduced to families, 50.7% of parents in the Families First home visiting program reported positive mental health (flourishing) and 49.3% did not.
- Parents in regions where TF is being used were more likely to report higher levels of flourishing and lower levels of parental distress compared to families without TF. It is too early to determine if mental distress has decreased because data collection is not yet complete.
- Before TF parents who reported positive mental health or "flourishing" (green bars) had lower levels of mental distress and parenting stress compared to those who were not flourishing (blue bars in graph).

## Percentage of Mental Distress Among Parents Who are Flourishing (Green) and Not Flourishing (Blue)



The findings presented in the graph, shed some light on how dimensions of positive mental health are related to symptoms of mental distress. Parents are more receptive to discussing strategies that promote wellness rather than broaching the subject of mental distress because of the stigma related to mental illness. Encouraging women to engage in activities that promote their mental health as well as building community capacity to provide support to families are measures that show promise in alleviating mental distress in the postpartum period.

### Next Steps

In May 2015, the Province of Manitoba announced funding to support the TF Strategy across the province. The province is also committed to continuing data collection until at least Winter 2017 to determine if TF is effective in decreasing mental distress as well as improving positive mental health. Future analyses will examine the effectiveness of TF in reducing symptoms of anxiety and depression, alcohol misuse and parental distress. By linking the TF data to health records, we will look at rates of diagnosis of mental disorders by TF and control parents.

### References

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3. Barry, M.M. & Jenkins, R. (2007). *Implementing Mental Health Promotion*. Edinburgh: Churchill Livingstone/Elsevier.
4. Chartier, M. J., Attawar D., Volk, J.S., Cooper, M., Quddus, F., McCarthy, J-A. (2015). Postpartum Mental Health Promotion: Perspectives from Mothers and Home Visitors. *Public Health Nursing Journal*, 32(6):671-9.