Ollscoil na Gaillimhe
University of Galway

Development of the National Mental Health Promotion Plan

Report prepared for the Department of Health, Ireland

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Ollscoil na Gaillimhe

June 2023

Acknowledgments

This report was commissioned by the Department of Health, Ireland. We are grateful to all the members of the Department of Health Oversight Group for their input and feedback in developing this work. We also acknowledge the generous contribution of international mental health promotion experts from Australia, Canada, England, Finland, New Zealand, Northern Ireland, Scotland and Wales, who shared with us their expertise and insights on developing and implementing mental health promotion in their own countries. Their expert input is gratefully acknowledged.

The views expressed in this report are those of the authors and do not necessarily represent those of the funders.

Suggested citation: Barry, M.M., Keppler, T., Sheridan, A. (2023). *Development of the National Mental Health Promotion Plan: Report prepared for the Department of Health, Ireland.* Health Promotion Research Centre, University of Galway.

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Introduction

This report was commissioned by the Department of Health to support the drafting of the National Mental Health Promotion Plan ('Plan'), which is being developed in the context of the *Healthy Ireland Strategic Action Plan 2021-2025* (Department of Health, 2021) and the implementation of *Sláintecare*. Building on the national mental health policies in *Sharing the Vision: A mental health policy for everyone* (Department of Health, 2020), *Connecting for Life: Ireland's National Strategy to Reduce Suicide* (Department of Health, 2015), the *Sláintecare Implementation Plan* (Department of Health, 2021a) and the *Stronger Together - HSE Mental Health Promotion Plan (2022-2027)* (HSE, 2022), the Plan will be underpinned by a whole-of-government approach and will provide strategic direction for promoting positive mental health and well-being at a population level in Ireland over the next decade.

The work presented in this report outlines the following areas:

1) current conceptual frameworks for the development of the Plan
2) international policy models, including key policy structures and processes to support implementation of intersectoral mental health promotion
3) draft priority areas for action building on the *Stronger Together - HSE Mental Health Promotion Plan (2022-2027)* and drawing on international evidence and current policy priorities.

Approach

The development of this work builds on current national policy priorities and existing mental health promotion infrastructures and initiatives. The work is also informed by current international best practice on implementing a whole system approach to mental health promotion and the experience internationally of developing and delivering intersectoral mental health promotion policy at a country level. A summary of the key findings from each of these areas is presented.

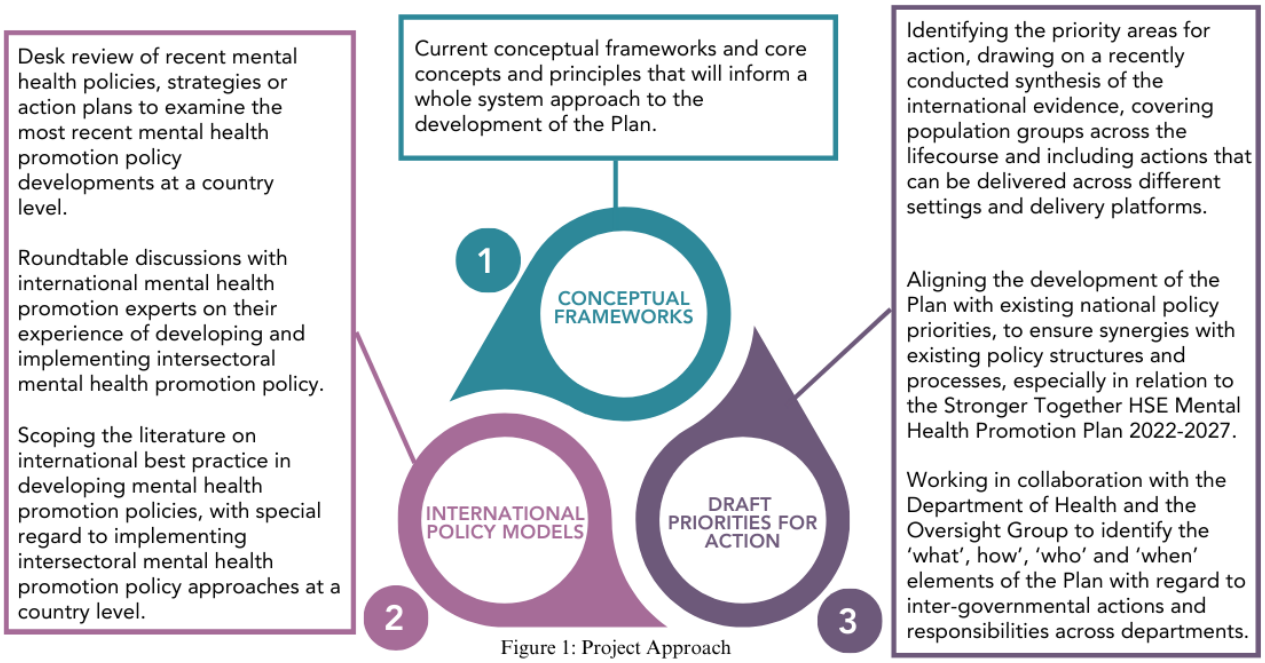


Figure 1: Project Approach

Conceptual Frameworks for the Development of the Plan

Key Messages

- **Good mental health is central to healthy lives and well-being for all.**
- **There is an urgent need to invest in a population level approach to promoting mental health and well-being.**
- **Mental health promotion is concerned with strengthening protective factors for good mental health, enhancing supportive environments and enabling access to skills, resources and life opportunities that promote the mental health and well-being of individuals and populations.**
- **Mental health promotion offers a feasible and cost-effective approach to improving population mental health and well-being.**
- **A whole-of-government and whole-of-society approach is required to create the conditions that will protect and promote mental health and well-being across the lifecourse and in everyday settings.**
- **The Well-being Framework for Ireland provides an overarching structure for integrating cross-sectoral policy actions that address the structural determinants of population of mental health and well-being.**

Good mental health is central to healthy lives and well-being for all

Mental health is an integral part of health and well-being and is a basic human right (WHO, 2022). Promoting good mental health is integral to improving population health and well-being at a societal level and contributes to the functioning of individuals, families, communities, and the social and economic prosperity of society (WHO Comprehensive Mental Health Action Plan 2021-2030).

Promoting mental well-being was explicitly referenced for the first time in Goal 3 of the UN sustainable development agenda (United Nations, 2015), thereby acknowledging that good mental health is central to ensuring healthy and flourishing lives for all and contributes to achieving a wide range of health, social, economic and development outcomes. Policies and practices are needed to promote mental health at a population level to ensure that the conditions that create good mental health and reduce inequities are accessible to all.

Positive mental health is more than the absence of mental disorder

Mental health is defined by the World Health Organization as "a state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their community" (WHO, 2022, p.8). This definition challenges the idea that mental health is simply the opposite of mental ill-health and brings a focus on the positive dimensions of mental health including; subjective well-being and emotional balance, the development of abilities to manage life, maximise one's potential, and participate in and contribute to society.

The WHO (2001, 2021) advocate the adoption of a comprehensive public health approach to improving mental health with a focus on mental health promotion and prevention alongside treatment and recovery. This approach shifts the focus from a deficit model of illness to a broader understanding of mental health as a positive concept and a resource for living with relevance for the whole population. As one of its four key objectives, the WHO global Action Plan (WHO, 2021) calls for the implementation of strategies for mental health promotion and prevention and calls on governments to strengthen the promotion of population mental health and well-being.

Understanding the determinants of mental health

Mental health is determined by a web of biological, psychological, social, economic, cultural, and environmental factors, which interact in complex ways. The WHO Comprehensive Mental Health Action Plan (WHO, 2021) emphasises that mental health is strongly influenced by a range of social and economic determinants including; "income level, employment status, education level, material standard of living, physical health status, family cohesion, discrimination, violations of human rights and exposure to adverse life events, including sexual violence, child abuse and neglect." (p.12), and as a result the responsibility for action extends across all sectors and all government departments. A comprehensive systems approach is, therefore, needed for understanding and addressing these determinants at a population level, including the social determinants such as poverty, housing, job insecurity, bullying, discrimination, violence, loneliness, cost-of-living crisis, and access to green and clean natural environments.

Figure 2: Examples of the Social Determinants of Mental Health
(adapted from The Government of British Columbia, 2010)

Addressing the social determinants of population mental health calls for action across sectors, including a whole-of-government and whole-of-society approach, in order to create the conditions that will protect and promote mental health and well-being across the lifecourse and in everyday settings.

There is an urgent need to invest in a population level approach to promoting mental health and well-being.

The negative impacts of the pandemic on population mental health, especially for those already experiencing inequities (Bambra et al., 2020; Kelly, 2000, Salari et al., 2020; Vindegaard et al., 2020; Xiong et al., 2020), underscore the urgent need to invest in a population level approach to mental health. A comprehensive population approach calls for universal (for all) and targeted (for those at higher risk) mental health promotion interventions across the lifecourse and in key settings that will support people in protecting and enhancing their mental health and well-being and provide the necessary resources to reduce mental health inequities (International Union for Health Promotion and Education (IUHPE), 2021).

Supportive mental health promotion policy measures are required that extend beyond the clinical and treatment focus of current mental health service delivery, in order to ensure effective action across governments and society that will improve population level mental health and well-being and lead to more equitable mental health outcomes.

Adopting a Mental Health Promotion Approach

Mental health promotion is a multidisciplinary area of research and practice, which shifts the focus beyond individually-oriented clinical services to a concern with strengthening protective factors for good mental health, enhancing supportive environments and enabling access to skills, resources and life opportunities that promote the mental health and well-being of individuals and populations (Barry et al., 2019).

Underpinned by a health promotion approach (WHO, 1986), mental health promotion conceptualises mental health as a positive resource for everyday life and interventions are designed at the level of strengthening individuals and communities, reorienting health services, and implementing intersectoral actions to remove the structural barriers to mental health at a societal level.

While prevention approaches are primarily concerned with the reduction of the incidence and prevalence of mental disorders, mental health promotion focuses on the process of enabling and achieving positive mental health, reducing inequities and enhancing well-being and quality of life for individuals, communities and society in general. Mental health promotion endorses a strengths-based approach and seeks to address the broader social determinants of mental health.

The framework in Figure 3 advocates a continuum of mental health support from promotion and prevention through to treatment and recovery, encompassing both universal and targeted interventions to promote and protect improved mental health and well-being at a whole population level.

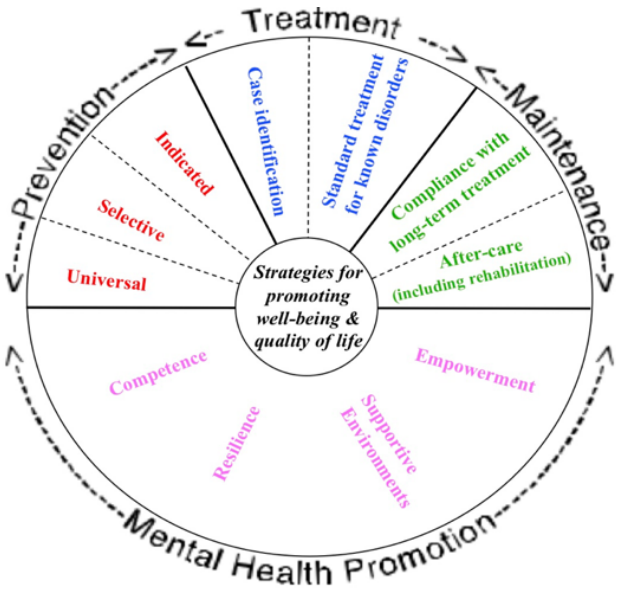


Figure 3: Modified Mental Health Intervention Spectrum (adapted from Barry, 2001)

A mental health promotion approach calls for integrated action across multiple levels including interventions at the level of individuals, families and communities and 'upstream' policy interventions across the non-health sectors in order to reduce structural barriers to mental health. This perspective underscores the importance of developing supportive environments and settings for good mental health, e.g., in homes, schools, workplaces and communities, re-orienting existing services and advocating the development of public policy designed to promote and protect positive mental health at a population level.

Mental health promotion offers a feasible and cost-effective approach to improving population mental health and well-being

There is compelling international evidence that mental health promotion interventions can lead to positive mental health and well-being outcomes for individuals and population groups across the lifecourse and in diverse settings (Barry et al., 2019; Kuosmanen et al., 2022; Rickwood & Thomas, 2019; WHO, 2022). The international evidence shows that interventions promoting positive mental health result in impressive long-lasting positive effects on multiple areas of functioning, including health, social functioning, well-being, education and employment outcomes, and also have the dual effect of improving mental well-being and reducing risk for mental ill-health.

There is a strong economic case for investing in mental health promotion interventions given the social and economic return on investment, especially in the case of children and young people (Knapp et al., 2011; Le et al., 2021; McDaid et al., 2022; WHO, 2013). As there are substantial costs (e.g., through lost employment and informal care costs) associated with mental health conditions, cost-effective mental health promotion actions across the lifecourse can result in a significant societal return (McDaid et al., 2022). These actions include those that address 'upstream' determinants of mental health, such as alleviation of poverty, protection of access to green spaces, as well as 'downstream' measures, such as supporting the coping strategies of families or psychological interventions for individuals at risk of poor mental health. Investment in mental health promotion and prevention, therefore, has the potential to be highly cost-effective and offers a feasible and sustainable approach to addressing population mental health needs.

Mental health promotion leads to lasting positive outcomes in multiple areas of functioning

There is robust and consistent evidence concerning the positive impact of mental health promotion interventions focusing on early years, family support, parenting and school-based programmes, including for children and families experiencing disadvantage (Kuosmanen, Keppler, Dowling and Barry, 2022). The findings are also supportive of the potential of well-designed workplace and community-based interventions for adults and older people, including those delivered digitally and in primary care settings. The review findings show that well-designed interventions, implemented across diverse health, education, employment and community sectors, have the potential to promote population mental health and well-being and lead to range of positive health and social outcomes (see Figure 4).

Figure 4: Evidence-based Mental Health Promotion Actions (adapted from IUHPE, 2021)

An enabling policy structure is required to support delivery of these universal strategies, including investing in the systems and capacity to ensure their sustainable implementation.

The successful implementation of evidence-based mental health promotion interventions needs to be advanced within the broader context of supportive intersectoral policies and actions across sectors, including a whole-of-government and whole-of-society approach.

A Well-being Approach to Promoting Population Mental Health

The importance of positive mental health for population well-being is clearly evident in the development of well-being policy approaches by the OECD (OECD Well-being Framework, 2020), in the WHO Geneva Charter for Well-being (WHO, 2021a) and the draft global framework for integrating well-being into public health utilising a health promotion approach (WHO, 2022a).

Reflecting this positive well-being focus, new policy frameworks are being adopted in a number of countries, advocating for a flourishing society based on promoting population mental health and well-being (e.g., New Zealand and Finland). The OECD Well-being, Inclusion, Sustainability and Equal Opportunity (WISE) Centre is currently developing work on applying a well-being lens to population mental health promotion and prevention, as a whole-of government concern "Mental health and well-being: towards an integrated policy approach". This work examines the intersection between population mental health outcomes and other elements of the OECD Well-being Framework, including domains such as social connections, housing, personal safety, work-life balance, environment and social capital.

The Well-being Framework for Ireland (Government of Ireland, 2022) provides an important frame of reference for orienting Ireland's National Mental Health Promotion Plan in the direction of well-being.

The Well-being Framework for Ireland provides an overarching framework for integrating cross-sectoral policy actions to address the structural determinants of mental health and well-being.

A major component of the Well-being Framework for Ireland is identified as empowering departments in developing policies that can effectively contribute to societal well-being and ensure synergy across sectors in addressing the economic, social, environmental and relational aspects of people's well-being. The Well-being Framework (see Figure 5) also facilitates a common vision and shared language across government departments, which can enable deeper collaboration on promoting population mental health and well-being through a focus on shared policy outcomes.

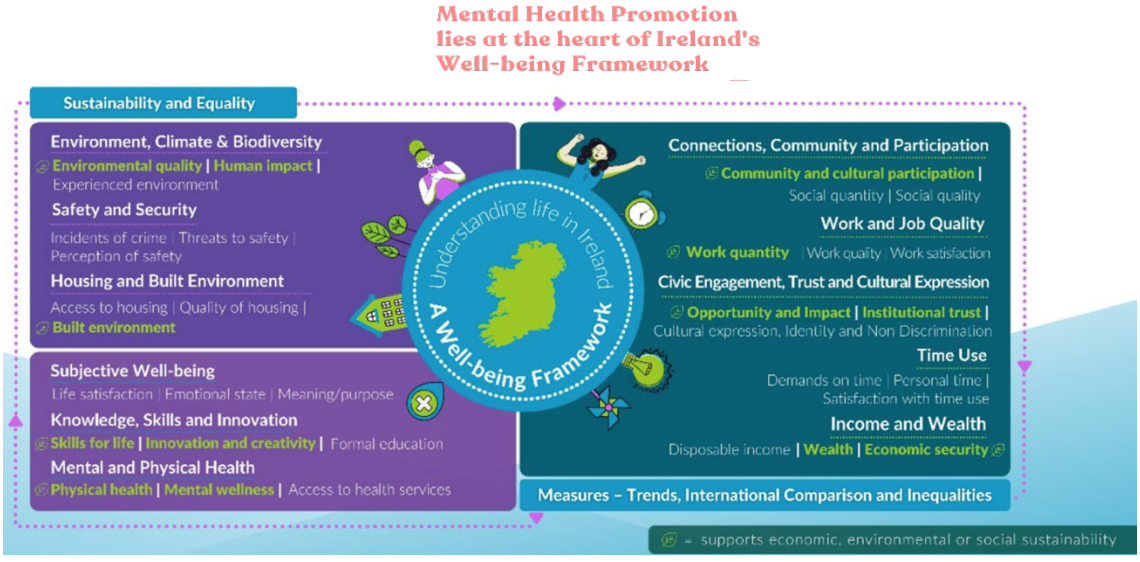


Figure 5: Understanding Life in Ireland: The Well-being Dashboard (adapted from Government of Ireland, 2022)

International Policy Models

Key Policy Structures & Processes to Support Intersectoral Implementation

To inform the development of the Plan, a **desktop review** of the mental health policy documents of select countries was conducted. Additionally, this policy review was supplemented with **roundtable discussions** with international mental health promotion experts. The desktop review and roundtable discussions helped to ensure alignment of Ireland's Plan with the approaches of other developed countries of mostly comparable populations and those considered leaders in government-led mental health promotion. Additionally, the review aimed to identify replicable best practice in intersectoral policy implementation, with a particular focus on cross-government coordination and practical implementation insights. To further this aim, a **scoping review** was conducted of the peer-reviewed and grey literature to identify current international best practice on implementing a whole system approach (whole-of-government and whole-of-society) to mental health promotion. The findings from these three exercises revealed considerable overlap, which adds to the strength of the conclusions that are drawn. Following is a concise overview of the findings from each exercise.

Desktop Review

Building on previous reviews of the development of mental health promotion and related policies internationally (GermAnn & Ardiles, 2009; McDaid et al., 2020), the desktop review included mental health policy documents from the following selected countries; Northern Ireland, Scotland, Wales, England, Finland and New Zealand (along with Ireland's own current mental health strategy by way of comparison). Within their broader mental health policies, each country included mental health promotion approaches and these were reviewed in terms of their conceptual underpinnings, priority areas and modes of implementation.

The conceptual underpinnings of each of the policy documents included in the desktop review echo one-another and are indeed consistent with the Conceptual Framework offered in the preceding section. All policy documents incorporate a mental health promotion and **whole-of-population approach** that focuses on the wider social and structural determinants of mental health. Through this

approach, priority areas in the policy documents include enhancing social and physical environments so that they are **inclusive** and are **protective of mental health** and well-being while **reducing inequalities** (prioritising vulnerable populations) and **intervening early or preventing** the onset or development of mental health problems. These obligations must be **shared across all sectors of society** at the national level (through cross-departmental synergy), at the local level (through joint actions and integrated services), and in-between (through regional mediation and close alignment of local- and national-level priorities and evaluations). Figure 6 offers a summary of the key findings of the desktop review in terms of cross-sectoral mechanisms.

Figure 6: Summary of the Key Findings of the Desktop Review in terms of Cross-sectoral Mechanisms

Roundtable Discussions

A series of online roundtable discussions was undertaken with international experts in countries with leading developments in mental health promotion including; Australia, Canada, England, Finland, New Zealand, Northern Ireland, Scotland and Wales. The 16 participants are experts in mental health promotion based at international agencies and national-level departments of health and public health agencies, and non-governmental organisations. The experts were selected through the IUHPE Global Working Group in Mental Health Promotion and members of the Five Nations Public Mental Health Network (England, Ireland, Northern Ireland, Scotland, and Wales), based on their involvement in the development and/or implementation of mental health promotion policies in their respective countries. Discussions were also held with the OECD WISE centre on their current initiative concerning the application of a well-being framework to population mental health policy. These recorded discussions took place from December 2022 to end of January 2023 and Figure 7 summarises the key themes that emerged.

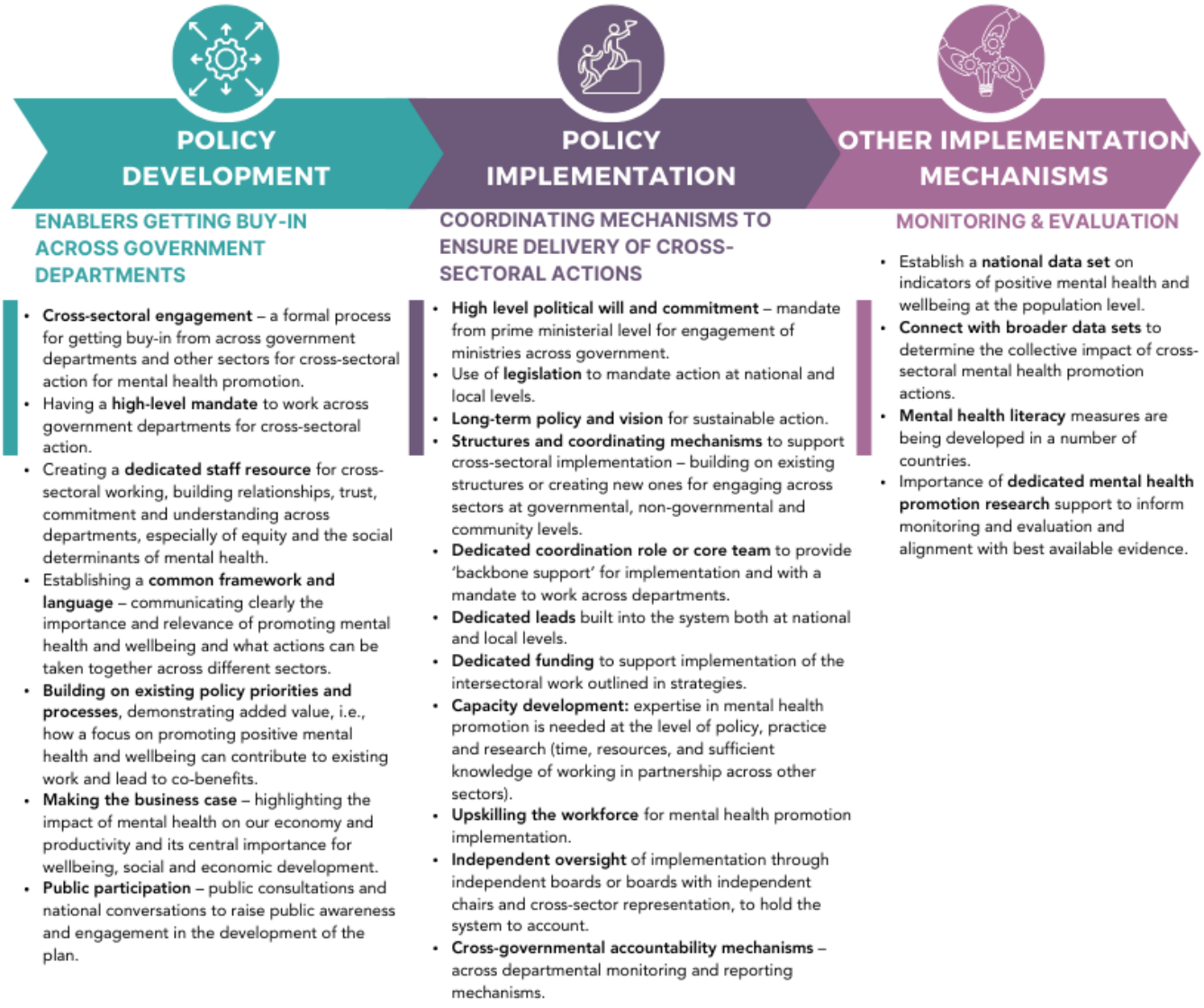


Figure 7: Summary of Key Themes that Emerged from the Roundtable Discussions

Scoping Review of the International Peer-Reviewed and Grey Literature

A scoping review of the international literature was conducted to identify current international best practice on implementing a whole system approach (whole-of-government and whole-of-society) to mental health promotion. The scoping review also aimed to capture the experience internationally of developing and delivering intersectoral mental health promotion policy at a country level, with a focus on concrete mechanisms for cross-sectoral actions and other formal structures and processes that optimise implementation.

The scoping review examined grey literature and peer reviewed studies, journal articles and policy documents published in the last 10 years (2012-2022). All searches were conducted in November-December 2022. The searched databases included Scopus, PubMed, PsychINFO, ASSIA, Web of Science, Embase, CINAHL, ProQuest, Ethos, selected public health databases, and relevant global, national and regional sources of policy documents from developed countries that are considered leaders in mental health promotion. Employing the Arksey & O'Malley's (2005) scoping framework, the review builds upon the findings of previous similar studies (GermAnn & Ardiles, 2009; McDaid et al., 2020).

The original search yielded 2,572 potentially relevant studies from peer-reviewed databases and 8,206 potential documents from grey literature sources. After removing duplicates, multiple screenings for inclusion, and adding studies after hand-searching references, a total of 32 studies were selected for inclusion (19 peer-reviewed sources and 13 grey literature sources). Twelve studies focussed on mental health promotion or population-level mental health specifically, with another eleven studies addressing mental health policies more generally (i.e., they included the treatment of people with mental health conditions), and nine studies focussed on health and well-being more broadly. Studies were grouped broadly into three domains: 1. structures and processes for policy implementation; 2. policy implementation enablers; and 3. innovative approaches/tools. The key findings under each domain are included in Figures 8 through 10.

The final Figure 11 offers an integration of the findings from the desktop review, the roundtable discussions and the scoping review. The recommendations offered in the next section, in terms of cross-sectoral mechanisms for policy implementation, are based on this synthesis of these findings.

Figure 8: Structures and Processes for Policy Implementation

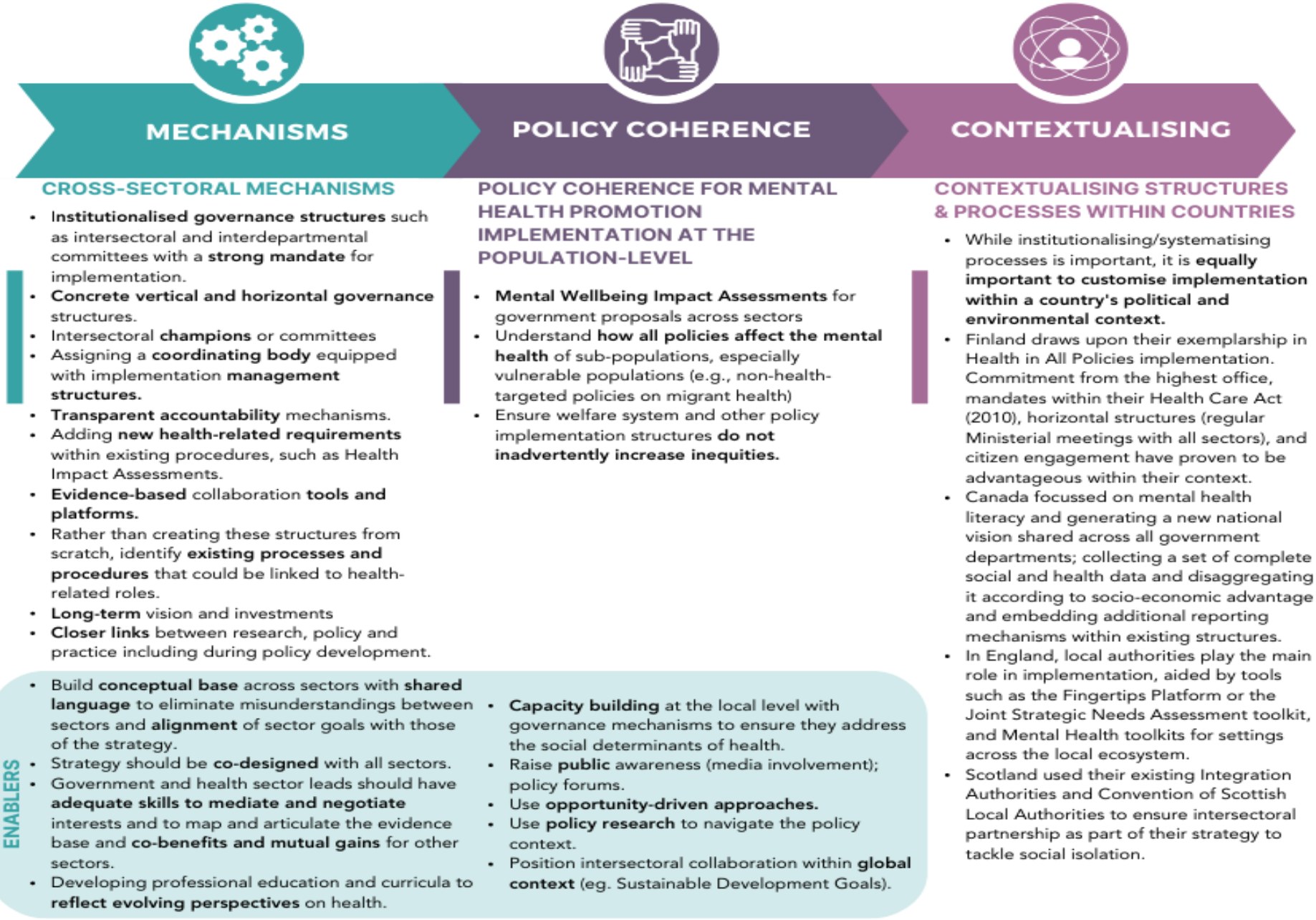


Figure 9: Policy Implementation Enablers

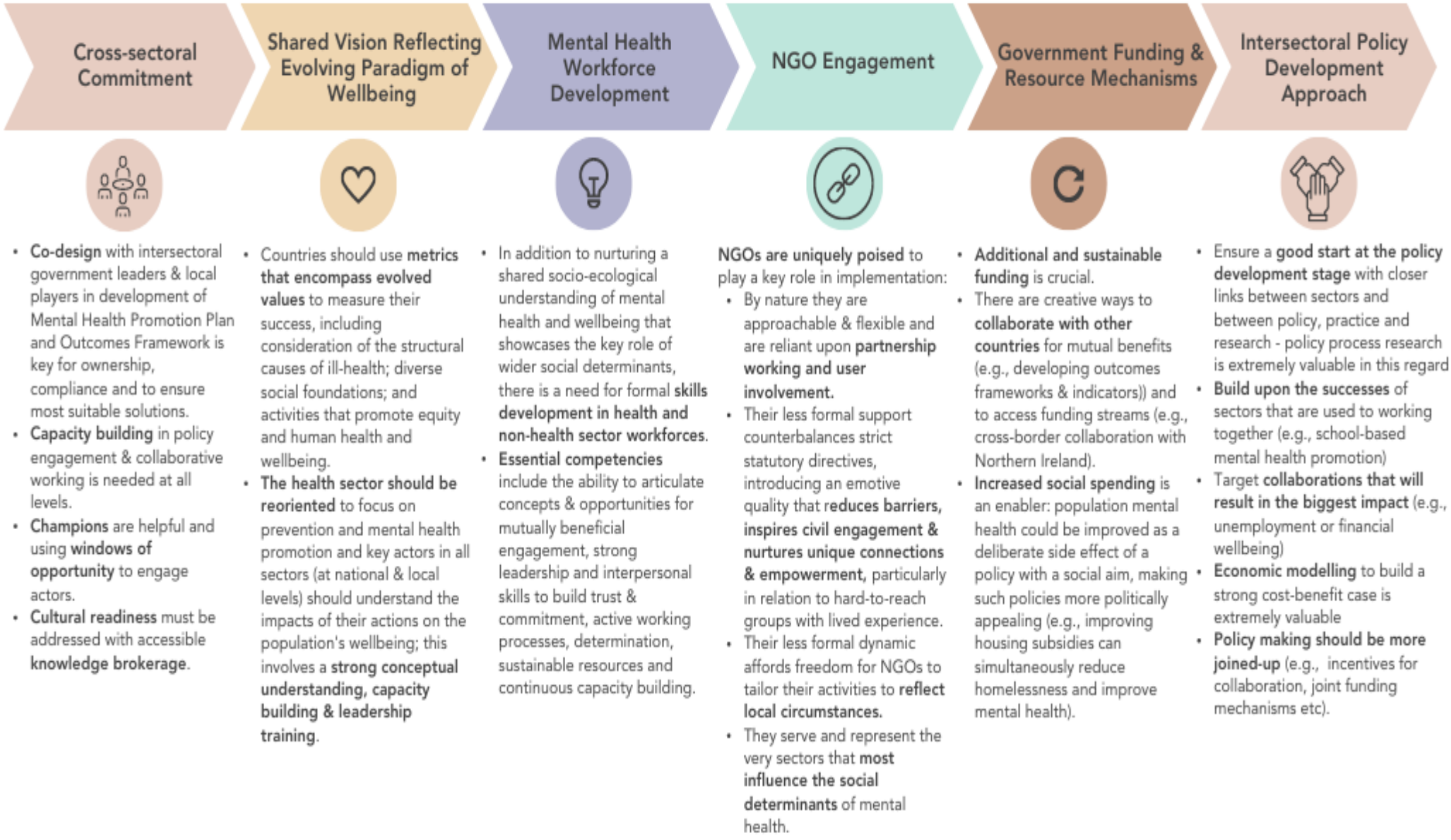


Figure 10: Innovative Approaches/Tools

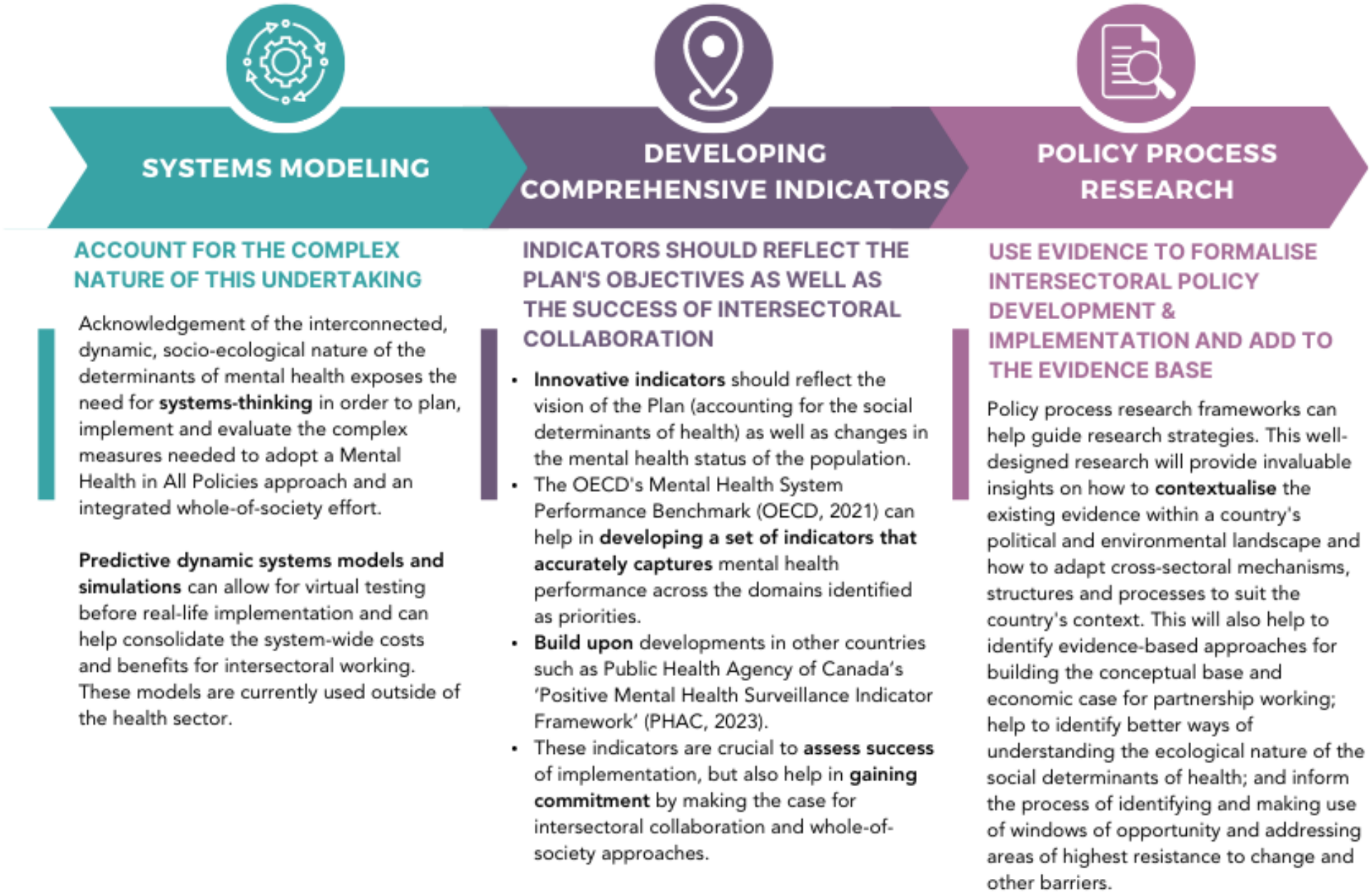
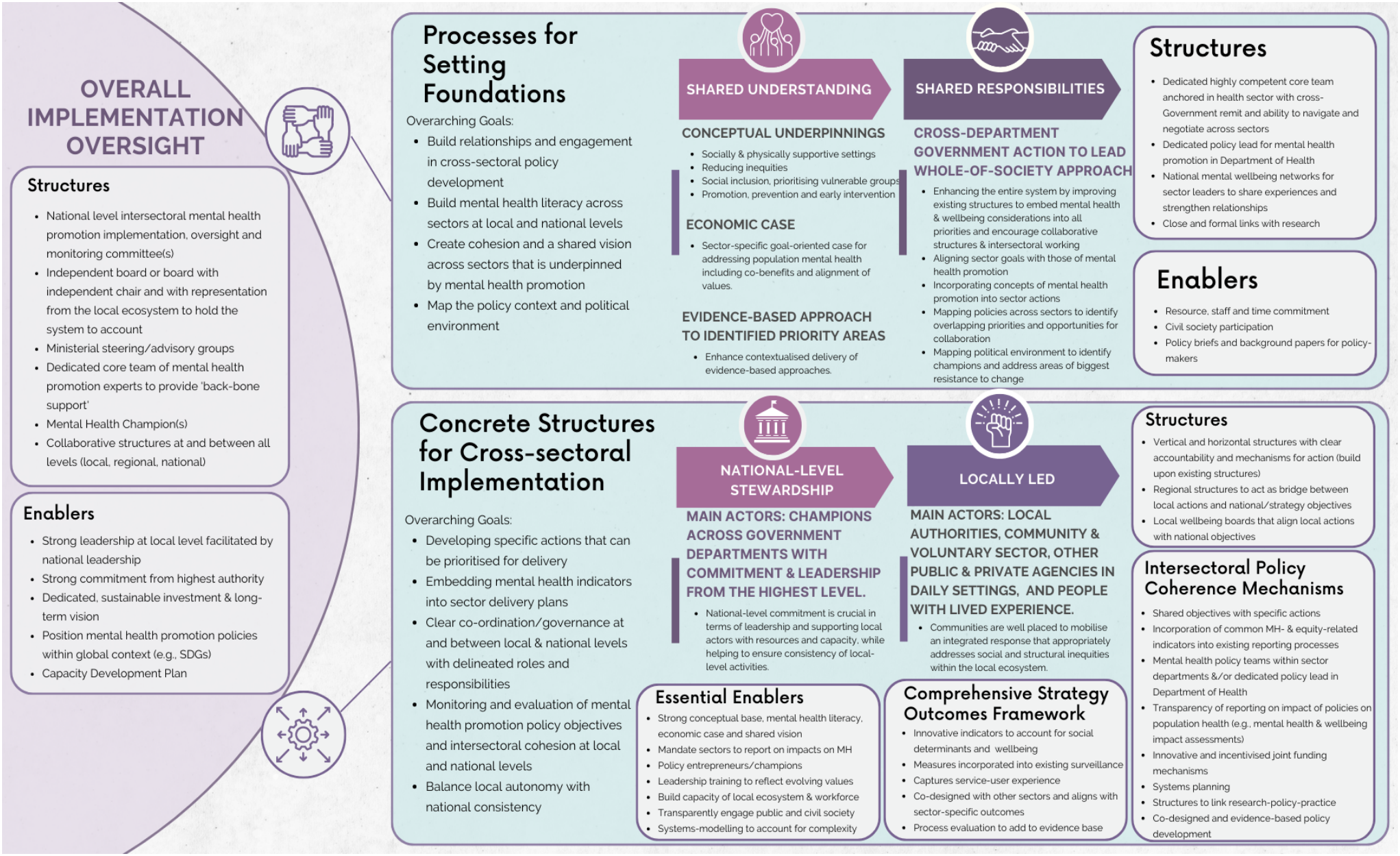


Figure 11: Integration of the findings from the desktop review, the roundtable discussions and the scoping review



Draft Priorities for Action

Drawing on the findings from this report, draft priority actions are outlined, together with recommendations for enabling policy structures and processes, for the implementation of the Plan. Building on existing national policy frameworks and implementation structures, including the *Healthy Ireland Strategic Action Plan 2021-2025* (Government of Ireland, 2021), *Sharing the Vision: A mental health policy for everyone* (Department of Health, 2020), *Connecting for Life: Ireland's National Strategy to Reduce Suicide* (Department of Health, 2015), the *Well-being Framework for Ireland* (Government of Ireland, 2021) and the HSE *Stronger Together: Mental Health Promotion Plan 2022-2027*, a conceptual framework, vision and core principles for the Plan are proposed.

As it was envisaged from the outset that the HSE Mental Health Promotion Plan – *Stronger Together*, launched in 2022, would form a core part of the national Plan, alignment between the two plans was considered critical to show complementarity, consistency and avoid confusion. Key actions in the *Stronger Together* plan were reviewed to consider how engagement across key Government departments could add value to, and strengthen, the delivery of particular actions, and also identify potential synergy with other Government priorities. Based on this exercise, which was conducted in consultation with the Department of Health Oversight Group, the following priority actions are recommended.

RECOMMENDATIONS FOR PRIORITY ACTIONS

VISION

A healthy Ireland where positive mental health and wellbeing is actively promoted, supported and valued across society and whole of Government.

PRINCIPLES

- A whole-system approach whereby all sectors, not solely the health sector, play their part in protecting and promoting population mental health and wellbeing.
- Partnership and intersectoral action across settings and sectors
- A population-based life course approach.
- Universal and targeted interventions and supports delivered in everyday settings in an empowering and participatory manner.
- A determinants of mental health approach addressing the social, physical, economic and environmental determinants of mental health, wellbeing and equity.
- Evidence-based and evidence-informed actions.

HIGH LEVEL GOALS

- Increase the proportion of people who are mentally healthy at all life stages.
- Reduce inequities in population mental health and wellbeing.
- Mainstream the promotion of mental health and wellbeing across sectors through the development of an integrated whole systems, cross-government approach.
- Strengthen capacity, structures and processes at a policy, practice and research level to support implementation of comprehensive evidence-based mental health promotion interventions at the national and local level.

KEY PRIORITY AREAS

STARTING WELL

Strengthening foundations for positive mental health in the crucial early years and addressing the social determinants.

GROWING AND LEARNING WELL

Enabling young people to develop positively and learn critical life skills across the life course.

BELONGING WELL

Community empowerment programmes with a focus on vulnerable groups.

WORKING WELL

Strengthen delivery of mental health promotion in the workplace setting.

EQUALLY WELL

Upstream actions to reduce structural inequities.

INTEGRATING WELL

A 'mental health in all policies approach' for population mental health and wellbeing.

Draft Priority Action Areas

STARTING WELL

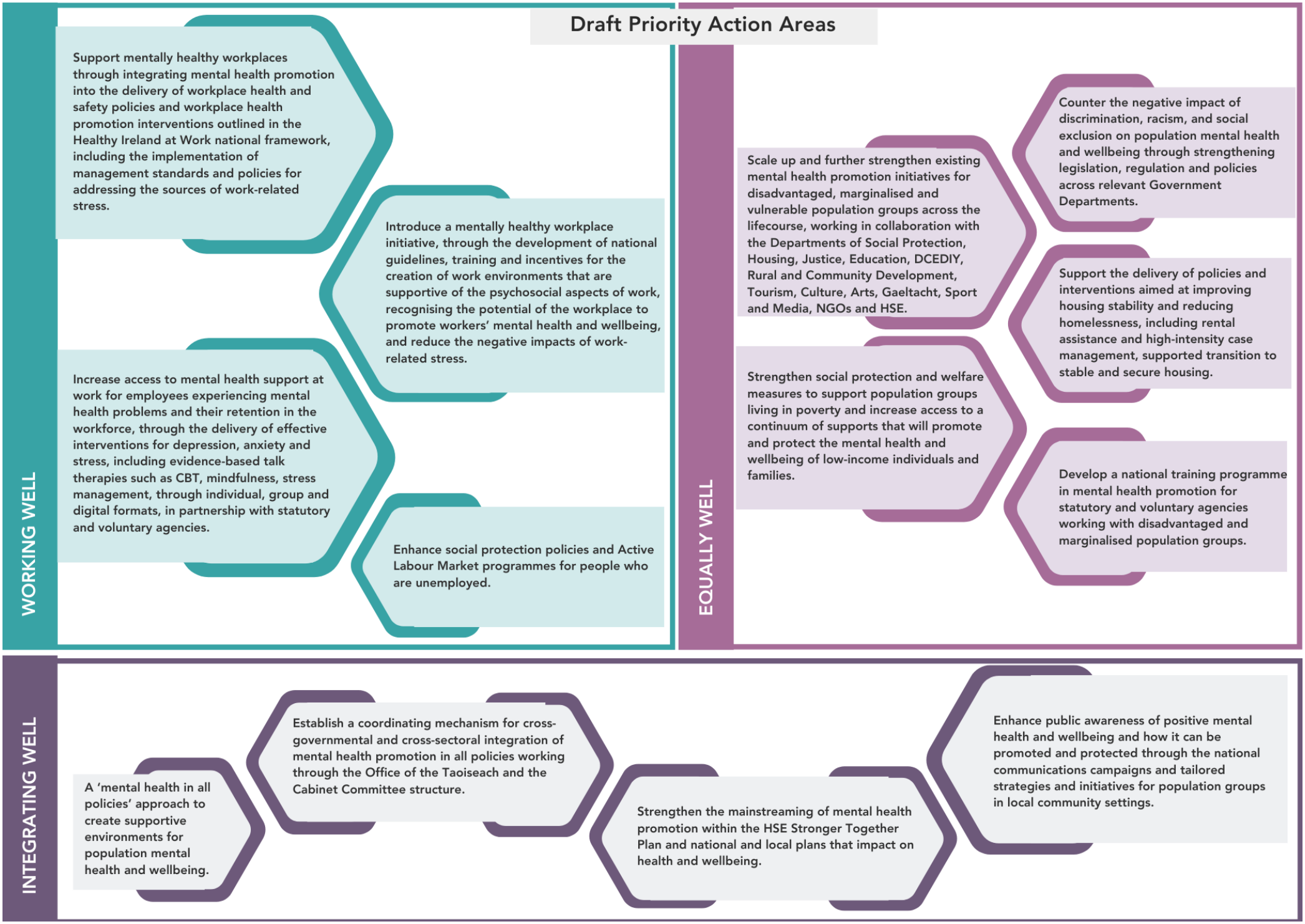
- Strengthening foundations for positive mental health in the early years is critical for positive development and addressing the social determinants.
- Increase access to universal and targeted evidence-based perinatal interventions for promoting infant and maternal mental health.
- Scale up interventions to support social and emotional development in early childhood through the implementation of both universal and targeted home visiting and parenting programmes.
- Strengthen workforce capacity for integrating the delivery of mental health promotion in early childhood programmes and services at all levels across the system, building on current HSE and DCEDIY initiatives.

GROWING AND LEARNING WELL

- Integrate social and emotional learning into early learning and preschool curricula in collaboration with the Departments of Education, DCEDIY and Social Inclusion.
- Scale up the delivery of universal social and emotional learning, including anti-bullying programmes, in primary and post-primary schools.
- Increase access to targeted school-based programmes, including anxiety and depression prevention, and additional supports for children and young people at higher risk.
- Implement a whole campus approach to the promotion of mental health and wellbeing of students in further and higher education settings in collaboration with the Department of Further and Higher Education, Research, Innovation and Science and the Education and Training Boards Ireland.
- Enhance access across age groups to lifelong learning opportunities that will enhance mental health and wellbeing.

BELONGING WELL

- Promote social and emotional wellbeing across the life course through community engagement and empowerment programmes, especially for those who are disadvantaged, socially isolated and excluded.
- Strengthen community empowerment programmes to promote the mental health and wellbeing of individuals and families living in poverty and in debt.
- Extend the reach of social prescribing (education, creative arts, nature-based approaches, physical activity, gardening, literacy, health promotion, stress management etc.) for marginalised and vulnerable groups in the community.
- Implement, in collaboration with local community organisations and Local Economic and Community Plans, a range of social networking and social capital interventions that support cross-community engagement, participation in local decision-making and community projects.
- Embed a focus on population mental health and wellbeing in local planning, housing and living environment improvement schemes, including the development of green spaces and transport infrastructure for local communities and dedicated spaces for social interaction and community activities, in collaboration with the Departments of Housing, Transport, Rural & Community Development, Environment, Climate & Communications, Social Protection, Local Authorities etc.
- Scale up the integration of arts and creativity as a means of promoting mental health and wellbeing in community settings, especially for disadvantaged and socially marginalised population groups, and people of diverse ethnic backgrounds, working in collaboration with the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media (Creative Ireland), Rural and Community Development, Social Protection, and HSE.


Draft Priority Action Areas
WORKING WELL
Support mentally healthy workplaces through integrating mental health promotion into the delivery of workplace health and safety policies and workplace health promotion interventions outlined in the Healthy Ireland at Work national framework, including the implementation of management standards and policies for addressing the sources of work-related stress.
Introduce a mentally healthy workplace initiative, through the development of national guidelines, training and incentives for the creation of work environments that are supportive of the psychosocial aspects of work, recognising the potential of the workplace to promote workers' mental health and wellbeing, and reduce the negative impacts of work-related stress.
Increase access to mental health support at work for employees experiencing mental health problems and their retention in the workforce, through the delivery of effective interventions for depression, anxiety and stress, including evidence-based talk therapies such as CBT, mindfulness, stress management, through individual, group and digital formats, in partnership with statutory and voluntary agencies.
Enhance social protection policies and Active Labour Market programmes for people who are unemployed.
EQUALLY WELL
Counter the negative impact of discrimination, racism, and social exclusion on population mental health and wellbeing through strengthening legislation, regulation and policies across relevant Government Departments.
Scale up and further strengthen existing mental health promotion initiatives for disadvantaged, marginalised and vulnerable population groups across the lifecourse, working in collaboration with the Departments of Social Protection, Housing, Justice, Education, DCEDIY, Rural and Community Development, Tourism, Culture, Arts, Gaeltacht, Sport and Media, NGOs and HSE.
Support the delivery of policies and interventions aimed at improving housing stability and reducing homelessness, including rental assistance and high-intensity case management, supported transition to stable and secure housing.
Strengthen social protection and welfare measures to support population groups living in poverty and increase access to a continuum of supports that will promote and protect the mental health and wellbeing of low-income individuals and families.
Develop a national training programme in mental health promotion for statutory and voluntary agencies working with disadvantaged and marginalised population groups.
INTEGRATING WELL
A 'mental health in all policies' approach to create supportive environments for population mental health and wellbeing.
Establish a coordinating mechanism for cross-governmental and cross-sectoral integration of mental health promotion in all policies working through the Office of the Taoiseach and the Cabinet Committee structure.
Strengthen the mainstreaming of mental health promotion within the HSE Stronger Together Plan and national and local plans that impact on health and wellbeing.
Enhance public awareness of positive mental health and wellbeing and how it can be promoted and protected through the national communications campaigns and tailored strategies and initiatives for population groups in local community settings.

Key Structures for Policy Development & Implementation

ENGAGEMENT IN CROSS-SECTORAL POLICY DEVELOPMENT

Create a dedicated staff resource to lead engagement.

- Anchored within the health sector with capacity and competencies needed to navigate the policy context and negotiate across sectors.
- Strong ability to build relationships, gain commitment and create shared understanding of mental health promotion concepts and principles.

Establish a high-level mandate & commitment for cross-sectoral action across government departments.

- The Office of the Taoiseach's Wellbeing Framework can be used as integrative policy tool.
- Mental Health & Wellbeing Assessments should be part of large proposals.

Build on existing governmental policy priorities and processes.

- Demonstrate how a focus on promoting positive mental health and wellbeing can contribute to existing priorities and lead to co-benefits.
- Policy context, mapping of policies and systems modelling is needed.

Establish a a shared language and common understanding across government.

- Draw on Conceptual Framework to communicate the importance of promoting mental health and wellbeing and what actions can be taken together across different sectors.
- Terminology must be consistent (shared) with messaging that is tailored to sector priorities and values.

Enable civil society participation.

- Public consultations, media involvement and national conversations to raise public awareness and engagement in the development of the Plan.
- Citizen's Assembly on wellbeing and social media campaigns may be helpful.

Make the case for promoting population mental health and wellbeing.

- Highlight the impact of mental health on our economy and productivity and its central importance for wellbeing, social and economic development.
- Closer links with research and effective knowledge brokership will be essential as well as economic modelling.

MONITORING AND EVALUATION

Develop innovative indicators to account for the social determinants of mental health and wellbeing.

- Capture impact of upstream policy interventions across sectors.
- Connect with broader datasets to determine the collective impact of cross-sectoral mental health actions as well as impacts on other priority areas.

Establish national dataset on indicators of positive mental health & wellbeing at population level.

- These indicators should also reflect Ireland's Wellbeing Framework outcomes.
- Can be incorporated into existing surveillance mechanisms.
- Draw on international developments (e.g., OECD's Benchmark, Canada's Positive Mental Health Surveillance Indicator Framework).
- Collaborate with other countries in this shared challenge.

Establish dedicated mental health promotion research support to inform implementation monitoring, evaluation and knowledge translation.

- Evaluate complex multilevel interventions, implementation research and scaling up of evidence-based approaches in the local context.
- Knowledge translation structures to foster knowledge sharing, tools, methods and to support best practice and policy, with an emphasis on reducing inequities.

DEVELOPMENT OF CROSS-SECTORAL POLICY IMPLEMENTATION STRUCTURES

Build on existing cross-governmental structures for the implementation of the cross-sectoral actions.

Develop specific actions, drawing on the priority areas identified, that can be prioritised for delivery across each year of the Plan.

Create cross-governmental accountability mechanisms for monitoring and reporting of progress across departments.

Establish co-ordination mechanisms at national and local level to oversee the effective implementation of the Plan across sectors (including NGOs and the community sector).

Establish independent oversight for implementation of the Plan.

Secure dedicated funding to support implementation of the intersectoral work outlined in the Plan.

Establish a dedicated core team to provide 'backbone support' for implementation of the Plan.

Outline a capacity development plan.

Strengthen leadership through appointing a dedicated policy lead for mental health promotion at the Department of Health and consider establishing a unit or centre for Mental Health and Wellbeing Promotion to lead on this work nationally.

Upskill the workforce for mental health promotion implementation nationally, working in collaboration with the HSE and the academic sector.

Chapter 1 Introduction

This report was commissioned by the Department of Health to support the drafting the National Mental Health Promotion Plan, which is being developed in the context of the Healthy Ireland Strategic Action Plan 2021-2025 (2021) and the implementation of Sláintecare. Building on the national mental health policy *Sharing the Vision: A mental health policy for everyone* (Department of Health, 2020), *Connecting for Life: Ireland's National Strategy to Reduce Suicide* (Department of Health, 2015), the *Sláintecare Implementation Plan* (2021a) and the recently published – *Stronger Together - HSE Mental Health Promotion Plan (2022-2027)* (HSE, 2022), the National Mental Health Promotion Plan will be underpinned by a whole of government approach and will provide strategic direction for promoting positive mental health and well-being at a population level in Ireland over the next five years.

The work presented in this report outlines a conceptual framework for the development of the Plan, identifies key policy structures and processes to support the implementation of intersectoral mental health promotion, and identifies priority areas for action building on the *Stronger Together - HSE Mental Health Promotion Plan (2022-2027)* (HSE, 2022) and drawing on the international evidence and current policy priorities.

Background

Mental health promotion is concerned with strengthening protective factors for good mental health, enhancing supportive environments and enabling access to skills, resources and life opportunities that promote the mental health and well-being of individuals and populations (Barry et al., 2019). A health promotion approach conceptualises mental health as a positive resource for everyday life and promotes interventions that seek to intervene at the level of strengthening individuals and communities, reorienting health services, and implementing intersectoral actions to remove the structural barriers to mental health at a societal level (Herrman et al. 2005; Friedli, 2009).

Promoting mental well-being was explicitly referenced for the first time on the UN sustainable development agenda in 2015, thereby acknowledging that good mental health is central to ensuring healthy and flourishing lives for all and contributes to achieving a wide range of health, social, economic and development outcomes. Frameworks for population mental health promotion clearly endorse the central role of intersectoral actions across governments and society in creating the conditions that will create and promote positive mental health and reduce mental health inequities (WHO, 2021), including those exacerbated by the COVID-19 pandemic (IUHPE, 2021).

Current policy frameworks endorse a whole-of-government and whole-of-society approach (WHO, 2021a) and call for universal actions across the lifecourse and in key settings to ensure that the environments and conditions that create and promote good mental health and well-being and reduce inequities are accessible to all (WHO Calouste & Gulbenkian Foundation, 2014). Effective and feasible population-based mental health promotion interventions have been developed that can be implemented across the lifecourse and across key settings (Kuosmanen et al., 2022; Barry et al., 2019). However, these comprehensive universal strategies require an enabling policy structure, delivery mechanism and capacity to ensure that they can be implemented in a sustainable manner. This calls for an integrated, intersectoral approach to mental health promotion policy, taking into account the 'what', 'who', 'when' and 'how' of effective delivery strategies.

Policy making at all levels across sectors can make a critical difference to improving population mental health, supporting the view that a 'mental health in all polices' approach is needed to effectively improve population mental health and reduce mental health inequities. Social policies in childcare, education, social protection, justice, employment, housing and support services, among others, can have a major impact on life experiences and can empower individuals and groups in optimising the potential for positive mental health in everyday life. An intersectoral approach recognises the need for upstream policy interventions to address the social determinants of mental health such as healthy living and working conditions, access to education, life opportunities, housing and safe communities and to reduce inequities caused by the structural determinants such as poverty, racism, gender inequality, social marginalisation of minority groups and discrimination arising from stigma and prejudice.

The development of well-being frameworks (OECD, 2020; WHO, 2021; 2022a; Government of Ireland, 2022) provides an important frame of reference for integrating cross-sectoral policies for addressing the structural determinants of population mental health and well-being.

A whole-of-government approach to promoting population mental health and well-being seeks to provide policy coherence for actions within and across different non-health public policy areas that address the economic, social, environmental, and relational aspects of people's physical, mental and social well-being. This approach emphasises the impacts of non-health policies on the determinants of mental health and their potential for addressing mental health inequities. Placing mental health promotion within this wider cross-sectoral framework serves to highlight the opportunities and benefits offered by promoting mental health and well-being to different policy areas, while also reinforcing their accountability for impacting on population mental health (EU Joint Action on Mental Health & Well-being, 2016).

Approach

The development of this work builds on current national policy priorities and existing mental health promotion infrastructures and initiatives, drawing on the findings from the Stakeholder Consultation that was commissioned by the Department of Health in 2021 and the Evidence Synthesis of Impact of Mental Health Promotion published in February 2022 (Kousmanen et al., 2022). In addition, the drafting of the National Mental Health Promotion Plan is informed by current international best practice with regard to implementing a whole system approach (whole-of-government and whole-of-society) to mental health promotion and the experience internationally of developing and delivering intersectoral mental health promotion policy at a country level.

The project entails the following activities:

1. *Conceptual Framework:*
    - Drafting the overarching framework, including outlining current frameworks, core concepts, principles that will inform a whole system approach to the development of the National Mental Health Promotion Plan.

2. *International Policy Models:*
    - Scoping the literature on international best practice in developing mental health promotion policies, with special regard to implementing intersectoral mental health promotion policy approaches at a country level.

    - Facilitating input from international mental health promotion experts on their experience of developing and implementing intersectoral mental health promotion policy development and the lessons learned.

3. *Draft Priorities for Action:*
    - Identifying the priority areas for action, drawing on the synthesis of the international evidence, covering population groups across the lifecourse and including actions that can be delivered across different settings and delivery platforms.

    - Aligning the development of the Plan with existing national policy priorities, working with national experts to ensure synergies with existing policy structures and processes, especially in relation to the *Stronger Together* HSE Mental Health Promotion Plan 2022-2027.

    - Working in collaboration with the Department of Health and the Oversight Group to identify the 'what', how', 'who' and 'when' elements of the Plan with regard to inter-governmental actions and responsibilities across departments.

Current developments in the field of mental health promotion at national and international level were reviewed in order to inform the framework for the development of the Plan. The project team built on national and international developments, including the development of recent international frameworks (WHO, 2021; IUHPE, 2021; OECD, 2020) and national strategies (*Stronger Together* HSE Mental Health Promotion Plan, 2022-2027) (HSE, 2022). This base of knowledge helped inform the development of a conceptual framework for promoting positive mental health and well-being at a population level in Ireland.

A scoping review of international best practice was undertaken to identify models of mental health promotion policy development, especially with regard to intersectoral models and strategies for addressing mental health inequities, that have potential for implementation in the Irish context.

A scoping review of the international literature was conducted with the aim of identifying current international best practice with regard to implementing a whole system approach (whole-of-government and whole-of-society) to mental health promotion and delivering intersectoral mental health promotion policy at a country level. Findings provide insights on the policy processes and structures that will help inform the development of the National Mental Health Promotion Plan in Ireland.

A desk review of mental health policies, strategies or action plans published in English over the last five years was also undertaken in order to examine the most recent mental health promotion policy developments at a country level, especially in countries that are recognised leaders in this field and those of similar size to Ireland (e.g., Finland, England, New Zealand, Northern Ireland, Scotland, Wales). To complement the review, input from designated international experts in mental health promotion policies was elicited.

A series of online roundtable discussions was undertaken with a selected number of expert contacts working in departments of health and public health agencies and national-level non-governmental organisations in countries with leading developments in mental health promotion, including; Australia, Canada, England, Finland, New Zealand, Northern Ireland, Scotland and Wales. The discussions were conducted based on a set of questions developed by the project team. Topics included recent developments in country-level mental health promotion policy, national mental health promotion action plans and cross-departmental initiatives and structures.

Priorities for action were informed by the recently completed synthesis of the international evidence on the effectiveness of mental health promotion interventions. Drawing on the findings from this international review, the most effective and sustainable interventions that could be feasibly implemented in the Irish context are identified for inclusion in the Plan.

Aligning the development of the Plan with existing national policy priorities is an important consideration. Extensive stakeholder consultations were previously carried out in the development of the HSE Mental Health Promotion Plan (HSE, 2022). The output from these consultations and the key priority groups and actions identified in the HSE Plan help inform the process in order to ensure synergy between the two Plans and the alignment of complementary actions on a cross-sectoral basis extending beyond the health sector.
Input from the Department of Health Oversight Group will also help to identify existing policy priorities across departments and in identifying designated departmental leads and accountability for core actions, and informing on the policy enablers, processes and structures that need to be put in place to support implementation of the Plan.

This report outlines a conceptual framework for the National Mental Health Promotion Plan, identifies a set of strategic policy directions and evidence-based priority actions for promoting positive mental health and well-being at a population level in Ireland over the next five years. Drawing on international best practice and experience, the cross-governmental level policy processes and structures needed to support the implementation of the Plan are outlined.

Chapter 2
Conceptual Frameworks for the National Mental Health Promotion Plan

Introduction

This chapter considers a conceptual framework for the development of the National Mental Health Promotion Plan. Current theoretical and practice frameworks for promoting population mental health and well-being are outlined, and the key concepts and principles underlying these approaches are discussed. A whole population, mental health promotion approach is presented, located within the national well-being agenda. These combined frameworks, which build upon the underlying principles, values and commitments of existing national policy frameworks, embrace a health promotion and whole-of-government and whole-of-society approach to intersectoral action for promoting population mental health and well-being.

Promoting Population Mental Health and Well-being: Conceptual Approaches

Mental health is an integral part of health and well-being and is a basic human right (WHO, 2022). Promoting good mental health and preventing mental-ill health is increasingly acknowledged as being integral to improving population health and well-being at a societal level. Good mental health contributes to the functioning of individuals, families, communities, and the social and economic prosperity of society (WHO Comprehensive Mental Health Action Plan 2021-2030) (WHO, 2021). Promoting mental well-being was explicitly referenced for the first time in Goal 3 of the UN sustainable development agenda (United Nations, 2015), thereby acknowledging that good mental health is central to ensuring healthy and flourishing lives for all and contributes to achieving a wide range of health, social, economic and development outcomes. Policies and practices are needed to promote mental health at a population level to ensure that the conditions that create good mental health and reduce inequities are accessible to all.

Mental Health as a Positive Concept

Mental health is defined by the World Health Organization as "a state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their community" (WHO, 2022, p.8). This definition indicates that good mental health is more than the absence of symptoms of mental disorder and challenges the idea that mental health is simply the opposite of mental ill-health. This conceptualisation brings a focus on the positive aspects of mental health including; subjective well-being and affective balance, the development of abilities to manage life, maximise one's potential, and participate and contribute to society. Positive mental health is a resource for everyday life which enables us to manage our lives successfully and is therefore, considered fundamental to good health and well-being (WHO, 2013).

Keyes (2002) proposes a dual continua model of mental health whereby the constructs of mental health and mental disorder are distinct, as they belong to two separate but correlated dimensions. The dual continua model is supported by analysis of epidemiological findings from the Midlife in the Unites States (MIDUS) study and other studies of well-being (Keyes 2005; Huppert and Whittington, 2003), whereby one continuum represents the presence of positive mental health and the other indicates the presence or absence of mental disorders. Based on this model, the absence of mental ill-health does not imply the presence of mental health and the presence of mental health does not imply the absence of mental ill-health. This model supports the need for population mental health promotion to enhance people's potential for mental well-being, protect against the loss of good mental health and reduce the risk of future mental ill-health (Keyes, 2014).

Reframing the challenge of improving mental health

Improving population mental health and well-being is recognised as a major public health challenge for this century (WHO 2021; 2022; UNICEF, 2021). Poor mental health is a leading cause of disability worldwide, accounting for 35% of the global economic burden of non-communicable diseases, more than cardiovascular disease, cancer or diabetes (Bloom et al., 2011; Whiteford et al., 2015). To address the global burden of mental ill-health and improve population mental health, it is increasingly acknowledged that policies focused on curing mental ill-health alone will not necessarily deliver on improved mental health at a population level. The World Health Organization (WHO) has clearly endorsed the need for a

comprehensive public health approach, embracing mental health promotion and prevention, alongside treatment and recovery (WHO 2001; 2013; 2022).

A population health approach with a focus on mental health promotion shifts the focus from a deficit model of illness to a broader understanding of mental health as a positive concept and a resource for living with relevance for the whole population.

The WHO Comprehensive Mental Health Action Plan 2013–2030 (WHO, 2021) reinforces the adoption of a comprehensive public health approach with the overall goal of promoting mental well-being, preventing mental disorders, providing care, enhancing recovery, promoting human rights and reducing the mortality, morbidity and disability for persons with mental disorders. As one of its four key objectives, the global Action Plan (WHO, 2021) calls on governments to implement multisectoral strategies that combine universal and targeted interventions for promoting mental health and preventing mental disorders. In keeping with this international momentum, mental health promotion policy and practice have been strengthened in a number of countries.

The need for a comprehensive approach to promoting population mental health was also brought into sharp focus during the COVID-19 pandemic. The pandemic had profound impacts on population mental health (Kelly, 2020; Salari et al., 2020; Vindegaard et al., 2020; Xiong et al., 2020), resulting in rising rates of depression, anxiety, post-traumatic stress symptoms, and increases in suicidal thoughts and behaviours (Cénat et al., 2021; Sher, 2020). These negative impacts resulted in widening inequities for certain population groups, including people with existing mental health difficulties, young adults and those already experiencing health and social inequities due to homelessness, racism, exclusion, discrimination, and stigma (Bambra et al., 2020; Smyth and Nolan, 2022). These findings underscore the urgent need for a population level approach to mental health, whereby universal and targeted mental health promotion interventions are made available that will support people in protecting and enhancing their mental health and well-being and provide the necessary supports and resources to reduce mental health inequities (Campion et al., 2020; IUHPE, 2021).

A Population Mental Health Approach

Population health frameworks are designed to provide a better understanding of the conditions and factors that influence the health of populations across the life course. The complex interactions between individuals' health and their social and physical environments over time inform the development of effective programmes and policies that will improve the health of individuals and communities at a population level (Frank et al., 1995; Magnusson et al., 2019). A population approach to mental health underscores the universal relevance of mental health for the general population and calls for strategies that can be applied across the life course for diverse population groups and settings.

A population approach to mental health improvement requires the development of policy and programme interventions, which extend beyond the clinical and treatment focus of current mental health service delivery, in order to address the influence of the broader social determinants of mental health and reduce inequities.

Determinants of population mental health

As mental health is determined by a web of biological, psychological, social, economic, cultural, environmental and political factors, which interact in complex ways, a comprehensive systems approach is needed for understanding and addressing these determinants at a population level. The accumulation of positive and negative determinants of mental health across the lifecourse indicates the need to address determinants at each stage of life in order to reduce exposure to conditions which increase vulnerability to poor mental health and increase access to positive life experiences, resources and environments that will create and enhance positive mental health and well-being. A lifecourse approach, which takes into account the differential exposure to risk and protective factors throughout life, calls for universal actions in order to improve the conditions in which people are born, grow, live, work and age (WHO and Calouste Gulbenkian Foundation, 2014). The WHO Calouste and Gulbenkian Foundation (2014) report endorsed the importance of the social determinants of mental health stating that; "*Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live*" (p.8). This report calls for actions to improve the conditions of daily life, including the adoption of comprehensive and universal actions across the lifecourse, multiple sectors and levels (see

Table 2.1). This call is echoed in the WHO Comprehensive Mental Health Action Plan (WHO, 2021), which clearly emphasises that mental health is strongly influenced by a range of social and economic determinants including "income level, employment status, education level, material standard of living, physical health status, family cohesion, discrimination, violations of human rights and exposure to adverse life events, including sexual violence, child abuse and neglect." (p.12), and as a result the responsibility for action extends across all sectors and all government departments (Figure 2.1).

Figure 2.1: Examples of the Social Determinants of Mental Health (Adapted from The Government of British Columbia, 2010)

Addressing the social determinants of mental health

The existence of social inequities in the distribution of mental health is well documented (Wilkinson and Pickett, 2017; Campion et al. 2013; Fryers et al. 2003), with the poorest and most disadvantaged in society at greatest risk of experiencing mental health problems and being impacted disproportionately from their adverse consequences (Patel & Kleinman 2003; Fryers et al. 2003). The experience of social inequity has a negative impact on people's mental health and their capacity for emotional and social well-being and undermines social cohesion (Friedli, 2009; Bell, 2017). Epidemiological studies examining the social distribution of positive mental health have also reported significant associations between higher levels of positive mental health and social support, being young and male and having

higher levels of education, employment and income (Lehtinen et al., 2005; Van Lente et al., 2012). Social inequities are reflected in epidemiological surveys of mental health in Ireland including the Healthy Ireland survey (Department of Health, 2022), which shows a clear association between markers of social disadvantage and poorer mental health in the Irish adult population. The All Ireland Traveller Health Study (AITHS) reported that Travellers, as an ethnic minority group, experience higher levels of poor mental health, with a higher prevalence of anxiety and depression, and suicide rates up to six times higher than the general population (AITHS Team, 2010).

Indicators of population mental health have also been found to be responsive to changing social and economic conditions, as illustrated by findings showing a significant decline in population mental health due to disruptions in daily life caused by the COVID-19 pandemic (Varga et al., 2021). The Healthy Ireland Survey (Department Health, 2022) reported a decline in levels of positive mental health and an increase in levels of psychological distress among the population as a whole and especially among those who were unemployed. Negative mental health impacts were also found among a survey of young Irish adults, with a decline in mental health being reported due to job losses during the lockdown (Smyth & Nolan 2022).

Addressing the social determinants of mental health, therefore, requires comprehensive actions across sectors to address the upstream social, cultural, economic and environmental factors that shape the more proximal risk and protective factors that influence mental health across the lifecourse (Compton & Shim, 2015). To reduce inequities in mental health, actions need to be taken to improve everyday living conditions, and improve the potential for good mental health beginning before birth and progressing into early childhood, adolescence, adulthood and old age. In view of the close association between physical and mental health such actions would also reduce the inequities in physical health and lead to improvements in overall health and well-being (WHO, 2022). The development and implementation of such interventions need to be informed by the type of policies and interventions that are needed to make a positive difference to mental health and well-being outcomes.

Addressing the social determinants of population mental health calls for action across sectors, including a whole-of-government and whole-of-society approach, in order to create the conditions that will protect and promote mental health and well-being across the lifecourse and in everyday settings.

The importance of an intersectoral approach is also reflected in Irish health policies such as: Connecting for Life: Ireland's National Strategy to Reduce Suicide (Department of Health, 2015); Healthy Ireland: Strategic Action Plan 2021–2025 (Department of Health, 2021) and Sharing the Vision: A Mental Health Policy for Everyone (Department of Health, 2020); all of which endorse an intersectoral whole-of-government approach to promoting mental health and well-being.

Table 2.1: Key Messages from the WHO and Calouste Gulbenkian Report (2014)

- **Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live.**
- **Social inequalities are associated with increased risk of many common mental disorders.**
- **Taking action to improve the conditions of daily life from before birth, during early childhood, at school age, during family building and working ages, and older ages provides opportunities both to improve population mental health and reduce the risk of those mental disorders that are associated with social inequalities.**
- **While comprehensive action across the life course is needed, scientific consensus is considerable that giving every child the best possible start will**

Adopting a Health Promotion Framework for Promoting Population Mental Health

A health promotion approach shifts the focus from an individual-oriented, disease prevention approach towards a population-level approach to promoting positive mental health and well-being, with a clear focus on addressing the social determinants of mental health. In keeping with the fundamental principles of health promotion, as articulated in the Ottawa Charter

(WHO, 1986), this approach calls for integrated multilevel actions at the level of individuals, families and communities and 'upstream' policy interventions across the non-health sectors in order to reduce structural barriers to mental health. A health promotion approach underscores the importance of developing supportive environments and settings for good mental health across the life course, e.g., in homes, schools, workplaces and communities, re-orienting existing services and advocating the development of mentally healthy public policy designed to promote and protect positive mental health at a population level.

While a prevention approach, based on a risk reduction model, begins with a focus on reducing risks for ill health, a health promotion approach focuses on enhancing positive health and well-being. This approach signals a shift from an deficit-focussed approach to one embracing an emphasis on health assets, psychosocial strengths, resources, and supportive environments. The goal, therefore, becomes enhancing potential and well-being rather than focusing solely on reducing illness. This perspective is the basic tenet of health promotion which was clearly articulated as; *"Health promotion involves the population as a whole in the context of their everyday life, rather than focusing on people at risk for specific diseases"* (p.6, WHO, 1985).

The challenge of improving population mental health is, therefore, reframed to focus on the mental health potential of people and their everyday settings for living. The inextricable link between people and their environments forms the basis of this socio-ecological approach to mental health and provides a conceptual framework for practice.

Mental Health Promotion and Primary Prevention

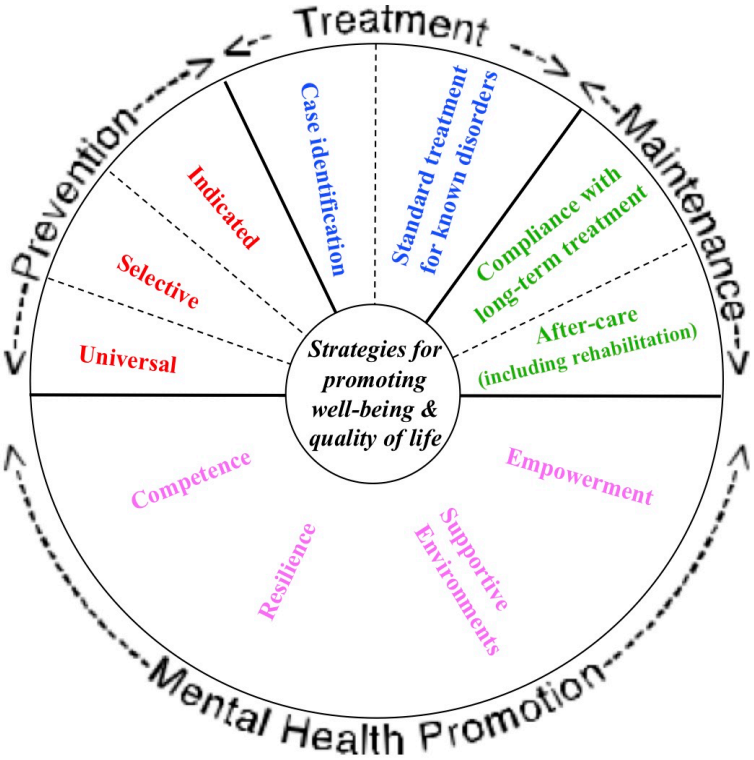
Mental health promotion has developed as a multidisciplinary area of research and practice concerned with strengthening protective factors for good mental health, enhancing supportive environments and enabling access to skills, resources and life opportunities that promote the mental health and well-being of individuals and populations (Barry et al. 2019). Mental health promotion embraces a broader understanding of mental health a positive resource for living with relevance for the whole population (Barry et al., 2019). Mental health promotion is concerned with the delivery of effective policies and programmes designed to improve

mental health and well-being and reduce inequities in an empowering, collaborative and participatory manner. Alongside strategies for strengthening individuals' skills and competencies, mental health promotion also focuses on improving the social, physical, cultural and economic environments that determine the mental health of populations and individuals. While prevention programmes are primarily concerned with the reduction of the incidence and prevalence of mental disorders, mental health promotion focuses on the process of enabling and achieving positive mental health, reducing inequities and enhancing well-being and quality of life for individuals, communities and society in general. Mental health promotion endorses a strengths-based approach and seeks to address the broader social determinants of mental health (Barry, 2009).

Prevention interventions aim to reduce the incidence, prevalence or seriousness of targeted mental health problems and mental disorders, such as depression, anxiety, and suicide. Primary prevention is distinguished from secondary prevention, with the latter focusing on early detection and treatment of mental disorders, while tertiary prevention aims to reduce disability and enhance recovery of people with mental disorders. A prevention framework developed by Mrazek and Haggerty (1994) places prevention activities in the wider mental health intervention spectrum of treatment, maintenance and rehabilitation. Three main categories of primary prevention are identified:

- Universal interventions - provided to whole populations
- Selective - targeting individuals or population groups at increased risk of developing a mental disorder
- Indicated - targeting high-risk individuals or population groups with minimal but detectable signs or symptoms of a mental disorder.

This framework was adapted by Barry (2001) to include interventions focussing on promoting positive mental health within the mental health intervention spectrum (see Figure 2.2). Mental health promotion is depicted as the largest component of the circle, given its universal relevance, and is connected with the other intervention areas through a unifying central element centred on strategies for promoting well-being and quality of life.



Barry, M.M. (2001) International Journal of Mental Health Promotion, 3(1) 25-34.

Figure 2.2: Modified mental health intervention spectrum, adapted from Barry (2001).

This framework advocates a continuum of mental health support from promotion and prevention through to treatment and recovery, encompassing both universal and targeted interventions to promote and protect improved mental health and well-being at a whole population level.

Principles of Mental Health Promotion

Based on the health promotion framework, the following principles of mental health promotion have been articulated (Barry 2007):

- involves the population as a whole in the context of their everyday life, rather than focusing only on people at risk from specific mental disorders
- focuses on protective factors for enhancing well-being and quality of life
- addresses the psychological, social, physical, cultural, economic and environmental factors that determine the mental health of populations and individuals
- adopts complementary approaches and integrated strategies operating from the individual to socio-environmental levels

- involves intersectoral action, working across sectors and settings extending beyond the health sector
- based on public participation, engagement and empowerment.

Mental health promotion interventions intervene at the level of:

- Strengthening individuals – promoting social and emotional well-being, life skills, sense of meaning and control over life
- Strengthening communities - social support, sense of connectedness, social inclusion and participation
- Reorienting health services -integrating mental health promotion into routine health services
- Reducing the structural barriers to mental health at a societal level – addressing cultural, environmental, economic and social policies that impact on the determinants of mental health

(Herrman et al. 2005; Friedli, 2009; Barry et al., 2019).

Cross-cutting principles identified to guide the implementation of effective mental health promotion action (Barry et al., 2019) are outlined in the box below.

- **A socio-ecological approach to intervention development to ensure that programmes and policies seek to bring about positive change at the level of the individual, the family, social group or community and the structural level of society.**
- **A strengths-based approach emphasising the promotion of positive mental health, psychosocial strengths, life skills for social and emotional well-being, access to resources and life opportunities.**
- **A life course approach that is sensitive to particular developmental vulnerabilities and opportunities associated with lifespan development.**
- **Settings-based approach concerned with developing supportive environments and settings for good mental health, e.g., in homes, schools, workplaces, communities and health services.**
- **Determinants of mental health approach that addresses the structural factors the influence the development of mental health such as poverty, social exclusion, exploitation, and discrimination.**
- **Intersectoral, comprehensive actions that combine universal and targeted strategies designed to produce long-term effects that will improve population mental health and well-being and reduce inequities.**
- **Evidence-based interventions grounded on established theories of human functioning and social organization and best available research.**
- **High quality programme design and delivery based on a supportive implementation system and capacity development.**
- **Systematic evaluation methods of programme process, impact and outcomes, that will contribute to the ongoing improvement and sustainability of effective interventions.**
- **Sustainable intervention approaches built on organizational and system-level practices and policies that ensure the long-term impact of effective, high quality interventions.**

The Evidence Base for Mental Health Promotion

There is compelling international evidence that that high quality mental health promotion interventions can lead to positive mental health and well-being outcomes for individuals and

population groups across the lifecourse and in diverse settings (Barry et al., 2019; Kuosmanen et al., 2022; Rickwood & Thomas, 2019). The international evidence shows that interventions promoting positive mental health can result in impressive long-lasting positive effects on multiple areas of functioning, and also have the dual effect of reducing risk for mental ill-health (Petersen et al., 2015; Jané-Llopis et al., 2005). There is consensus that there are clusters of known risk factors and protective factors, and there is considerable evidence that interventions can reduce identified risk factors and enhance known protective factors (Herrman et al., 2005). For these reasons, interventions with the explicit goal of promoting positive mental health and well-being through enhancing protective factors and reducing risk factors, offer a feasible and sustainable approach to addressing population mental health needs.

There is also a strong economic case for investing in mental health promotion interventions given the social and economic return on investment, especially in the case of children and young people (Knapp et al., 2011; Le et al., 2021; McDaid et al., 2022). There are substantial costs (e.g. through lost employment and informal care costs) associated with mental health conditions, most of which do not fall on the health care system. A review by McDaid et al. (2022) indicates a growing evidence base of studies that point to cost-effective mental health promotion and prevention actions across the life course. The actions include those that address 'upstream' determinants of mental health, such as alleviation of poverty or protection of access to green spaces, as well as 'downstream' measures, such as those to support coping strategies of families or psychological interventions for individuals at risk of poor mental health. Investment in mental health promotion and prevention, therefore, has the potential to be highly cost-effective approach to addressing population mental health needs.

An evidence synthesis of 111 meta-analyses and 57 systematic reviews, conducted by Kuosmanen et al. in 2022, found robust and consistent evidence concerning the positive impact of mental health promotion and primary prevention interventions focusing on early years, family support, parenting and school-based programmes, including for children and families experiencing disadvantage. The findings were also supportive of the potential of well-designed workplace and community-based interventions, including those delivered digitally and in primary care settings. These findings show that well-designed interventions, implemented across the lifecourse and in diverse health, education, employment and community sectors, have the potential to promote population mental health and well-being and lead to range of positive health and social outcomes (See Figure 2.3).

An enabling policy structure is required to support delivery of these universal strategies, including investing in the systems and capacity to ensure their sustainable implementation. The successful implementation of evidence-based interventions needs to be tailored to the needs of population groups across diverse cultural and socio-economic contexts in Ireland. Effective mental health promotion at a population level, therefore, needs to be advanced within the broader context of supportive intersectoral policies and actions across sectors, including a whole-of-government and whole-of-society approach, in creating the conditions that will protect and promote mental health and well-being across the lifecourse and in everyday settings.

Figure 2.3: Adapted from the IUHPE Position Statement on Critical Actions for Mental Health Promotion (IUHPE, 2021).

Implementing Mental Health Promotion: A whole-of-government and whole-of-society approach

Implementing mental health promotion at a population level demands a broad cross-sectoral approach involving the building of partnerships across governmental departments at a policy level and across a wide range of non-governmental and civil society actors, agencies, organisations and community groups. A whole-of-government and whole-of-society advocates that responsibility for promoting mental health extends across government departments and the engagement of diverse sectors across society, encompassing a concern with the impact of ecological, economic, cultural and social policies on population mental health and well-being. Intersectoral action and healthy public policy are integral elements of mental health promotion for achieving population mental health equity (WHO, 2021).

The WHO Helsinki Statement on Health in All Policies (HiAP) outlined HiAP as "an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful impacts in order to improve population health and health equity" (WHO, 2013a). This approach has also been applied to mental health promotion. The EU Joint Action for Mental Health and Well-being (2016) advocated incorporating a Mental Health in All Policies (MHiAP) approach, whereby mental health is perceived as a critical resource for the well-being of individuals, families and societies and the impact of policies across diverse sectors is taking into account in producing mental health outcomes. This policy approach underscores the importance of actions by different policy sectors and at all levels of decision-making in effectively promoting mental health at a population level. The significant influence of sectors outside of health on the determinants of mental health calls for coordinated policy action from sectors such as; social protection, social services, childcare, education, employment, housing and urban planning, media, public finance and debt management, human rights, leisure and culture. A MHiAP approach recognises the need for upstream policy interventions to address the social determinants of mental health and to reduce inequities caused by the structural determinants such as poverty, homelessness, racism, gender inequality, social marginalisation of minority groups and discrimination arising from stigma and prejudice. This includes taking actions on improving everyday living conditions that undermine people's sense of identity and self-respect, sense of meaning and control in life, belonging, safety, social support and participation. The full range of public policy mechanisms are required to effectively promote

population mental health, including legislation, regulation and a broad range of fiscal, socio-economic and environmental policies to ensure that the conditions that create and support population mental health and well-being are accessible to all.

Intersectoral policy analysis and tools such as mental health impact assessment (Cook et al. 2011) are used to systematically monitor and account for the mental health implications of policy decisions in different sectors. Efforts are also needed to enhance mental health literacy and the understanding of mental health impacts among decision-makers, organisations and members of the general population. Greater awareness of how social, economic, cultural and physical environments impact on mental health throughout the life course, will lead to a greater appreciation of the need for mental health promotion to be incorporated across policy sectors and their role in shaping population mental health and well-being through parenting, childcare, schools, workplace, communities, welfare, cultural, health and social care settings. Policy coherence and alignment between different levels and mechanisms of governance is, therefore, critical for effective whole-of-government approaches, as lack of policy coherence across sectors can lead to greater inequities. Political commitment and inter-departmental governmental structures are critically important in supporting effective intersectoral policy development and implementation, as is creating a culture of collaboration and capacity for effective intersectoral partnership working (Ståhl, 2018; Jenkins & Minoletti 2013; Corbin et al. 2016).

Adopting a whole-of-society approach seeks to engage a broad range of actors who can play an important role in influencing the mental health potential of everyday settings and environments e.g., through culture, recreation and creative arts, sports, youth services, citizen well-being, and at the level of local authorities and local communities. Facilitating the participation of the wider community, including marginalised and vulnerable groups such as minorities and indigenous people, is a critically important challenge in enabling a wider set of actors to contribute and have a meaningful role in creating the conditions for positive mental health and well-being at a whole-of-society level.

Adopting a whole-of-government and whole-of-society approach to population mental health entails integrated action across upstream policy approaches and bottom-up community participation through intersectoral partnerships and participatory processes (Barry et al., 2019). Enabling policy structures and processes are required to embrace this broader cross-

sectoral population approach to implementing mental health promotion. This calls for new models of intersectoral policy development and implementation, including effective cross-sectoral leadership and partnership working in implementing a whole-of-government and whole-of-society approach that will lead to creating a flourishing and equitable mentally healthy society.

A Well-being Framework for Promoting Population Mental Health and Well-being

Well-being frameworks been developed in a number of countries with the aim of providing policy coherence across different government departments in their efforts to address the economic, social, environmental and relational aspects of people's well-being. Reflecting this focus on creating well-being societies, new policy frameworks are being adopted in a number of countries, incorporating a positive focus on promoting population mental health and well-being based on a whole-of-government and whole-of-society approach (e.g., New Zealand and Finland).

The importance of good mental health for population well-being is clearly evident in the development of well-being frameworks and policy approaches by the Organisation for Economic Co-operation and Development (OECD Well-being Framework, 2020) and the World Health Organization. The WHO Geneva Charter for Well-being (WHO, 2021a) addresses the urgency of creating 'well-being societies', committed to achieving "equitable health and social outcomes now and for future generations, without breaching ecological limits". The Charter recognizes that population health is dependent on the actions of all of society, and the policies, institutions and ecosystems in which we live. The Charter calls upon governments and all sectors to work in society-wide partnerships for decisive implementation of strategies for physical and mental health and well-being. The WHO also developed a draft global framework for integrating well-being into public health utilising a health promotion approach, building on the 2030 Agenda for Sustainable Development (WHO, 2022a). This Framework advocates a key vision of; *"Societal well-being that enables all people to flourish and achieve their full physical and mental health potential throughout their lives and across generation."* (WHO, 2022a, p. 9) and outlines strategic directions and actionable policy orientations for adopting a well-being approach through a health promotion

lens. The Framework clearly recognises that achieving well-being entails multisectoral, multilateral responses and calls for effective partnerships and collective and coordinated actions by government, non-state actors from public and private entities to facilitate the whole-of-government and whole-of- society approaches to generate health benefits for the population and the planet.

Developed some years earlier, the OECD Well-being Framework outlines 11 key dimensions for understanding and measuring people's well-being (see Figure 2.4). These dimensions relate to; material conditions that shape people's economic options (*Income and Wealth, Housing, Work and Job Quality*) and quality-of-life factors that encompass how well people are (and how well they *feel* they are), what they know and can do, and how healthy and safe their places of living are (*Health, Knowledge and Skills, Environmental Quality, Subjective Well-being, Safety*). Quality of life also encompasses how connected and engaged people are, and how and with whom they spend their time (*Work-Life Balance, Social Connections, Civic Engagement*)." The OECD Well-being Framework also considers resources for future well-being including; economic capital (human-made and financial assets), natural capital (stocks of natural resources, land cover, species biodiversity, as well as ecosystems and their services), human capital (skills and future health of individuals) and social capital (social norms, shared values and institutional arrangements that foster co-operation) (OECD, 2020). Exploring sustainable well-being and promoting intergenerational equality is an important element of a well-being framework.

A number of countries have also developed well-being indices, which are composed of comparable domains such as; living standards, education, health, leisure and culture, ecological resilience, time use, good governance, democratic engagement, community vitality and psychological well-being, which serve as a measure of a social progress designed to inform policy-making. The development of population well-being indicators is designed to bring a focus on well-being into the centre of the policy-making process alongside indicators of economic development in order to guide a more holistic vision of human development and integrated approach to growth and social progress. Through its Better Life Initiative and Index "How's Life', the OECD has developed internationally comparable indicators that provide country profiles of population well-being and social progress. These indicators seek to measure well-being outcomes through a multidimensional dashboard (rather than single

aggregate indicators) and include a focus on the distribution of those outcomes across population groups or geographic regions, alongside national average outcomes.

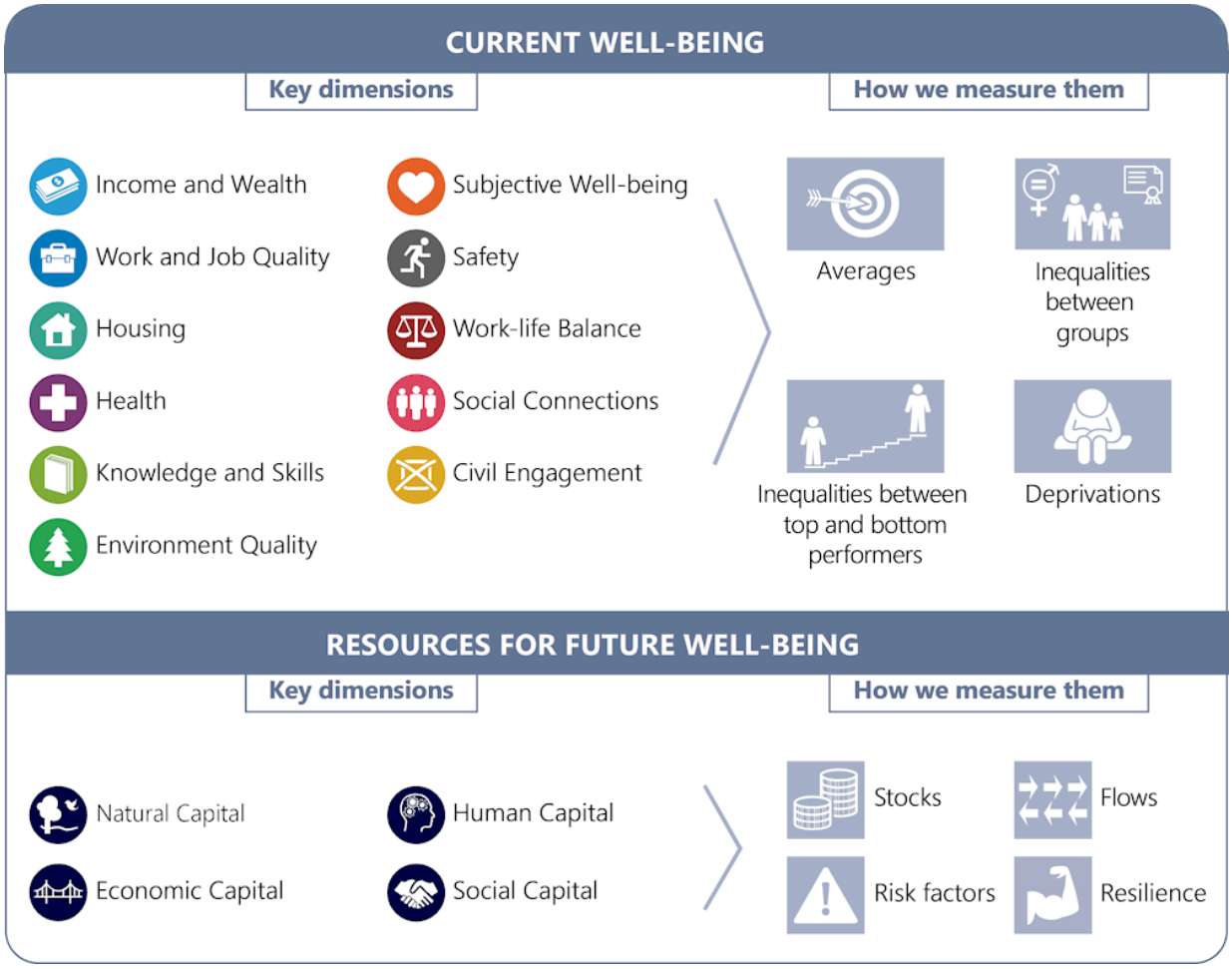


Figure 2.4: OECD Well-being Framework adapted from *OECD (2020), How's Life? 2020: Measuring Well-being.*

The Well-being Framework for Ireland (Government of Ireland, 2021; 2022) builds on these initiatives and is a cross-government initiative, with the overarching vision of "enabling all our people to live fulfilled lives now and into the future" (2021, p.2). This vision is described as being rooted in well-being across person, place and society. The conceptual framework is based on the OECD How's Life model, and sets out the concepts, dimensions and key indicators for measuring progress. Underpinned by the principles of equality and sustainability, the Framework identifies 11 well-being dimensions (see Figure 2.5). Through these well-being dimensions, the Framework aims to create healthy environments at-large (Environment, Climate & Biodiversity) and socially and physically supportive local

environments (Safety & Security and Housing & Built Environment), while enabling individual (Subjective Well-being, Knowledge Skills & Innovation, and Mental & Physical Health) and social well-being (Connections, Community & Participation and Civic Engagement, Trust & Cultural Expression) with consideration of financial well-being (Work & Job Quality, Income & Wealth, and Time Use).

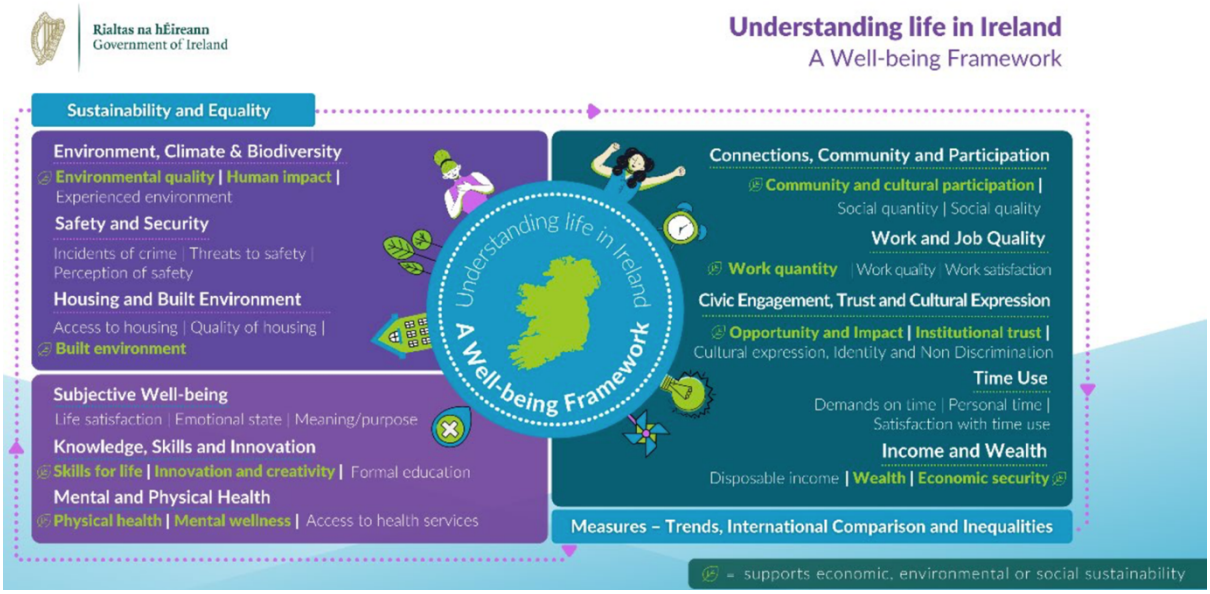


Figure 2.5: Adapted from Government of Ireland (2022a), *Understanding Life in Ireland: The Well-being Dashboard 2022.*

A major component of the Well-being Framework for Ireland is identified as empowering departments in developing policies that can effectively contribute to societal well-being and ensure synergy across sectors in addressing the economic, social, environmental and relational aspects of people's well-being (Kennedy, 2022). A well-being framework also facilitates a common vision and shared language across government departments, which can enable deeper collaboration through a focus on shared policy outcomes. The Well-being Framework for Ireland, therefore, provides an important overarching frame of reference for integrating cross-sectoral policy actions that address the structural determinants of population of mental health and well-being.

The Well-being Framework provides an overarching structure for inter-governmental policy development, enabling an alignment of policy priorities, opportunities and challenges across different government departments, as well as promoting more effective coordination and co-operation between departments and agencies.

The OECD Well-being, Inclusion, Sustainability and Equal Opportunity (WISE) Centre are currently developing work on applying a well-being lens to population mental health promotion and prevention, as a whole-of government concern. The WISE Centre project "Mental health and well-being: towards an integrated policy approach", which is due for publication in 2023, focuses on three elements: (1) improving the quality and availability of data on population mental health; (2) examining the intersection between population mental health outcomes and other elements of the OECD Well-being Framework, including domains such as social connections, housing, personal safety, work-life balance, environment and social capital; and (3) learning from case studies of existing policy practice - i.e. examining strategies for mental health promotion in OECD member countries that already embody some principles of a well-being policy approach.

The project will consider how a well-being policy approach could be applied in relation to population mental health promotion. To inform this exercise, a number of core characteristics or common principles of well-being policy practice have been identified, which include:

- **Realign** the system of government towards a whole-of-government approach that it is better able to work collaboratively towards improving well-being, based on a common framework, shared outcome-based objectives, and strengthening horizontal and vertical policy coherence.
- **Redesign** the development of policy content by taking a multidimensional perspective, including the social, economic, environmental and relational well-being determinants for mental health prevention and promotion.
- **Refocus** government action on what matters most to the well-being of people and planet, taking a strengths-based and social investment focus that promotes communities' assets and resilience with an emphasis on positive mental health.

- **Reconnect** government, the private sector and civil society based on a joint understanding of well-being and building broad partnerships, supporting democratic dialogue and meaningful participation of diverse communities.

The WISE project seeks to gain a more systematic understanding of how mental health promotion strategies embracing a well-being policy approach can lead to better decision-making and improved outcomes for people. To this end, the project will examine policy case studies for a deeper examination of the success factors and barriers to implementation in practice. The findings from this initiative, which are due for publication in 2023, will inform a better understanding of how well-being can be used as a policy tool to develop and design policies for promoting population mental health and well-being.

Conclusions

This chapter provided an overview of the core concepts, principles and approaches concerning the promotion of mental health and well-being. Based on a review of current frameworks, and in line with international approaches advocated by WHO, a population approach to promoting mental health is outlined, underpinned by the core concepts and principles of health promotion, and delivered within an overarching well-being framework for integrated cross-sectoral policy actions that can address the structural determinants of mental health and well-being.

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Chapter 3
Desk Review of Selected Country Mental Health Promotion Policies and Roundtable Discussions

Introduction

This chapter considers the mental health policy documents of Northern Ireland, Scotland, Wales, England, Finland and New Zealand and also considers Ireland's current mental health strategy by way of comparison. These countries were selected as they have similar characteristics to that of Ireland. They are developed nations of comparable populations, apart from England, and all are considered leaders in government-led mental health promotion. For this reason, there is much to be gained in consolidating information regarding policy processes and structures and experiences that can be feasibly translated to the Irish context, providing invaluable lessons to inform the development of Ireland's Mental Health Promotion Plan.

Additionally, a series of Roundtable Discussions was undertaken with experts from each of these countries, as well as experts from Australia, Canada and the Organization for Economic Cooperation and Development (OECD). These discussions were held virtually and aimed to gain rich insights from participants based on their involvement in the development and/or implementation of mental health promotion policy documents in their respective countries. Key findings from these consultations are included at the end of this chapter.

Approach to the Desk Review

This desk review builds on previous reviews of the development of mental health promotion and related policies internationally (GermAnn & Ardiles, 2009; McDaid et al., 2020). McDaid et al. (2020) performed a review of mental health promotion policy documents and engaged stakeholders in the same countries of interest as the present review (namely, Scotland, Wales, Finland, New Zealand, and Ireland). Their review, which was undertaken to inform the development of the Northern Ireland Mental Health Strategy 2021-2031 (Department of Health, 2021), used the WHO Global Action Plan (2013) as a framework to

reveal the extent to which each country's strategy aligns with international best practice guidance. The current desk review updates these findings and adds information from Northern Ireland's Mental Health Strategy (Department of Health, 2021) and New Zealand's Kia Manawanui Aotearoa: Long-term Pathway to Mental Well-being (Ministry of Health, 2021) (the government's response to the He Ara Oranga Report – an inquiry conducted in 2018). England's No Health Without Mental Health Strategy (HM Government, 2011) was also included. Although their policies (and their governmental structure) have changed considerably since publication of this strategy, it was included as it may offer historical insights into their policy development. Their new Mental Health and Well-being Plan is currently under development and while a discussion paper released by their Department of Health and Social Care (2021) was consulted to cross-reference conceptual underpinnings, it was not officially included in the desktop review. Finally, we also reviewed each country's Covid-19 response plan in order to gain insights into how the pandemic contributed to an evolved understanding of the conceptual underpinnings and importance of mental health promotion, reflected in the whole-of-government and whole-of-society approaches of each plan.

While there are many nuances and distinctions between the terms *policy*, *plan* or *strategy*, this study will use the umbrella term 'policy document' in order to consistently refer to each country's policy, strategy, pathway or plan. This is consistent with other literature on this topic (Diminic et al., 2015). It is also important to note that England, Scotland and Wales are currently working on updating their mental health strategies and, as their existing strategies were released prior to the pandemic, we will include reference to their national Covid-19 responses or recovery plans where relevant. New Zealand and Northern Ireland's strategies were recently launched and include lessons learned during the pandemic.

Over-and-above an understanding of common conceptual underpinnings in the development of national mental health policy documents, the present study aimed to identify replicable best practice in policy implementation, with a particular focus on cross-government coordination. The study aimed to find practical implementation insights such as: What mechanisms are in place that ensure responsibilities are clearly assigned? What indicators of success were chosen and how are they monitored? What government support and investment is needed to feasibly implement the strategy? Who will lead? etc.

The findings from the present desk review are synthesised thematically in terms of their conceptual underpinnings and implications for optimising implementation success. Key areas of interest in the review were specific mechanisms for cross-sectoral collaboration and implementation structures. These are discussed below with an accompanying evidence table (Table 3.1 and 3.2) provided at the very end of the chapter.

Findings – Conceptual Underpinnings

Whole-of-Population Approach: Cross-departmental Government Action and Inter-sectoral Collaboration

Addressing the Social Determinants through Intersectoral Collaboration

All policy documents acknowledged the ubiquitous and interdependent nature of social and structural factors that influence mental health at the population level. This acknowledgement underpins the necessity for a whole-of-government approach in order to address these mental health determinants that lie in the structure of society: including living conditions such as housing, working and education circumstances, neighbourhoods and communities, and the accessibility and affordability of services. All policy documents advocate for intersectoral collaboration at national and local levels to address these wider determinants of population mental health, reducing associated health inequities in sub-population groups and improving access to protective factors in society.

All policy documents called for a whole-of-government approach along with more intersectoral synergy and a focus on local government involvement. The Welsh policy document refers to a 'one system' approach (Welsh Government, 2012, p. 47), Ireland's Sharing the Vision policy document calls for a 'whole system' (Department of Health, 2020b, p. 74) approach and New Zealand's policy document calls for system transformation that involves 'society as a whole' (Ministry of Health, 2021, p. 9). England released a discussion paper stating that the development of their forthcoming mental health plan was agreed by all government departments as "part of its commitment to 'level up' and address unequal outcomes and life chances across the country" (Department of Health and Social Care, 2021).

The policy documents recognise the need for more organised efforts across government departments and at the local level, where activities with similar outcomes across sectors are synergised and duplicate efforts are reduced. The need for explicit responsibility and accountability was highlighted as an enabler in this regard. England's policy document notes lessons learned from previous efforts where top-down strategies that focus solely on structures and processes tend to stifle innovation and lose sight of accountability and actual mental health outcomes. Ireland's policy document acknowledges that mental health strategies must align closely with other national frameworks in order to optimise implementation synergy. New Zealand's policy document calls for reform of existing inter-sectoral policies to embed mental well-being, including legislation to support healthy environments, equity and other protective factors for the public's health. Finland's policy document specifically refers to a 'mental health in all policies' approach (Ministry of Social Affairs and Health, 2020, p. 36) and the Northern Ireland policy document calls for efforts to reduce a 'silo mentality' (Department of Health, 2021, p. 21) in favour of holistic, integrated supports, with orchestrated implementation across government to address the social determinants of mental ill-health.

The Impact of the Covid-19 Pandemic on Advancing a Whole-of-Population Approach

Globally, the Covid-19 pandemic brought to light and exacerbated health disparities experienced across the population (Department of the Taoiseach, 2020; Mohan et al., 2021; WHO, 2021). The pandemic impacted on the mental health and well-being of people around the world and public health approaches to mitigate the threat of infection included severe social restrictions and disruptions to daily life, which also opened a conversation across society about the importance of mental health (O'Connor et al., 2021; Smyth & Nolan, 2022; WHO, 2022). Thus, the pandemic actually helped evolve each country's understanding of the conceptual underpinnings and the importance of mental health promotion and this is reflected in their Covid-19 response plans, which became more intersectoral in nature with a focus on whole-of-government and whole-of-society approaches. As such, we reviewed the Covid-19 response plans published by each of the countries within this study to understand the extent to which these plans have advanced the focus on mental health promotion and particularly responding to needs at a population level.

Scotland

Informed by the Scottish Mental Health Research Advisory Group and stakeholders and experts within NHS Mental Health services, Scotland's Transition and Recovery plan was the Scottish Government's response to the mental health impacts of Covid-19 (Scottish Government, 2020). The policy document highlighted the need to address social factors and particularly in populations who are at higher risk of experiencing negative mental health impacts due to Covid-19 (including younger adults, low-income families, people with pre-existing mental health conditions, ethnic minorities, and older people). The policy document acknowledged the need for cross-Government collaboration to successfully tackle factors that contribute to persistent health inequalities along with engagement of the public and third sector. The policy document called for employment support, addressing socio-economic inequalities and poverty, addressing mental health inequality on an individual and structural level and intersectorally, supporting relationships, prioritising children, young people and families as well as other priority groups (including women and girls, people with long-term physical health conditions and disabilities and older people or people who suffered bereavement or loss), suicide prevention and improving mental health services. The policy document recognised workforce development, data collection and innovative tools, and engagement of the third sector and local authorities as key enablers of policy implementation.

England

Garratt et al. (2023) released a House of Commons Research Briefing on the current landscape of mental health policy in England through the lens of the National Health Services (NHS) and Government response to Covid-19. The report cited the NHS Mental Health Equalities Strategy (NHS, 2020) which aimed to accelerate action in the next stage of responding to Covid-19 by supporting local health systems to address mental health inequalities, improving the quality and flow of data to advance mental health equalities and promoting a diverse and representative workforce at all levels of the system. The Advancing Mental Equalities Task Force provides implementation oversight. The research briefing also cited the House of Lords Covid-19 Committee's report on *Living in a COVID World: A Long-term Approach to Resilience and Well-being* (2022), which stressed the importance of "local power" (Chapter 3) and building the capacity at the local level in terms of long-term, enduring and interdisciplinary approaches to policymaking, funding and workforce planning (including building volunteer and community capacity) with clear roles and responsibilities. The report also called for coordinated Government policy and Parliamentary Select

Committees that reflect cross-government actions to address the socio-economic determinants of health. In terms of mental health expenditure, the report points to a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24 and a Mental Health Investment Standard for further commitment to local funding for mental health.

Wales

The Welsh Government offered a whole-system response to Covid-19, with mental health considerations as one of the policy document's key priority areas (Welsh Government, 2021b). It emphasised the need for stronger cross-government actions in the area of prevention and protection of mental health by addressing socio-economic impacts and ensuring that those in greatest need are central to the health and social care system. It also highlighted the need for joined-up working and continuity of planning across sectors and social partnership between workforce unions, employers and government. Workforce development, digital innovations and long-term funding were named as enablers and overall implementation enabled by the right balance between local solutions and innovation alongside national and regional solutions which minimise variability. The policy document pointed to *A Healthier Wales* (Welsh Government, 2021a) as the guiding statement of the future direction for Wales' health and social care system. *A Healthier Wales* calls for collaboration between the NHS and social care and to work with other services like education and housing so that the services throughout Wales work as a single system, are community-based and have the joined-up aim of helping people manage their own health and preventing illness. Finally, the policy document mentioned Wales' Well-being of Future Generations Act (Welsh Government, 2015) and their Socio-economic Duty Equality Act (published on 15th May 2020) (Welsh Government, 2020a). The former aims to improve the social, economic, environmental and cultural well-being of Wales by making public bodies think more about the long-term, work better with people and communities and each other, look to prevent problems, and take a more joined-up approach. The latter is a statutory requirement for public bodies to demonstrate how their strategic decisions consider potential impacts on individuals who experience socio-economic disadvantage.

New Zealand, Northern Ireland and Finland

The New Zealand Government's Ministry of Health released the revised edition of their Covid-19 Psychosocial and Mental Well-being Plan in December 2020 (Ministry of Health, 2020a). The plan offered a framework for action over 18 months in response to the mental

health and well-being challenges faced due to the pandemic and in anticipation of their longer-term plan (which is the policy document used throughout this desk review). As such, the plans mirror one another. Likewise, Northern Ireland's Department of Health published a Mental Health Action Plan on 19 March 2020, which included the Covid-19 Mental Health response plan designed to respond to the impact of the pandemic on the population of Northern Ireland (Department of Health, 2020a). One of the key actions set out in the action plan was to develop a new, ten-year Mental Health Strategy for Northern Ireland. This strategy was indeed developed and is the policy document used throughout this desk review. As New Zealand's long-term pathway (Ministry of Health, 2021) and Northern Ireland's Mental Health Strategy (Department of Health, 2021) reflect the actions outlined in these antecedent policy documents, there is no need to go into further detail here. Additionally, the *Sustainable Growth Programme for Finland – Recovery and Resilience Plan* (Finnish Government, 2021) refers to Finland's National Mental Health Strategy 2020–2040 (p. 168), which was released during the pandemic and is the policy document used throughout this desk review. As such, it too will not be discussed further here.

Ireland

The Government of Ireland's Cabinet Committee on Covid-19 released a National Action Plan which was public health-led and underpinned by cross-governmental action (Government of Ireland, 2020). A formal governance structure was created and intersectoral stakeholder forums, chaired by the Department of the Taoiseach, were conducted to collaboratively minimise the social and economic impacts of the pandemic. The plan emphasised the need for social and mental well-being supports and particularly for socially vulnerable groups (e.g., sheltered housing, addiction services, homeless services, mental health services, direct provision centres, prisons, detention campuses and those with non-standard living arrangements). Furthermore, Ireland's Health Service Executive (HSE) released their *Psychosocial Response to the Covid-19 Pandemic* guidance document and framework (HSE, 2020). The document highlights the need for online counselling services and supports for life skills and for people with existing or new complex mental health needs, while also emphasising the importance of a whole-population approach to supporting and promoting mental health and well-being during the pandemic. The protective effect of social supports underpin the framework and the importance of societal well-being is underscored, acknowledging that a whole system response is crucial as well as prioritising vulnerable populations (e.g., older adults, family carers, bereavement care, people with disabilities,

people using mental health services, children and young people, and marginalised groups). The document details the oversight and governance structures needed and the enablers of implementation of the plan (including funding a full-time staff post, re-aligning existing services, build healthcare workforce capacity, and prioritise innovative technology, research, evaluation and monitoring, and communication and engagement). Much of the actions recommended in this plan mirror the overall findings of this desk top review.

Integrated Service Provision

A more systematic integration and 'concrete collaboration' (Ministry of Social Affairs and Health, 2020, p. 34) of services across sectors and settings in society was a common theme. The policy documents advocate for streamlined and coordinated actions in service provision that are particularly community-based (e.g., primary care, social care, community organisations and the voluntary/community sector). This is referred to as 'joined up' in the Scotland, Finland and New Zealand policy documents (Ministry of Health, 2021, p. 27; Ministry of Social Affairs and Health, 2020, p. 12; Scottish Government, 2017, p. 23). New Zealand's policy document calls for a shift to a 'mental well-being system' (Ministry of Health, 2021, p. 33) that fosters a collective approach and a shared vision across society. All policy documents highlighted the leading role that local authorities and the third sector should play in service integration, stewarded by government leadership, oversight and investment. England's policy document recognises that the government can achieve more in partnership with others than it can alone and that services can achieve more through integrated, pathway working than they can from working in isolation from one another.

Cross-sectoral Workforce Upskilling and Reorientation

The Welsh policy document calls for consistency in mental well-being services within and across settings, dedicating a priority area to workforce planning and support (Welsh Government, 2012). New Zealand also acknowledges the workforce as a key enabler of strategy success and calls to re-orient the mental well-being workforce toward promotion and prevention approaches and to develop cross-sector workforces that have enhanced mental well-being literacy so that promotion of mental well-being (including reduction of social inequities and integration of services) can occur in practice in all sectors (Ministry of Health, 2021). Increased mental health literacy also plays a major role in Finland's policy document and Scotland's also calls for upskilling staff in non-health sectors (e.g., housing and the

justice system) to optimise service integration (Ministry of Social Affairs and Health, 2020; Scottish Government, 2017). New Zealand adds that it is important to minimise 'structural silos,' grow shared workforces and increase strong collaborative workforces that can work to together to effectively address the wider determinants (Ministry of Health, 2021, p. 53). New Zealand's policy document also calls to develop a National Health Information Platform to improve accessibility and usability of health information for consumers and providers and to work toward an effortless, fully interoperable digital health ecosystem where information can be transferred within and between systems and services. To this end, developing a Digital Health and Addiction Service framework would guide funders, providers, developers and service users while supporting the choice between virtual, face-to-face, telehealth and other delivery systems.

Third Sector Engagement and Capacity Building

Increasing the capacity of the third sector was another common theme. England's policy document calls for a more efficient commissioning process and alignment of the third sector and non-governmental organisations with government goals (HM Government, 2011). New Zealand likewise calls for innovative joint commissioning, contracting and funding, and to strengthen community organisations' capacity to lead mental well-being promotion while streamlining engagements between government and these community organisations (Ministry of Health, 2021). Finland's policy document calls for statutory, financial and research support with investment also playing a key role in New Zealand's policy document (highlighting 'joined up' investments in a broad range of supports) (Ministry of Health, 2021, p. 27; Ministry of Social Affairs and Health, 2020, p. 12).

Legislative Reform

Most of the policy documents advocate for legislative reform to evolve mental health legislation alongside the progression of mental health understanding and, the Ireland and Scotland policy documents in particular, call for parity of priority between physical and mental health, particularly with regard to resource allocation and funding at the national level (Department of Health, 2020; Scottish Government, 2017).

Focus on Mental Health Promotion and Primary Prevention

Protective Factors and Mental Health Literacy

All policy documents highlighted the importance of protective factors for mental health, acknowledging the need to support the integration of promotion and prevention into daily settings (e.g., housing, workplaces, outdoor areas, educational institutions, justice settings, communities, and the digital realm), while upskilling and building the capacity of both healthcare and non-healthcare workforces to include mental health literacy. Finland's policy document highlights that well-functioning healthcare services are an important protective factor for mental well-being (Ministry of Social Affairs and Health, 2020). Improving accessibility and quality of mental health care plays a major role in the New Zealand and England policy documents with Northern Ireland calling for greater awareness of mental health in the health and social care sectors, particularly outside the mental health profession (Department of Health, 2021; HM Government, 2011; Ministry of Health, 2021). Other protective factors addressed by the policy documents include reducing inequalities, supporting social and emotional well-being, enabling community participation, and financial inclusion. Ireland, New Zealand and Wales highlight the importance of a supportive physical environment (Department of Health, 2020; Ministry of Health, 2021; Welsh Government, 2012), with all policy documents addressing social inclusion as a protective factor. The Welsh and Irish policy documents highlight 'connectedness' as a protective factor (Department of Health, 2020, p. 31; Welsh Government, 2020, p. 21), New Zealand references 'social bonds' (Ministry of Health, 2021, p. 27), and Finland's policy document acclaims the 'human capital' that results from mental health literacy, trust, reciprocity, and a sense of belonging in individuals, families, communities, and society (Ministry of Social Affairs and Health, 2020, p. 18). Likewise, England calls for businesses to develop their own 'mental capital' by supporting the well-being of their staff (HM Government, 2011, p.36). The Welsh and New Zealand policy documents also refer to a 'spiritual' aspect of psychological well-being (Ministry of Health, 2021, p. 10; Welsh Government, 2020, p. 20). Ireland's policy document notes the importance of an upstream focus on promotion and prevention in order to reduce the need for downstream acute services (Department of Health, 2020).

Primary Prevention and Early Intervention

All policy documents acknowledged the importance of primary prevention and early intervention both in terms of the life course and vulnerable groups (early in the progression of poor mental health). A life course approach was not specifically articulated in every policy document; however, they all acknowledged the dynamic quality of mental well-being through all stages of the life cycle and referenced perinatal mental health supports, supports for the early years and young adulthood, supports within daily settings and into older age. All policy documents acknowledged the foundational and formative early years and their significance on mental health throughout the life course, with particular reference to addressing Adverse Childhood Events and offering parenting and family supports. Finland and Northern Ireland's policy documents singled out the need for a smoother transition of services for children and young people moving into adulthood (Department of Health, 2021; Ministry of Social Affairs and Health, 2020). While all policy documents acknowledged prioritisation of supports to those in most need, the New Zealand strategy emphasises the need to cover a broad spectrum of mental health need, including those with mild-moderate needs who are sometimes 'missing' (Ministry of Health, 2021, p. 15) in the system.

Compassionate, Competent, Quality Care

All policy documents acknowledged the importance of a competent workforce and quality of care in transforming mental health services toward this emphasis on promotion and prevention. The Welsh, Northern Ireland and New Zealand policy documents prioritise workforce planning and support with Scotland's calling for an increase in mental health workers across sectors and settings (e.g., hospitals, GP surgeries, primary care, police services, housing, justice system etc.) (Department of Health, 2021; Ministry of Health, 2021; Scottish Government, 2017; Welsh Government, 2012). Most policy documents recognised the need to integrate digital technologies and online supports to improve promotion and prevention efforts. Building a 'digital ecosystem of support across all sectors' played a major role in New Zealand's policy document (Ministry of Health, 2021, p. 19), which also highlighted the need to understand its strengths and limitations for various sub-population groups, including ensuring digital equity and access and appropriate platforms that are updated as 'close to real time' as possible (p. 51).

Co-Produced Services

All policy documents emphasised co-production and co-design in the health service transformation process, involving all partners equally (e.g., national- and local-levels – including the third sector and non-governmental organisations – along with those with lived experience). Northern Ireland and Ireland's policy documents call for an ecological 'stepped care' approach to match unique service user needs (Department of Health, 2020, p. 18; Department of Health, 2021, p. 53), and *person-centred* care was a common term in most policy documents, emphasising the importance placed on amplifying the service user 'voice' (HM Government, 2011, p. 49; Ministry of Health, 2021, p. 39). Increased reinforcement and autonomy in choice of services was highlighted as important (particularly in New Zealand and England) along with peer support.

Addressing Inequalities

Tackling the Social Determinants and Social Inclusion

All policy documents were underpinned by reducing inequalities, emphasising the importance of supporting sub-population groups that are affected disproportionately by poor mental health, those who might experience a higher challenge in accessing mental health services, and are harder to reach. England's policy document aims to reduce the social and other determinants of poor mental health, particularly those that cause inequalities across the population, that can both cause and be the result of mental health problems (HM Government, 2011). New Zealand's policy document commits to building the social, cultural, environmental and economic foundations of mental well-being (Ministry of Health, 2021). All policy documents prioritised social inclusion (e.g., for those marginalised by poverty, disability, gender, sexual orientation, ethnicity, background, rural isolation, and age – including those with dementia and their carers) and call for a 'no wrong door' (Department of Health, 2021, p. 42) approach to social and emotional outreach and support. Examples of sub-population groups prioritised for these more targeted supports included:

- Unemployed or low-income populations
- Substance misuse/addiction
- Veterans
- Perinatal or pregnancy periods and new mothers
- Disadvantaged children

- LGBTQI+ youth and adults
- People in the criminal justice system
- Homelessness or rough sleepers
- Asylum seekers and refugees
- Black, Asian and Minority Ethnic (BAME) groups
- Indigenous cultures including native language speakers
- People affected by COVID-19-related changes
- People with trauma exposure, eating disorders, intellectual or other disabilities, and mental health disorders.

Commonly referenced approaches to tackling the social determinants and prioritising social inclusion included:

- Cross-departmental collaboration and policy alignment (Department of Health, 202l; Welsh Government, 2012) and clear locus of responsibility in the central government (Ministry of Health, 2021) to strengthen daily living conditions
- Partnership and local knowledge (HM Government, 2011; Ministry of Health, 2021; Scottish Government, 2017) including strengthening the third sector (Ministry of Health, 2021)
- Equity of access to care (Department of Health, 2020; HM Government, 2011)
- Culturally competent and person-centred care (Department of Health, 2020; Ministry of Health, 2021) with an emphasis on co-design (Ministry of Health, 2021)
- Upskilling staff that are the first point of contact, such as Housing staff (Ministry of Health, 2021; Scottish Government, 2017), to include high-quality and compassionate care while developing model joint working protocols for related social care services (Welsh Government, 2012)
- National-level programmes against stigma and discrimination (Department of Health, 2020; HM Government, 2011; Ministry of Health, 2021; Welsh Government, 2012)
- Employment support including debt advice (Department of Health, 2020; HM Government, 2011) and out-of-work and in-work support services to gain and retain employment (Welsh Government, 2012).

Specific interventions mentioned were:

- Befriending schemes for older people and those experiencing loneliness

- Parent, carers and family approaches and bereavement or trauma support to prevent Adverse Childhood Experiences
- Integrated and *stepped care* pathways, highlighting dual diagnosis
- Digital tools particularly for youth interventions or psychological/behavioural therapies
- Peer support
- Evidence-based programmes for at-risk groups (such as farmers facing uncertainty and suicide prevention)
- Interventions in the primary care setting (such as social prescribing and social worker involvement) and in schools (including targeted mental health programmes).

Assessing Equity

Regarding assessment of equality in mental health, England's policy document calls for the use of the Analysis of the Impact on Equality Assessment, with a leadership role for the Department of Health's Equality and Diversity Council and their Ministerial Advisory Group (HM Government, 2011), while Wales calls for the use of Health Equity Status Reports developed in consultation with Public Health Wales and the WHO European Regional Office (Welsh Government, 2012). The other policy documents mostly call for the development of outcomes frameworks that include indicators of equitability and accessibility, and for disaggregated surveillance data in order to reveal relativity of outcomes across sub-population groups.

Findings – Optimising Implementation Success

Main Sectors Involved and Inter-sectoral Coordination Mechanisms

It was commonly noted across all policy documents that local authorities, the third sector and non-governmental agencies, and other private and public actors within communities are closer to their service users, enabling them to collaboratively identify unique mental health inequalities and local social and structural barriers. As a result, these agencies are better poised to coordinate and mobilise an integrated response that can address the nature and source of local inequalities. All policy documents implicitly or explicitly called for a *whole of*

society approach, where all departments within the national government play a role in stewarding these community-led inter-sectoral efforts. The challenges with such shared responsibility are identifying who has the responsibility of overseeing this coordinated effort and developing indicators that can measure the success of such synergistic implementation.

Cross-government Stewardship of Community-led Efforts

Regarding cross-government coordination, the majority of the policies endorse the need for cross-governmental stewardship and coordination of implementation actions. The Northern Ireland policy document calls for a Mental Health Champion role within the Northern Ireland Executive to ensure the integration of a mental health friendly ethos into all policies and services (Department of Health, 2021). In England, the Cabinet Sub-committee on Public Health was where action plans were brought together (with additional input from the Cabinet Sub-committee on Social Justice and the national Inclusion Health Board) (HM Government, 2011). England's policy document also called for a Mental Health Strategy Ministerial Advisory Group to be the 'locus' for achieving sustained partnership-working across sectors, with their Coalition Government coordinating action across the government to support local initiatives (p. 69). New Zealand's Social Well-being Board is a group of government chief executives who oversee activities aimed at achieving social well-being outcomes that go beyond the remit of any one agency and their recent Mental Health and Well-being Commission Act 2020 (Ministry of Health, 2020b) compels government agencies to contribute information on their progress in supporting mental well-being to the Commission (Ministry of Health, 2021). Ireland calls for a National Implementation Management Committee that should include leads across government departments, local/community agencies and service users (Department of Health, 2020). Finland's policy document did not contain specifics about their coordination mechanisms and stewardship at the Ministerial level, however these details were later published (Ståhl, 2018) and are discussed in Chapter 4 of this report. Additionally, this topic was discussed in the roundtable discussions with experts from Finland and is included later in this chapter.

Sharing Priorities

The Welsh policy document seeks to embed mental health objectives into delivery plans across a range of government plans so that they carry explicit links to mental health and related actions (Welsh Government, 2012). England's policy document echoes this, calling

for shared objectives in outcomes frameworks across government departments, while New Zealand also mentions cross-governmental strategy integration with commitment to mental health well-being priorities in strategies belonging to various sectors (HM Government, 2011; Ministry of Health, 2021). Ireland's policy document adds that cross-cutting priorities should be embedded not only in policies but in settings in society (Department of Health, 2020).

Developing Collaborative Structures at and Between all Levels

All policy documents call to develop or strengthen collaborative governmental structures within and between national, regional and municipal levels. Finland's policy identifies that these collaborative structures should include management practices, agreed upon measures and indicators, and tools for assessing mental health impacts (Ministry of Social Affairs and Health, 2020). New Zealand's policy calls for the creation of sustainable coordination mechanisms at various levels: at the governmental level (calling for national mental well-being bodies/networks to encourage national networking between leaders to share experiences and strengthen relationships between ministries), at the national-to-regional level (calling for Regional Public Service Leads to delineate roles and responsibilities), and at the regional-to-local-level (calling to build capacity in communities to play a leadership role) (Ministry of Health, 2021).

Improving Mental Health Literacy Across Sectors

Finland's policy document proposes that improving cross-government mental health literacy will help in developing operative models for the division of duties and shared activities between different administrative branches (including an account of available services in different sectors, stipulating collaboration and identification of essential resources, division of costs, accountability - delineating stakeholder roles and management of activities - and compensation mechanisms) (Ministry of Social Affairs and Health, 2020). New Zealand's policy document also adds that increased mental well-being literacy throughout the inter-sectoral workforce will drive more efficient service integration and collaboration to address the wider determinants of mental well-being (Ministry of Health, 2021).

Implementation Structures

Ensuring Consistency in Community-led Efforts

The importance of delivery of the national policy at the more manageable local level is emphasised in all plans. The Northern Ireland policy document calls for a regional approach lead by a mental health service network that includes professional leadership (Department of Health, 2021). This mental health service network would ensure regional consistency in delivery of locality-based services within local communities across their five Health and Social Care Trusts. Similarly, Ireland calls for multi-disciplinary Community Health Teams/Networks to integrate care structures within six Regional Health Areas with key team members located in a variety of settings, including the non-health sector (Department of Health, 2020). The Welsh policy document references Area Planning Boards and Local Mental Health Partnership Boards that can work together to reduce duplicate efforts and will work with the Mental Health National Partnership Board to monitor and assure the strategy (Welsh Government, 2012). These boards currently produce reports of activities that can feed into evaluation or adaptations to implementation. New Zealand's policy document calls for leadership and health structures that sit alongside regional authorities (Ministry of Health, 2021).

Building Capacity at the Local Level

England's policy document called for new statutory Health and Well-being boards at the local level to conduct needs assessments to ensure that local-level health and well-being strategies respond to their needs (HM Government, 2011). Public Health England released a co-produced Prevention Concordat for Better Mental Health (2017) to serve as a planning resource for local areas to realise national priorities. The framework thus aligns with the principles that underpin England's national mental health policy document to strengthen individuals and communities while reducing social and structural inequalities, with an explicit acknowledgement that this obligation is shared through society. As such, the framework guides local organisations to align their needs and assets with those of other sectors to form joint ambitions and commitments that can be translated into complimentary programmes and integrated operational plans for synergistic action throughout the community. Leadership, accountability, and well-chosen outcomes to measure success that suit the local context are identified as key enablers of this coordinated effort. In addition to

strong leadership from Health and Well-being Boards, the concordat highlights the Centre for Mental Health, a national campaign that challenges local authorities, councillors and other representatives to elect a Member Champion for their locality to network with other champions to share ideas and support. It also recommends creating local steering groups with representation from the local system that can guide local governance arrangements with an emphasis on accountability structures or mechanisms.

Leadership for New Ways of Working

While local-level leadership was highlighted as key, leadership from the government was stressed as an important enabler. New Zealand stresses that the government must ensure systems and structures are set up to support new ways of working (including national frameworks to guide contemporary approaches in settings such as schools and workplaces) and improve the way the system operates. This includes government investment and leadership as major commitments to enable implementation (Ministry of Health, 2021). Scotland also calls for national support for local authorities (including Integration Authorities) and the third sector relating to local strategic planning and the Welsh policy document likewise calls for strengthening third sector engagement, while emphasising the importance of linking people with lived experience and carers to local, regional and national networks to help shape, deliver and evaluate services (Scottish Government, 2017; Welsh Government, 2012). New Zealand calls for leadership in community organisations and throughout various community settings (including workplaces) (Ministry of Health, 2021). Ireland's policy document includes an Implementation Roadmap that aims to allocate ownership of recommendations to lead agencies with time-bound implementation targets against each recommendation with outcome indicators that encourage alignment between different services (Department of Health, 2020).

Implementation Oversight and Monitoring

England's policy called for establishment of a Mental Health Strategy Ministerial Advisory Group of key stakeholders to work in partnership to realise the policy document's aims (HM Government, 2011). This advisory group consisted of the new National Health Service (NHS) Commissioning Board, Public Health England, GP consortia, the Local Government Association, Directors of cross-government departments, the Care Quality Commission, professional bodies, commissioners, mental health provider organisations, the voluntary and

community sectors, and people with mental health problems and their carers. Again, it should be noted that these structures are likely outdated, since England's new policy is in the process of development, however, these structures were included as they may add historical insights valuable to Ireland's policy development process. Ireland's National Implementation and Monitoring Committee likewise consists of representation from all-of-government, the voluntary and community sectors, and service users and their peers, and highlight a key assisting role for their Health Service Executive (Department of Health, 2020). Similarly, the Welsh policy document calls for a board of NHS Chief Executives that will drive forward commitment and coordinate integrated approaches within the NHS (Welsh Government, 2012). Scotland references the activities of local Integration Authorities (authorities that bring together health and social care into a single, integrated system) and a bi-annual forum of intersectoral stakeholders that shape how actions are implemented (Scottish Government, 2017). The Welsh policy document refers to a Mental Health Forum that will provide national guidance on mental health and also proposes joint oversight groups (e.g., between Social Care and other government departments) (Welsh Government, 2012). New Zealand has developed a Mental Health and Well-being Commission to lead in implementation and monitoring, with progress overseen by the Cabinet Priorities Committee and Cabinet Social Well-being Committee (other entities with oversight roles include the Health and Disability Commissioner and the Health Quality and Safety Commission) (Ministry of Health, 2021).

Other Implementation Enablers

New Zealand offers each action in terms of three timeframes: short (2021-2023), medium (2023-2027) and long term (2027-2031) (Ministry of Health, 2021). Finland's policy document proposes a phased approach that focuses on developing services (particularly with regards to their suicide prevention plan) and increasing mental health literacy in the first two years, with effectiveness and impact assessments driving service system development and selection of appropriate actions into the future (Ministry of Social Affairs and Health, 2020). It calls for implementing many of the policy document's services as part of regular services at primary health and social service centres which will help to develop localised implementation models. Northern Ireland calls to develop a number of workstreams that are supported by all stakeholders (Department of Health, 2021), while England, Wales, New Zealand and Finland reference pilot programmes to support implementation and innovation (HM Government,

2011; Ministry of Health, 2021; Ministry of Social Affairs and Health, 2020; Welsh Government, 2012).

The Welsh policy document calls for a review and mapping of service configurations and research models of care and to create common sets of values to inform a systems/journey approach that guides delivery of mental health services (Welsh Government, 2012). Similarly, Finland's policy document calls for the Strategic Research Council to prepare a research programme supporting the implementation of the policy and for a specific set of indicators to be developed and monitored (Ministry of Social Affairs and Health, 2020).

Case Highlight – Northern Ireland Early Intervention and Prevention Plan 2022-25 (Draft Document)

As part of implementation, Northern Ireland developed a cross-sectoral Steering Group chaired by their Department of Health and coordinated by their Public Health Agency. The Steering Group developed an Early Intervention and Prevention Plan (2022-25) in response to two of the Northern Ireland strategy actions. This marks the first stride toward developing structures to ensure effective cross government and sector working in the context of early intervention and prevention (EIP) by creating an action plan for promoting mental health through early intervention and prevention, with actions covering a whole life approach from infancy to older age. As part of this plan, a mapping of existing plans and programmes within the context of EIP has been undertaken in order to take inventory, make system-wide connections and identify shared agendas that can make the biggest change.

The action plan includes establishing a system that ensures leadership of multi-agency partnerships by identifying key actions and personnel across all relevant strategies at the local and regional levels (including the community and voluntary sector). An intersectoral Regional Reference Group will provide this implementation leadership and influence relevant government policy. A permanent regional EIP Coordination Team will be established to make structural links that will support the work of all local groups and actions and across public health strategies, and be accountable to the Reference Group. Located within the Public Health Agency, this co-ordination team serves a key role as 'backbone support' for implementation. A Public Mental Health Learning Network of researchers and practitioners will jointly develop new cross-sectoral knowledge, including an understanding within and across sectors of how structural and social inequalities impact mental health and best practice models for reflective practice and peer support across sectors.

Case Highlight – Northern Ireland Early Intervention and Prevention Plan 2022-25 (Draft Document)

Additionally, an intersectoral Data and Outcomes Group will undertake public surveys on EIP to inform the establishment of indicators that are shared and monitored collectively across government policies, while gaining disaggregated information on the mental health of the public to inform priority setting. Finally, an Engagement Group will ensure coproduction and appropriate support and resources through a User Involvement Strategy.

Other actions of the EIP Plan include establishing a Communication/Public Awareness Raising Group and enhancing mental health literacy across sectors to encourage integrated policies and services (including a database for capturing and sharing existing services that support EIP, training and capacity building for EIP across sectors and at all levels, and coordinating a system-wide common framework that informs evidence-based EIP interventions). Finally, the plan includes creating supportive environments - where people engage in daily activities - through community development, pilot programmes, and exploring the opportunity to embed workplace-based EIP as a core requirement when assessing social value in awarding public sector contracts.

Reporting structure: The EIP Implementation Plan will be monitored by the Department's Mental Health Unit, who will work closely with Population Health Directorate within the Department of Health to ensure alignment with other relevant policies. The Strategic Reform Board will be the accountable body for the Mental Health Strategy and will meet 3 times a year.

Reporting arrangements: The Department will seek updates from Mental Health Strategy Action Leads every two months. This will take the form of a short Highlight Report which will be RAG rated and will be monitored against the key actions set out in the Plan.

Governance: As the regional lead organisation for commissioning early intervention and prevention services that promote positive mental health and well-being, the Public Health Agency (PHA) will co-ordinate the implementation of this plan. The Department provides oversight of the work of the Public Health Agency through existing governance structures, and monthly meetings.

Resourcing the plan: A Mental Health Strategy Funding Plan was published alongside the Strategy, which estimated that the cost of implementation would be £1.2bn over 10 years.

Evaluation

All policy documents called for a more outcomes-driven approach or 'goal-oriented planning' (Ministry of Social Affairs and Health, 2020, p. 36), calling for the development of standardised and routinely collected key outcome measures to monitor strategy success. Noting that the top-down approaches of the past placed more emphasis on structures and processes, England's policy document calls for outcomes frameworks across sectors to include mental health outcomes (HM Government, 2011). Scotland calls for progress toward parity of esteem between physical and mental health and to develop outcomes frameworks similar to those used in physical health (Scottish Government, 2017). Many policy documents called for including mental health indicators in existing surveillance data collection tools (such as Northern Ireland's Youth and Well-being Child and Adolescent Prevalence Study) and Scotland calls for a Mental Health Strategy Data Framework to ensure the data is useful, cutting back on data that is not fit-for-purpose (Scottish Government, 2017). Likewise, Ireland calls for a National Mental Health Information System to report on the performance of health and social services in-line with the strategy (Department of Health, 2020). The Welsh policy document highlights the need for common Information Technology, better information sharing between health, social care and the third sector, and a national informatics service and partnership (Welsh Government, 2012). Ensuring indicators are standardised/common/consistent across sectors and localities was a key theme in the policy documents and for local outcomes frameworks to align with national frameworks. Northern Ireland mentioned the Encompass programme to replace a number of existing evaluation software systems; in addition to its consolidative nature, it also offers a richer pool of data (Department of Health, 2021).

Richer Data that Better Captures Well-being and Service-user Experience

England's policy document calls for the development of new measures of well-being at the national level alongside local feedback from service-users and providers (e.g., from Local Involvement Networks) to optimise the commissioning process (HM Government, 2011). Most of the policy documents also call for the development of agreed standards of care and qualitative performance indicators such as satisfaction surveys. Most policy documents emphasised the importance of understanding service user experience in the context of these performance indicators, to comprehensively evaluate strategy success and to steer

improvements in services and their integration. The Scottish policy document proposes adding quality indicator profiles that include measures across six quality dimensions: person-centred, safe, effective, efficient, equitable and timely (Scottish Government, 2017). Northern Ireland calls for similar measures and adds accessibility measures (including appropriate demand demographics), integration measures (including inter-service interfaces) and includes geographical parity in measures of equitability (Department of Health, 2021). Finland calls to include cost data (Ministry of Social Affairs and Health, 2020). In addition to developing system performance and service delivery outcomes, New Zealand recently developed an outcomes framework that captures the self-reported individual's experience of being safe and nurtured; having what's needed; having one's rights and dignity fully realised; healing, growth and being resilient; being connected and valued; and having hope and purpose (Ministry of Health, 2021). Ireland's Department of the Taoiseach recently launched a Well-being Framework (2021), which is incorporated within the conceptual framework offered in Chapter 2 of this study. The Well-being Framework, developed in consultation with the OECD, will also inform the development of indicators to evaluate and monitor Ireland's National Mental Health Promotion Plan.

Monitoring and Reporting

In terms of evaluation reporting, the Welsh policy document calls for national evaluation reports on the impact of the fund, working in partnership with the third sector Welsh Government, 2012). It references the NHS UK and International Benchmarking project undertaken by their National Collaborative Commissioning Unit as useful data to include in strategy monitoring. The Scotland policy document mentions the use of local performance reports that currently report on nine national health and well-being outcomes (Scottish Government, 2017). These reports are delivered by Integration Authorities that can feed into progress tracking. The Northern Ireland policy document states that developing outcomes will be part of the implementation of each action (Department of Health, 2021).

All policy documents called for disaggregated analysis of data in order to appropriately rebalance priorities and resources in light of sub-population 'deprivation patterns' (Department of Health, 2020, p. 74). While all policy documents called for future development of evidence-based outcomes frameworks, some did include potential evaluation

indicators. These are beyond the scope of this study and will be explored in future studies to inform the development of indicators for Ireland's Mental Health Promotion Plan.

Research Infrastructure

Many policy documents called for consultation with researchers in order to develop Outcomes Frameworks. Ireland calls for the development of a National Population Mental Health Services Research and Evaluation Strategy (Department of Health, 2020). Wales calls for investment in research development infrastructure, highlighting the need for a centre for knowledge translation, more coordination in research and data collection, and increasing capability and consistency of data and outcomes (Welsh Government, 2012). Finland also calls for enhanced management training in assessment/evaluation and mental health literacy, and to develop an accessible knowledge base (Ministry of Social Affairs and Health, 2020). Northern Ireland calls to establish a centre of excellence to support research and innovation, to act as point of reference for clinical staff and Community and Voluntary sectors, and to support research carried out at local Universities (Department of Health, 2021).

Financial Resources

All policy documents referred to the necessity for additional funding. This was commonly framed in terms of an investment; that a shift toward an 'upstream' focus on mental health promotion, early intervention and prevention will result in returns from improved population quality of life, connectedness and well-being as well as reduced need for future expensive specialised care and services (Department of Health, 2020, p. 18). Additionally, inter-sectoral collaboration to address the social and structural determinants of mental health, particularly within day-to-day settings, will result in decreased financial and social burden.

Increasing Value for Money and Freeing Resources

Integrating services at the local level and overlapping objectives/reconfiguring services across government, were common themes in all policy documents. This will lead to increased efficiency and a resulting release of resources and improvement in value for money. England refers to collaborative care and joint-working workstreams (HM Government, 2011) while Ireland proposes national funds be 'gathered together' with collaboration with public service and NGO sectors to avoid duplication (Department of Health, 2020, p. 81). Scotland adds

that increased transparency in reporting on local-level resource allocation will help in this regard (Scottish Government, 2017) and many policy documents mentioned formal coordination and 'streamlining government engagements' (Ministry of Health, 2021, p. 47) with the third sector in order to share resources and avoid duplication. Wales mentions routing some additional funding resources through Regional Partnership Boards and strong partnership across government and with local authorities (Welsh Government, 2012). England and Ireland add that radically progressing the way that services are delivered and promoting evidence-based delivery innovations will improve cost effectiveness and quality of service (Department of Health, 2020; HM Government, 2011). While agreeing that innovations are needed (particularly in joining up commissioning, contracting and funding processes across sectors, and mechanisms for government-community organisation engagement), New Zealand emphasises building on the strengths of existing systems and services (Ministry of Health, 2021).

Increasing Staff and Creating Dedicated Posts

Scotland calls for an increase in mental health workers in various settings across all sectors (Scottish Government, 2017) and the Welsh policy document calls to appoint more posts as well as developing national training frameworks (Welsh Government, 2012). Northern Ireland calls for an increase in the number of staff employed in mental health services with increased training and calls to undertake a comprehensive workforce review and investing in areas of the health and social care workforce (e.g., full range of allied health professionals, counsellors and therapists). Furthermore, their policy document calls to create a peer support and advocacy model across mental health services (Department of Health, 2021). New Zealand also mentions a 'peer workforce' (Ministry of Health, 2021, p. 52).

Additional Investment

Northern Ireland plans to fund their Mental Health Champion Role across government departments and calls for increases in funding specific to target population groups (e.g., Child and Adolescent Mental Health Service etc.) (Department of Health, 2021). Ireland calls for capital investment to redesign acute settings to create a therapeutic and supportive physical environment and Northern Ireland commits to a further £206m to their investment in new mental health units (Department of Health, 2020; Department of Health, 2021).

England policy pledged to invest around £400 million over four years to make a choice of psychological therapies available for those who need them and offers Early Intervention Grants as well as programmes such as Health Premium that aims to encourage local prioritising of equitable health and Pupil Premium which offers support for children from low-income families (HM Government, 2011). The Welsh government provided additional funding to support the delivery of their policy (Welsh Government, 2012). Between 2012 and 2020, Ireland's HSE Mental Health Services base increased by €315m (44%) with €233.6m of this funding new developments (Department of Health, 2020). Ireland's strategy emphasises the need for a sustainable funding stream and continuous resources. In 2018/19 approximately £300m was allocated to mental health in Northern Ireland, representing around £160 per person. During the same period, spend in England was £12.2bn, or £220 per person, whilst in Ireland investment equated to over £200 per person (Department of Health, 2021).

The New Zealand Government's response to the He Ara Oranga inquiry report was backed by investment of $1.9 billion in Budget 2019 in a cross-government mental well-being package, including acceptance and further consideration of 38 out of 40 of its recommendations (Ministry of Health, 2021).

Summary

The conceptual underpinnings of each of the policy documents included in the desk review echo one-another and incorporate a mental health promotion and whole-of-population approach that focuses on the wider social and structural determinants of mental health. This approach seeks to create social and physical environments that will create and protect mental health and well-being and reduce inequalities while intervening early or preventing the onset or development of mental health problems. These obligations must be shared across all sectors of society at the local level (through joint actions and integrated services), at the national level (through cross-departmental synergy) and in-between (through regional mediation and close alignment of local- and national-level priorities and evaluations).

It was agreed in all countries that the most effective way to facilitate successful implementation of their policy documents is at the local level with leadership, direction and

resource commitment from the national government. To optimise government leadership cohesion is needed, and mechanisms must be in place for cross-departmental coordination. To this end, strategies recommend:

- Sharing objectives and priorities across departments
- Increasing mental health literacy and a shared understanding of mental health throughout government agencies, which will enable the development of collaborative operational structures
- Mapping government strategies to reveal overlap and opportunities for collaboration
- Champion roles, advisory groups or committees with a cross-government remit to encourage and oversee cohesion
- National mental well-being networks for sector leaders to share experiences and strengthen relationships
- Embedding mental health objectives and outcomes frameworks within delivery plans across departments
- Introducing a mandate or legislation to compel government departments to report on their impact on mental health and their contribution to reducing health inequalities.

With cohesive national leadership and governance in place, local-level implementation is poised for success. The approach common in the policy documents is to make tighter connections at the transition steps from the government to the community. This points to the need for regional public service leads to connect to national-level champions in order to delineate roles and responsibilities and improve capacity in communities to facilitate leadership at the local level (local authorities, voluntary and community organisations, and other agencies within all settings of the community) and coordination with regional-level champions. To this end, policy documents recommend:

- Developing regional mental health service networks, community health teams or area planning or partnership boards to work with national-level committees and ensure consistency across regions
- Developing local health and well-being boards that align with national objectives and adapt them to the local setting by creating effective localised implementation models or pilot programmes
- Local mental health champions that network with other champions to share ideas and support

- Intersectoral steering groups with representation from the local system that can guide governance arrangements and assign accountability
- Capacity building and workstream development in the voluntary sector and agencies within daily settings (e.g., primary, workplaces, schools, services) and alignment of their activities with national priorities (including common indicators of success)
- Capacity building within and without the health and social sectors; mental health literacy across all workforces should increase willingness and capability for cross-sector working and service reconfiguration while increasing quality of care
- Co-design and co-production with individuals with lived experience and their families and carers to ensure local activities and services are suitable to the needs of the local population.

All policy documents proposed implementation monitoring committees, commissions, forums or oversight groups with representation from all stakeholders at all levels (from national to individuals) and a potential leadership role for health service executives. Specific roadmaps or phased implementation may increase success and collaborating with research centres can facilitate cost-effective implementation and evaluation processes. Creating common indicators that comprehensively measure all dimensions of the policy documents and embody innovative technology and surveillance is essential in evaluating these outcomes-driven/goal-oriented approaches, compelling the need for dedicated research support. Additionally, working with economic researchers to develop innovative cost-benefit analysis tools to demonstrate the benefits off a *whole of government* approach to each sector will not only provide a more accurate evaluation of policy document progress but will help in gaining commitment from each sector. Finally, while cross-sector synergy and service integration will increase value for money and significantly reduce erroneous spending, it must be stressed that national-level commitment in terms of additional and substantial investment and resources is deemed crucial to implementation success.

Roundtable Discussions with Mental Health Promotion Experts

To supplement the Desk Review of mental health policy documents, a series of online roundtable discussions was undertaken with international experts in countries with leading developments in mental health promotion including Australia, Canada, England, Finland, New Zealand, Northern Ireland, Scotland and Wales. The participants were experts in mental health promotion based at international agencies and national-level departments of health and public health agencies, and non-governmental organisations. The experts were selected through the IUHPE Global Working Group in Mental Health Promotion and members of the Five Nations Public Mental Health Network (England, Ireland, Northern Ireland, Scotland, and Wales), based on their involvement in the development and/or implementation of mental health promotion policies in their respective countries. Discussions were also held with the OECD WISE centre on their current initiative concerning the application of a well-being framework to population mental health policy.

The roundtable discussions were conducted by the project team and were based on a set of questions developed for this purpose. Topics included: (i) an update on current developments in country-level mental health promotion policy; (ii) insights on policy development, including key enablers and barriers on getting buy-in from across government departments for cross-sectoral action; (iii) policy implementation, including coordinating mechanisms to ensure delivery of cross-sectoral actions identified in strategies; (iv) processes for monitoring and evaluation; (v) leadership. The protocol is included in Appendix 2.

Discussions were held with 16 international mental health promotion experts between December 2022 to end of January 2023 and the meetings were recorded. The following are the key themes that emerged from the discussions.

Policy Development – Key enablers on getting buy-in from across government departments for cross-sectoral action

- Cross-sectoral engagement – a formal process for getting buy-in from across government departments and other sectors for cross-sectoral action for mental health promotion.

- Having a high-level mandate to work across government departments for cross-sectoral action.
- Creating a dedicated staff resource for cross-sectoral working, building relationships, trust, commitment and understanding across departments, especially of equity and the social determinants of mental health.
- Establishing a common framework and language – communicating clearly the importance and relevance of promoting mental health and well-being and what actions can be taken together across different sectors.
- Building on existing policy priorities and processes, demonstrating added value, i.e., how a focus on promoting positive mental health and well-being can contribute to existing work and lead to co-benefits.
- Making the business case – highlighting the impact of mental health on our economy and productivity and its central importance for well-being, social and economic development.
- Public participation – public consultations and national conversations to raise public awareness and engagement in the development of the plan.

Policy Implementation – Coordinating mechanisms to ensure delivery of cross-sectoral actions identified in strategies

- High level political will and commitment – mandate from prime ministerial level for engagement of ministries across government.
- Use of legislation to mandate action at national and local levels.
- Long-term policy and vision for sustainable action – setting high level goals and specific actions that can be prioritised for action over time.
- Structures and coordinating mechanisms to support cross-sectoral implementation – building on existing structures or creating new ones for engaging across sectors at governmental, non-governmental and community levels.
- Dedicated coordination role or core team to provide 'backbone support' for implementation and with a mandate to work across departments.
- Leadership – dedicated leads built into the system both at national and local levels. For example, a number of countries have established Centres for Mental Health and

Well-being Promotion to lead on this work (e.g., PHAC in Canada, Victoria Australia, etc.)

- Dedicated funding to support implementation of the intersectoral work outlined in strategies and plans.
- Capacity development – expertise in mental health promotion needed at the level of policy, practice and research. People with expertise in mental health promotion within the health sector, with the time, resources, and sufficient knowledge of working in partnership across other sectors.
- Upskilling the workforce for mental health promotion implementation.
- Independent oversight of implementation through independent boards or boards with independent chairs and cross-sector representation, to hold the system to account.
- Cross-governmental accountability mechanisms – across departmental monitoring and reporting mechanisms.

Monitoring and Evaluation

- Establish a national data set on indicators of positive mental health and well-being at the population level.
- Connect with broader data sets to determine the collective impact of cross-sectoral mental health promotion actions.
- Mental health literacy measures are being developed in a number of countries.
- Importance of dedicated mental health promotion research support to inform monitoring and evaluation and alignment with best available evidence.

The information gained from these discussions to a large extent mirror the recommendations found in the Desk Review. They call for similar structures found in the policy documents and add key enablers encountered during implementation. These discussions inform many of the key recommendations for priority actions offered in Chapter 6 of this report.

Table 3.1 – Review of Selected Country Policies (Northern Ireland, Scotland, Wales)			
	Northern Ireland Mental Health Strategy 2021-2031 Builds on Mental Health Action Plan (2020)	**Scotland** Mental Health Strategy 2017–2027	**Wales** Together for Mental Health (2012) Updated Delivery Plan 2019–2022
Mental health promotion/ population-level approach How this is articulated in terms of conceptual frameworks and principles (public health, well-being, social capital, life course, settings approach etc.)	Focus on promoting mental health for the whole population through early intervention, prevention & recovery covering a whole life approach Calls to reduce 'silo' mentality in favour of holistic, integrated support & acknowledges the need to work together across government, sectors & the whole of society to implement existing policies designed to address the social determinants of mental ill-health Calls for a wider awareness of mental health within the health & social care sector (outside the mental health profession) & of how mental health can be impacted by everyday decisions & strategic policy directions outside the health & social care sector Focus on embedding mental health in educational settings (incl. pre-school) & school-based programmes for children & adolescents; workplace support Focus on co-production & co-design involving all partners equally & honouring *choice* in treatment to fit their needs.	Endorses Good Mental Health For All & emphasises addressing social exclusion & inequalities in mental health & tackling the wider determinants of health by working across the government & in partnership with local authorities & the third sector Acknowledges the complex environmental, social & individual factors that influence the prevalence & severity of mental illness in a population Includes support for workplaces (opportunities for employers to protect & improve mental health, support employees experiencing poor mental health, & implement policies) Life course approach is not specifically articulated however supports for perinatal mental health, early years interventions & "dying well" frameworks are included.	Focuses on a whole system/ cross-government approach to health & social care to improve population health & well-being while improving the integration of services, coproduction & holistic approaches, with "a recognition that mental health is 'everybody's business'" Strengthen protective factors by addressing health inequalities, stigma & discrimination, physical activity, social & emotional well-being, community outdoor recreation & improving the quality of the environment, & financial inclusion & advice Settings approaches: whole school approaches with input from students, workplace supports (including SME's), prison supports, perinatal mental health in hospitals, mental health upskilling for clinical & non-clinical staff in each setting, & consistency in mental well-being services within & across settings; also, focus on reviewing cost-benefits of developing online supports & implementation plan (specific to children & young people) & digital intervention packages for school councellors & primary care Embedding early interventions & preventive approaches particularly for children &

			young people & the transition to adult services & in primary care.
Key strategic goals/ priority actions Top level areas identified for action (not the specifics but overarching approach)	Theme 1 – Promoting mental well-being, resilience, & good mental health across society: promotion & prevention, social determinants & mental health, early intervention, promoting positive mental health across a person's whole life, mental health of students Theme 2 – Providing the right support at the right time: more targeted & holistic approaches to child & adolescent mental health, mental health & older adults, community mental health, medicines in mental health, psychological therapies, physical health & mental illness, severe & enduring mental ill health Theme 3 – New ways of working: digital mental health, a regional mental health service, workforce for the future, data & outcomes, innovation & research.	Prevention & early intervention: focus on schools, parenting & family programmes, perinatal mental health care, address stigma & discrimination in higher education settings, improve mental health outcomes in the justice system, upskill staff in housing services, address rural isolation, & improve response to unscheduled care presentations in community-based health services & primary care Access to treatment & joined-up accessible services: increase mental health workers in various settings (hospitals, GP surgeries, primary care, justice system, prisons, police services); support Mental Health Officers by reducing increased pressures, & increase mental health training for non-health workforces; ensure best practice in promoting mental health in primary care The physical well-being of people with mental health problems: improve assessment & referral arrangements in various settings for dual diagnosis including the use of pilots; ensure equitable provision of screening programmes; support physical activity programme developed by SAMH Rights, information use, & planning: "human rights-based approach" should be intrinsic to all actions to improve mental health: Participation, Accountability, Non-discrimination & equality, Empowerment, & Legality (PANEL); reform current legislation to	Overarching Themes: Reducing health inequalities, promoting equity of access & supporting the Welsh Language Strengthening co-production & supporting carers Workforce planning & support (competency-based approach to improve quality of care) Research, data & outcomes Legislation Key Priorities: Improving mental health & well-being & reduce inequalities through a focus on strengthening protective factors Improving access to support for the emotional & mental well-being of children & young people Further improvements to crisis & out-of-hours for children, working age & older adults Improving the access, quality & range of psychological therapies for children, working age & older adults Improving access & quality to perinatal mental health services Improving Quality & Service Transformation.

		ensure needs of people with incapacity & learning disabilities, & autism are being met while finding innovative ways to connect mental health, disability & employment support.	
Addressing inequities Are mental health inequities explicitly identified for action and what priorities are listed?	One of the seven core principles of the plan is to recognise the specific needs of particularly at-risk groups of people, & the barriers they face in accessing mental health services: Reduce stigma & increase public awareness around the distinction between mental well-being, mental ill health, mental illness & how life can impact; reaching out to harder to reach groups, intervening early & preventing onset of mental health problems New social inclusion cross-departmental strategies: Disability, Anti-Poverty, Gender & Sexual Orientation Employment support: across government financial & emotional support for unemployed Increased social support across government to safeguard social well-being including social prescribing & social workers in primary care Support people who may be vulnerable to mental ill health (e.g., peer support programmes for LGBT+ young people, debt advice for people on low incomes, or outreach programmes for ethnic minorities, refugees & asylum-seekers) & targeted approaches to groups more likely to be adversely affected by mental ill health, such as BAME groups, refugees & asylum	Prioritises addressing inequalities in mental health status & access to services related to disabilities, age, sex, gender, sexual orientation, ethnicity & background. Tackle social determinants through partnership & local knowledge of community dynamics (local authorities & third sector); promote Fair Work & real Living Wage; tackle inequalities in unscheduled care People who have experienced trauma or adverse childhood events: ensure care pathway includes social & emotional well-being for young people on the edges of or in secure care, increasing support for young offenders (incl. trauma & bereavement) & digital tools for young people with eating disorders People in the justice system: refresh Justice Strategy to support mental health of prisoners & reduce re-offending People who have substance use problems: better assessment & referral arrangements for dual diagnosis, target smoking cessation programmes toward people with mental health problems People who are experiencing poor housing/homelessness: Upskill housing staff as they are the first point of contact for vulnerable people People who are experiencing loneliness or social isolation: further development of	Aims to reduce health inequities & promote equity of access through evidence-based, compassionate, high-quality care, while protecting vulnerable groups through a focus on protective factors: Support for middle-aged men & Welsh speakers & appropriate support for veterans in partnership with third sector Supporting people with mental health problems into employment or remain in work through out-of-work peer mentoring & in-work support services (Employability Plan & Economic Contract); social movement model to encourage national conversation about mental well-being & what it means to be well (Hapus Programme) Tackle loneliness & social isolation Strengthen living conditions (Housing First pilots) & provide substance misuse support including developing model joint working protocols for engaging related social care services such as rough sleepers & homelessness, & preventing evictions Support for at-risk population due to Brexit (e.g., 'Supporting Farming Communities at Times of Uncertainty') Support people with long-term conditions by promoting self-management, physical functioning, psychological (& spiritual) well-being & social connectedness

	seekers, people with a specific trauma exposure, LGBT+ people, people with eating disorders, people with physical ill health that lead to mental ill health or a physical or sensory disability & persons with an intellectual disability): "no wrong door" approach to accessing services & fully equipped mental health service providers Support people affected by COVID (e.g., remote working & isolation, increased pressure on frontline staff or public facing roles, students) Tackling Rural Poverty & Social Isolation Framework to address financial poverty, access poverty & social isolation in rural communities, & mental health & suicide prevention supports in farming communities Befriending schemes for older adults & safeguarding rights of people living with frailty, dementia etc. (needs-based rather than age-based) Preventing adverse childhood experiences through parent, carers & family approaches to giving children a good start in life, & best practice in collaboration between health & education sectors Enhanced & accessible mental health services for those who need specialist mental health services, including children & young people with disabilities (e.g., ADHD, ASD) & their parents Creating a dedicated resource for student mental health across tertiary education (through existing delivery of mental health services)	National Rural Mental Health Forum to reflect their unique challenges Veterans: Peer & local support in accordance with 'Renewing Our Commitments' People who experience stigma & discrimination: SeeMe programme to promote anti-discrimination People who have experienced mental health problems: perinatal mental health support in hospitals & for adults with learning disabilities in primary care; updating mental health legislation to include adults with learning disabilities, incapacity & autism; supports & tools to get a job, stay in work & manage their own mental health.	Preventive approach to adverse childhood events by promoting awareness across service providers & improving resilience of children & young people; specialist support for children who are looked after & young & adult offenders Preventive approach to suicide & self-harm through bereavement support, additional posts, training & driving the Talk to Me 2 Suicide & Self-harm Strategy Supporting people in prison, people with learning disabilities & people with eating disorders by improving quality of care Develop evidence-based Traumatic Stress Quality Improvement Initiative for all ages, taking into account other specific population groups including victims of sexual assault, perinatal mental health, refugees, asylum seekers, people in prison or in contact with criminal justice system & other vulnerable groups.

	Support for unpaid carers & families (Think Family programme) & embed them in decision making & support provided to people with mental ill-health Early support for vulnerable groups through equal access to services & Stepped Care Model (e.g., looked after children, children in immigrant or minority ethnic populations, substance use populations, children with physical health problems & physical & sensory disabilities, children of parents with mental health problems or with parents in prison, young people in the LGBT+ population, travellers, those at the transition juncture to adult services & children & young people with intellectual disabilities); also perinatal mental health & in the transition between CAMHS & adult mental health services Support for people with severe & enduring mental ill health (e.g., physical health monitoring).		
Main sectors involved Are lead agencies/sectors identified in the plan?	Across government, sectors & the whole of society (particularly integration of local Community & Voluntary sectors).	'Joined up' policy & service provision: Local Authorities, Integration Authorities, NHS Boards, Third Sector & other community planning partners.	Whole system approach to health & social care: cross-government effort along with fully coordinated response from public & voluntary services that focus on integration & co-production.
Intersectoral coordination mechanisms Is a cross-governmental or cross-sectoral coordination mechanism identified (inter-department committee, over	Cross-departmental support (secured by Northern Ireland Executive) by a Mental Health Champion role to integrate a mental health friendly ethos into all policies & services delivered by the NI Executive & be	Calls for national support for Local Authorities, Integration Authorities & Third Sector relating to local strategic planning given their understanding of well-being inequalities experienced in their areas.	Embedding mental health across government so that delivery plans across a range of Government plans carry explicit links to mental health & related actions (e.g., education: Whole School Approach,

level of responsibility for delivery etc)?	the voice for people with lived experience Annex A lists other published Strategies across Government departments that reference mental health.		Education Wales; Employability Plan & Economic Contract, & Crime & Justice) Calls for support for Mental Health Forum (who provide national guidance on mental health), strengthening arrangements for Third Sector engagement, & linking people with lived experience & carers with local, regional & national networks to help shape, deliver & evaluate services.
Implementation Structures How will implementation of the plan be monitored (process and indicators)?	A regional approach to mental health with regional consistency in service delivery (locality-based services within local communities across the five HSC Trusts); a regional mental health service network including professional leadership will be responsible for this consistency A number of workstreams will be required & the support of all stakeholders will be essential. The Department is fully committed to implementing the Strategy based on the core principles set out above, with the overall aim of making the vision a reality. As such, it is expected that implementation will be fully co-designed & co-produced.	Progress toward parity of esteem between physical & mental health (an underpinning priority) will be measured with a framework similar to those used in physical health, drawing on a range of information to understand the differences in e.g., premature mortality, what money is being spent, how long people wait to access services, rates of employment & poverty levels Calls to develop a governance process Bi-annual forum of multisectoral stakeholders to shape how actions are implemented.	Joint oversight groups (e.g., between Social Care & other government departments) Mentions Area Planning Boards & Local Mental Health Partnership Boards working together to reduce duplicate efforts (especially regarding co-occurring problems/ dual diagnoses) Network & board of NHS Chief Executives will drive forward commitment & coordinate integrated approaches within NHS Regional Partnership Board reports National evaluation reports with follow-ups Calls for a review/ mapping of service configurations & research models of care & creation of common sets of values to inform a systems/ journey approach that guides delivery of mental health services Plan is monitored & assured through the Mental Health National Partnership Board (MHNPB) & local partnership board structure (these boards consist of service users & carers, representatives from the statutory & voluntary sectors, & professional groups).

Evaluation How will the impact of the plan be evaluated, are key outcomes identified?	Better health among the population (GHQ12 scores) Increase in number of people receiving support including social prescribing Mental health indicators from 2020 Youth Well-being Child & Adolescent Prevalence Study Improved outcomes/ satisfaction in service user surveys such as '10,000 more voices' Clear evidence-based outcome framework (e.g., create new regional Outcomes Frameworks with professionals & service users to include areas such as patient safety, accessibility [timely access, appropriate demand, demographics], acceptability [person-centred, service-user views on intervention], efficiency, equitability [geographical parity], & integration [inter-service interfaces]; Encompass programme to replace a number of existing software systems as it offers a richer pool of data); development of outcomes will also be part of the implementation of each action in the Strategy Robust data set which is comparable across Trusts to measure performance & to determine what works.	Calls for a full progress review at the halfway point to ensure that lessons are learnt from actions to that point Integration Authorities are currently accountable to deliver local performance reports on nine national health & well-being outcomes; these will be used to track progress Calls to develop a quality indicator profile in mental health which will include measures across six quality dimensions: person-centred, safe, effective, efficient, equitable & timely Calls to develop Mental Health Strategy Data Framework to identify useful data & cut back on data that is not fit-for-purpose Disaggregated surveillance data to reveal relativity of outcomes across sub-population groups.	Calls for developing a centre for knowledge translation, more coordination in research & data collection & increasing capability & consistency of data & outcomes collection (e.g., common IT, better information sharing between health, social care & third sector, & national informatics service & partnership) Health Equity Status Reports developed in consultation with Public Health Wales & WHO ERO Evaluate Whole Schools approach Outcomes-focused models with common data collection forms across services National evaluation reports on the impact of the fund (including working in partnership with third sector & investment in research development infrastructure) NHS UK & International Benchmarking project undertaken by National Collaborative Commissioning Unit (NCCU) Annex 2 of plan details the initial measures to track impact of actions in the plan (e.g., qualitative evidence of equality of service quality & 'Treat Me Fairly' training for workforce, well-being scales, loneliness scales, surveillance statistics [e.g., rough sleepers, suicide rates], hospital admissions, wait times, referrals & follow-ups etc.).
Financial mechanisms Are specific resources for the plan identified?	In 2018/19 approximately £300m was allocated to mental health in Northern Ireland, representing around £160 per person. During the same period, spend in England was £12.2bn, or £220 per	Improvements will be supported by increasing share of NHS frontline revenue budget, investing in innovation of services, & transparent reporting of	Appointing more posts & developing national training framework (e.g., for suicide & self-harm prevention)

	person, whilst in Ireland investment equated to over £200 per person Funding for Mental Health Champion is distributed across all government departments Currently CAMHS funding is approximately £20-25m per year, which is between 6.5% and 8.5% of the total mental health budget. This must increase to 10% of the overall mental health budget (to improve delivery of Stepped Care Model) We have invested in new mental health units & will invest a further £206m Increase in the number of staff employed in mental health services with increased training, recruitment & retention (undertake a comprehensive workforce review) & investing in areas of the health & social care workforce that have often not been included (full range of allied health professionals, counsellors & therapists) Create a peer support & advocacy model across mental health services Increased research funding by establishing a centre of excellence which supports research & innovation & will act as point of reference for clinical staff & Community & Voluntary sectors & support research carried out at local Universities It is not possible to fund implementation from within the Department's existing resources & delivery is therefore dependent on the provision of significant additional funding for the Department. Where it is possible, the	how Integration Authorities use their resources Calls for an increase in mental health workers in various settings (hospitals, GP surgeries, primary care, justice system, prisons, police services) & relieving pressures from Mental Health Officers.	Welsh Government provided additional funding to support improvements to delivery plans Routing some additional funding resources for mental health through Regional Partnership Boards, setting expectations about involvement of Third Sector, & strong partnership across government & with local government Multiple reference to pilot programmes/ delivery models with one reference to a grant for self-management & well-being.

	Department will also seek to release resources through service efficiencies & reconfiguration, however, this in itself will not be sufficient to fund implementation.		

Table 3.2 – Review of Selected Country Policies (England, Finland, Ireland and New Zealand)

	England No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages (2011) July 2022 was the close for responses to inform a forthcoming new strategy	**Finland** National Mental Health Strategy and Programme for Suicide Prevention 2020 Successor of Plan for Mental Health and Substance Abuse Work (Mieli) 2009–2015	**Ireland** Sharing the Vision Mental Health Policy 2020 Successor of A Vision for Change Policy (2006)	**New Zealand** Kia Manawanui Aotearoa: Long-term Pathway to Mental Well-being (2021) Response to He Ara Oranga (Pathways to Wellness) Inquiry 2018
Mental health promotion/ population-level approach How this is articulated in terms of conceptual frameworks and principles (public health, well-being, social capital, life course, settings approach etc.)	Strategy sets out how the Government, working with all sectors of the community & taking a life course approach, will improve the mental well-being of the population, keep people well & improve outcomes for people with mental health problems through high-quality services that are equally accessible to all New public health service that focuses on early intervention & prevention (starting well, developing well, working well, living well & ageing well)	Bringing mental health services (including substance abuse or behavioural addiction treatment services) to a similar level as other health services requires collaboration & joined up resources 'Mental health in all policies' approach systematically accounts for mental health impacts in all decision-making across all sectors A variety of social, economic, biological & environmental factors impact our mental health Mental health is not a static characteristic, but rather a	Policy focuses strongly on developing a broad-based, *whole-system* mental health policy for all of the population that aligns closely with the main provisions of *Sláintecare* & Healthy Ireland framework (recognising the need for a whole-of-population, whole-of-government approach to delivery of mental health services) An ecological model using 'stepped care' approach to match unique service user needs while shifting toward upstream services (promotion, prevention, early	Committed to building the social, cultural, environmental & economic foundations for mental well-being, as well as making sure individuals, families & communities are equipped to strengthen their own mental well-being & support the well-being of others Aims to address the wider determinants that form the foundations of mental well-being: social inclusion, freedom from violence & discrimination, physical health & nutrition, cultural identity, spiritual well-being & positive environments, as

	Aims to build a healthier, fairer society by building resilience, promoting mental health & well-being, challenging health inequalities, preventing mental ill health, intervening early when it occurs, & improving the quality of life of people with mental health problems & their families A cross-government strategy (acknowledging that improving the mental health & well-being of the population requires action across all sectors, locally & nationally; that government can achieve more in partnership with others than it can alone, & that services can achieve more through integrated, pathway working than they can from working in isolation from one another; that top-down focus can suppress creativity & innovation & lose sight of outcomes & accountability by focusing too closely on structures & processes) Aims to reduce the social & other determinants of mental ill health including the inequalities that can both cause & be the result of mental health problems Focus on education, workplace & communities	fluid aspect which shifts & changes over the life course & it is important to recognise the significance of childhood on mental health throughout the life course Aspects such as work & well-functioning healthcare services act as a protective factor for mental health Good mental health strengthens trust, reciprocity & a sense of belonging in society & is a form of capital for individuals, families, communities & society as a whole.	intervention) to reduce need for downstream acute services Calls for a community-based approach, not just geographically but within settings & cultures Lifecycle approach: building foundations for mental well-being in early years & before birth & offering appropriate supports at all stages in the lifecycle.	well as access to meaningful employment, adequate income, affordable & safe housing & education Calls for system change, led by the national government, but everyone has a part to play in the transformation ("society as a whole"); obligations to achieve equitable outcomes apply across government agencies Acknowledge that some of the most powerful steps that can be taken to improve mental well-being & address inequities lie outside of the mental health & addiction system Calls for 'joined up' approach at regional & local levels Holistic well-being approach that incorporates mental, physical, spiritual, social & environmental well-being Underpinned by improving inclusiveness & equity, addressing systemic & societal racism & discrimination Pae Ora/Health Futures concept which honours the interrelated aspects of well-being & calls for healthy individuals, healthy families & healthy environments (that the places where people live, work & play promote & protect mental well-being)

	as settings to support good mental health.			Focus on protective factors: enabling community participation; a sense of belonging; creativity; social bonds; advocacy; and changes to social, cultural, environmental & economic conditions Their mental well-being framework takes a holistic, population-based approach to supporting mental well-being that incorporates a life-course perspective Increase opportunities for early intervention in the life course & early in the course of mental health distress (to prevent needs from escalating).
Key strategic goals/ priority actions Top level areas identified for action (not the specifics but overarching approach)	Six shared objectives in improving outcomes in mental health: 1. more people will have good mental health (improve mental well-being of families & population, fewer people of all ages & backgrounds develop mental health problems & reduce suicide rates); 2. More people with mental health problems will recover (greater quality of life & care, self-management, stronger relationships & sense of purpose, access to care [in appropriate	Five focus areas: Mental health as human capital: increase mental health literacy in service providers & users, focus on early childhood, older adults, workplace, educational & community settings (e.g., municipal & county well-being promotion initiatives & encouraging activities in libraries, service homes, neighborhoods & social media), communal togetherness, reducing harm from digitalisation/ social media & discrimination, statutory & financial support	Domains: Promotion, prevention & early intervention: develop National Mental Health Promotion Plan; use digital & social media channels; effective approaches for women & girls; parity of focus between mental & physical health in health promotion workforce; community development programmes to promote social inclusion & connectedness; recognise distinct needs of priority groups; early intervention programmes for youth	Five interconnected focus areas: Build the social, cultural, environmental & economic foundations of well-being; equip individuals & families to look after their well-being; foster community-led solutions; expand primary mental well-being supports in communities; strengthen specialist services Actions offered under banner of six system enablers: Leadership – support equity of outcomes for Māori by developing Māori Health Authority, working in

	settings], education, housing & employment); 3. more people with mental problems will have good physical health (good access to services aimed at improving health such as smoking, misuse of alcohol & drugs, also fewer people with physical ill health/ long-term conditions should have mental health problems); 4. more people will have a positive experience of care & support (timely, evidence-based interventions, individually-focused approaches, greatest choice/ control in the least restrictive environment, protecting human rights, careful planning of transition of care between services); 5. fewer people will suffer from avoidable harm (from themselves, from the care & support they receive, from people with mental health problems, safeguarding children, young people & vulnerable adults); 6. fewer people will experience stigma & discrimination (improve public understanding of mental health, major & sustained social movement in partnership with	to NGOs, voluntary sector, municipalities & other public agents across sectors, research into necessary societal/ environmental changes) Developing positive mental health in the daily lives of children & young people: practical help for families including mental health support during pregnancy & flexible working arrangements; age-appropriate support in their local environments (particular attention paid to minorities & specific cultural & language groups); mental health training & developing positive cultures in early education as well as primary & secondary; creating structures for wide-ranging collaboration between different administrative sectors; legislative & quality regulation to support versatile opportunities for engaging in recreational activities based on their interests; systematically supporting inclusion of children & young people in their groups & protecting against bullying, substance use & other risky behaviours; supporting transitions in school & into adulthood; coordinated collaboration to ensure	(including addressing adverse childhood experiences & well-being frameworks for schools); mental health-promoting environment in workplaces; supports & inclusion for older people Service access, coordination & continuity of care: timely, evidence-based, recovery-oriented, trauma-informed & person-centred care & participation with individuals with lived experience, their families, carers & supporters; stepped care approach (from social & peer support to primary care & comprehensive specialist services; includes talk therapies, social prescribing & out-of-office crisis cafes) that provides coordinated, integrated & consistent care across sectors (including dual diagnosis or co-existing problems & also to those with mild-moderate mental health difficulties) Social inclusion: tailored measures across government departments to ensure equity in opportunities for employment, housing, education & adequate income for those experiencing mental health difficulties & strategies for transitioning on/ off supports	partnership & with Māori leadership, & support wider organisations to uphold principles through guidance & accountability; strengthen national, regional & local leadership & collaboration by cross-government coordination of strategies; amplify voices & strengthen leadership of priority groups by creating partnership mechanisms & ensuring transparency & accountability Policy – embed focus on mental well-being, suicide prevention & equity across government strategies including building joint monitoring & cross-sector accountability mechanisms; improve legislation to support healthy environments & mental well-being including updating existing policies to follow a public health approach & developing frameworks to steer contemporary approaches (including guidance frameworks for diverse settings e.g., workplaces) & ensuring effective service pathways & transitions between supports across sectors Sustainable investment – strengthen investment in 1.

	voluntary & private sector organisations) Individuals, families & communities: more power, information & responsibility to people & local communities (Government-led); individuals more directly involved in local action (community, education & work settings); Government along with third parties to provide more well-being & services information & communication (including web-based); greater choice, control & personalisation, health budgeting & integrating care, support for families & carers; active citizenship, neighbourhood & community groups to better respond to community need (peer support, user-led, mentoring, befriending), local authorities to support & advocate; employers & business to develop their own mental capital & support the health & well-being of their staff, encourage employment; encourage innovation from front-line staff across all sectors & increased training; improving information & communication through the use of technology (including	sufficient available resources for mental health support for young people (e.g., maternity & health clinics, pupil & student welfare services, primary health & social services) Mental health as a right: launching a national programme against discrimination & stigma related to mental health & substance abuse disorders (including within social welfare & healthcare systems); protecting people with mental health & substance abuse disorders Appropriate, broad-based services that meet people's needs: legislative reform around mental health & substance abuse services (optimise resources & allocation); harmonising services through concrete collaboration between primary healthcare providers & specialised services (including capacity building & joint planning between different service providers along with client-based perspectives); research & provision of psychosocial interventions; compiling & introducing operative models proven to be effective in a variety of environments (e.g.,	Accountability & continuous improvement: develop clear, single/ common outcomes data set & best practice guidance/ quality framework; outcomes-based planning & resourcing; training & guidance for mental health care workforce (e.g., positive risk-taking, exemplar models of mental health medical training & integrated care); legislation updates to reflect evolving understanding of human rights & quality care; evidence-based innovations to guide improvement/ cessation of services; therapeutic/ supportive environments for acute service.s	Addressing foundations of mental well-being by implementing cross-government initiatives that identify sustainable & integrated solutions to social, cultural, environmental & economic determinants of mental well-being (including by addressing homelessness; financial hardship; employment needs; care & protection; & safe workplaces, schools & learning environments); 2. Promoting mental well-being & its benefits/opportunities (related to recreation, arts & cultural activities) & preventing mental distress through societal-level awareness & in settings; 3. Expand access & choice of mental health & addiction supports & provide recovery-based care that includes cultures & families; 4. Develop commissioning, funding & contracting approaches that enable joined-up investment in a broad range of supports Information – build understanding of wider determinants & mental well-being prevalence, needs & equity including bringing together disaggregated cross-sectoral data on service

	improved care & accessibility, & data collection & analysis) The Government's role: improved support particularly to address social determinants & vulnerable groups; coordinating, promoting & supporting research; reforming health & social care systems; outcomes approach (rather than process approach); local leadership & improving quality & integration of care via NHS Commissioning Board, GP Consortia, HealthWatch (local & England), NICE Quality Standards, Payment by Results, Quality Accounts, more competitive market for providers Promoting equality & reducing inequality: supports for groups with protected characteristics (age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion/ belief, sex, sexual orientation) Guiding principles: Freedom (reaching our potential, personalisation & control), fairness (equality, justice & human rights) &	early childhood education & care, schools, workplaces, supported housing); quality, continuity & coordination of services in legislation concerning procurements Good mental health management: improving leadership in collaboration & establishing digital information centre for effective mental health promotion & prevention of mental health problems Suicide prevention programme: awareness raising (focusing on togetherness); impacting the means of suicide; early intervention; supporting risk groups; developing care options; increasing media competence; strengthening knowledge basis & research; monitoring of the suicide prevention programme & proposals for indicators.		access & gaps/overlaps, equity; refreshing mental health & well-being content in national health survey; enhancing data collected in primary mental health & addiction; ensure people with lived experience are heard (including children & disabled people) & understand their pathways through services; improve accessibility & usability of health information for consumers & providers; create & embed feedback loops so that service-users help shape services & inform planning, policy & investment decisions, & capture self-reported outcomes & experiences Technology – engage with people using digital tools while understanding its strengths & limitations in various sub-population groups (including addressing digital equity, access & appropriate, platforms that are updated as 'close to real time' as possible) & assess the benefits of digitally-enabled care; build a digital ecosystem of support across sectors by testing & releasing a Digital Mental Health & Addiction Service Framework to guide funders,

	responsibility (everyone playing their part & valuing relationships).			providers, developers & service users while supporting the choice between virtual, face-to-face, telehealth etc. delivery mechanisms Workforce – develop cross-sector workforces to promote mental well-being & increase mental well-being literacy (including the existence of inequities) & cultural competency through training (including teachers & employers); re-orient workforce to focus on promotion & prevention approaches; expand mental health workforce across sectors by creating frameworks for workforce development in mental well-being (including Defense Force, the Ministries of Education, Social Development, Children, Housing & Urban Development, & the Police); minimise structural silos, & grow shared workforces & grow strong collaborative workforces across sectors to address the wider determinants of mental well-being (including peer support); train health promoters to educate the population on mental well-being; support community-

				led alliances to improve mental well-being & training; reduce barriers to entering a career in mental health; & value, retain & support strong leadership across the mental health & addiction workforce. Seven principles: Uphold Te Tiriti o Waitangi (a treaty that sets out the relationship with Māori that is underpinned by equity, partnership & protection of Māori culture), equity, people & families at the centre, community focus, human rights, collaboration, innovation.
Addressing inequities Are mental health inequities explicitly identified for action and what priorities are listed?	Tackling stigma & discrimination & promoting human rights are at the heart of this strategy which aims to tackle health inequalities, improve mental health outcomes & ensure equality across all protected characteristics in mental health services Equity of access & quality of care Age- & developmentally-appropriate services (including improved quality of service for people over 65 & with dementia & their carers)	Focus on safeguarding everyone's right to well-being, & the right to effective support services for people with mental health difficulties who may be in a weaker position in society In addition to a public health perspective, specific attention should be given to minorities including different language & cultural groups Children & young people: reduce poverty in families, supporting young people under psychological strain (e.g., those with close relatives experiencing strain, those in vulnerable positions	Equity is one of the four core values underpinning the policy which aims to improve access to services characterised by inclusiveness, fairness & non-discrimination. The other core values influence equity & call for respect, compassion & hope. Additionally, a domain is reserved exclusively to focus on people with mental health difficulties who are vulnerable to social exclusion arising from stigma & discrimination, inadequate accommodation of their needs in workplaces, & insufficient access to income, housing,	Pursuing equitable outcomes is a major guiding principle & fundamental vision & ensuring inequities are not inadvertently perpetuated Prioritise people with highest needs for mental health & addiction support & ensure their voices are amplified: Māori, Pacific peoples, refugees & migrants, Rainbow communities, rural communities, disabled people, veterans, prisoners, young people, older people, children experiencing adverse childhood events & children in state care, Asian communities, new mothers,

	One of the 6 shared objectives is to address stigma & discrimination (e.g., all ages, backgrounds & physical/ mental ability levels, those with mental health problems) Health Premium ensures government funding encourages local authorities to promote equality & narrow the gap in health between those living in deprivation & those in affluent areas; Pupil Premium funding to support children from low-income families; Targeted Mental Health in Schools Programme supports vulnerable children & their families; Multi-systemic family interventions for adolescents; high quality employment support for individuals with complex barriers to employment & helping people stay in work; improved support for homeless or rough sleepers, offenders & veterans (including awareness of mental health); promoting equality via Analysis of the Impact on Equality Assessments (tackling inequalities that lead to poor mental health, that result from poor mental health &	or life circumstances & those who are vulnerable due to their cultural/ societal position) Safeguarding rights for people with mental health or substance use disorders to participate in work & studies & housing services & launching programme to promote their physical health (ensuring somatic healthcare) Planning measures for reducing the effects of poverty & inequality for individuals & families Coordinated collaboration across regions & ensuring that the needs of sparsely populated areas are met Accessible & versatile services which can be provided within the context of the client's everyday surroundings (particularly those difficult to reach, at risk of social exclusion, groups vulnerable dure to cultural/ social status) Supporting social welfare services to prevent social exclusion (social work & counseling, family work, home services, social rehabilitation, housing advice, supported living).	employment & training or education Focuses on strengthening individuals & communities, increasing social capital & reducing structural barriers through initiatives that reduce discrimination & inequalities Accessible, culturally competent, person-centred care for children & adults (including transition stage) with autism, ADHD, intellectual disabilities, eating disorders, mental health & addiction problems, people in the criminal justice system, older people with dementia, people who are deaf, people experiencing homelessness, people in direct provision services & refugees & perinatal mental health supports.	people from lower socio-economic backgrounds, homeless populations, & people that have experienced trauma Calls to work on Healthy Homes Initiative, Housing First, the Homelessness Action Plan and the Ara Poutama housing and reintegration initiative Accessible, equitable & high-quality services.

	in service access, experience & outcomes) & via The Department of Health's Equality & Diversity Council & Ministerial Advisory Group on equality in mental health.			
Main sectors involved Are lead agencies/sectors identified in the plan?	Placing more power into the people's hands at the local/ community level Builds on existing joint-working across central government departments & between the Government, local organisations, employers, service users & professional groups (including private & voluntary sectors).	Mental Health in all Policies Collaboration between public, private, third sectors & other non-governmental actors is needed & leadership at national, regional & municipal level.	Core role for Voluntary & Community Sector (VCS) Strategic liaising between local & statutory mental health services (particularly to address social determinants) HSE called to develop structure to assist implementation committee (which has strong cross-government representation along with VCS, people with lived experience & their families, carers & supporters).	Shift to a 'mental well-being system': collective approach & shared vision between individuals, families, communities, NGO's & community groups, settings & agencies across government Leadership: National level - central government organisations (Health New Zealand, Māori Health Authority & Mental Health & Well-being Commission) & NGOs; Regional level - health structures sit alongside local authorities; Local level - community organisations & various settings & businesses Social Well-being Agency, Treasury & Public Health Commission contribute to creation of integrated, coordinated approaches to information & data across government (led by Mental Health & Well-being Commission & Ministry of Health).

Intersectoral coordination mechanisms Is a cross-governmental or cross-sectoral coordination mechanism identified (inter-department committee, over level of responsibility for delivery etc.)?	Mental Health Strategy Ministerial Advisory Group will be the locus for achieving sustained partnership working across sectors Shared objectives in Outcomes Frameworks across the government (e.g., NHS, Public Health & Social Care) Joint decision-making mechanisms: the Coalition Government coordinates action across government to support local initiatives; at local level, joint strategic needs assessments of local needs will be carried out by new statutory health & well-being boards along with stakeholders to ensure that the local health & well-being strategy responds to the identified needs, & to influence both public health & GP consortia commissioning Actions across government: Cabinet sub-Committee on Public Health is where action plans are brought together, & where Government will oversee progress on this strategy. The Cabinet Committee on Social Justice will also help to ensure that there is effective cross-government	Calls to strengthen collaborative structures within Government & central government, counties & municipalities (including collaborative management practice & agreed upon measures, indicators & tools for assessing mental health impacts) Calls to create clear operative models for the division of duties (available services in different sectors, stipulating collaboration & identification of essential resources, cost accountability & compensation mechanisms in this context) Drawing up models for shared activities between different administrative branches & describing different roles of stakeholders, division of costs, & management of activities The aim is to develop collaboration between municipalities, different sectors & administrations via increased mental health literacy. This collaborative structure also serves to support projects & capacity building initiatives within municipal & NGOs.	National Implementation Management Committee to coordinate across government & across sectors (Appendix III details an implementation roadmap) which will include leads across government departments & agencies, patients & their families, carers & supporters, & peer organisations Mental health should be a national cross cutting priority embedded into key policies & settings in society.	Mental Health & Well-being Commission leads in implementation & monitoring Progress overseen by Cabinet Priorities Committee & Cabinet Social Well-being Committee as well as Social Well-being Board (a group of government chief executives who oversee work to achieve social well-being outcomes that go beyond the remit of any one agency); other entities with oversight roles include Health & Disability Commissioner & Health Quality & Safety Commission Mental Health & Well-being Commission Act 2020: government agencies will contribute information on their progress in supporting mental well-being to the Commission The directions sit within the context of the Whakamaua: Māori Health Action Plan 2020–2025, which provides clear direction on how system shifts address inequity Specifically mentions commitment to priorities in strategies belonging to Department of Corrections, Ministry of Social Development as well as Child & Youth Well-being Strategy, the Youth Plan,

	action to address many of the social causes of mental health problems.			New Zealand Disability Strategy, Better Later Life, family violence & sexual violence work programme & national plan of action against racism. Six system enablers (across government, not just health & disability system): leadership, policy, investment, information, technology, workforce Setting expectations & creating mechanisms to support more collaborative ways of working is part of short-term (2021-2023) goals Create sustainable coordination mechanisms: National-Local - Regional Public Service leads to delineate roles & responsibilities; Government -enable national networking between leaders to share experiences & national mental well-being bodies/networks; Local/regional -; strengthen community organisations' capacity to lead mental well-being promotion Develop & promote agreed understanding of best practice in collaborative design Cross-government strategy integration, with activities to support mental well-being

				Strengthening relationships across ministries.
Implementation Structures How will implementation of the plan be monitored (process and indicators)?	Cabinet sub-Committee on Public Health to oversee the implementation of this strategy at national level, while the Cabinet Committee on Social Justice will tackle many of the underlying issues & national Inclusion Health Board will be established to champion needs of the most vulnerable Calls to establish a Mental Health Strategy Ministerial Advisory Group of key stakeholders to work in partnership to realise the strategy's aim: the new NHS Commissioning Board & Public Health England (who will advise on improved indicators for tracking progress against the mental health objectives that could be used locally) GP consortia, the Local Government Association & Directors of cross-government departments (e.g., Adult Social Services, Children's Services), the Care Quality Commission, Monitor, professional bodies, commissioners, mental health provider organisations, the voluntary & community sectors, &	During the period 2020–2022, implementation will focus on the development of services, launching the Programme for Suicide Prevention, & increasing mental health literacy in people's daily environments as part of more extensive health & well-being promotion initiatives; also to test the Individual Placement & Support (IPS) model of supported employment as part of healthcare services with the aim to implement the model in Finland through pilot initiatives Effectiveness & impact assessment directs service system development & selection of appropriate actions Calls for the Strategic Research Council to prepare a research programme supporting the implementation of the Mental Health Strategy Calls for monitoring implementation of the Mental Health Strategy using a specific set of indicators The implementation of mental health services as part of regular services at primary health & social services centers enables the development of models for	Uses Northern Ireland Audit Office's good practice guide to manage implementation in 6 key areas: understanding the environment, setting priorities, allocating resources & understanding levers for action, performance managing projects, monitoring of progress, & making improvements National Implementation & Monitoring Committee (NIMC) will oversee implementation, monitor progress & ensure delivery with tangible outcomes & measurement (Figure 1.4 & Chapter 6 details the Implementation Committee structure which includes service user & peer representation & 'all-of-government', voluntary & community sectors). The HSE should establish a structure to assist (report to & participate in) the NIMC Implementation Roadmap (Appendix III) allocates ownership of recommendations to lead agencies & sets time-bound implementation targets against each recommendation with outcome indicators that	Government must ensure the system & structures are set up to support new ways of working & improve the way the system operates "We need to ensure strong, seamless integration between mental health and addiction services; other health and disability support services; and education, employment, housing, justice and emergency response services" The Pathway provides a starting place for transformation; the approach is to focus on a few critical changes to shift the system References Companion Document.

	people with mental health problems & carers Use of pilot programmes Tools for high-quality local commissioning (such as Payment by Results).	implementing social welfare services, & supports the provision of equitable somatic health care for people with mental disorders.	encourage alignment between different services Integrated care structures: within 6 Regional Health Areas, multi-disciplinary Community Health Teams/ Networks (corresponding to populations of about 50,000) to coordinate & integrate care planning & service delivery (liaison model); key team members should be located in a variety of settings (including in the non-health sector); Team Coordinators would be responsible for governance Strategic & managed approach to bring about change with strong leadership, implementation structures, planning, resources, communication & data & research evaluation Implementation is as much a bottom-up as a top-down imperative.	
Evaluation How will the impact of the plan be evaluated, are key outcomes identified?	Outcomes Frameworks in Public Health, Social Care & the NHS to include improvements in mental health outcomes (detailed analysis of outcomes in companion document 'No Health Without Mental Health: Delivering better mental health outcomes for people of all ages')	Focus on goal-oriented planning Calls to enhance management & assessment of mental health actions as part of training modules for management & evaluation Calls to develop the knowledge base & make it more accessible in order to better assess actual need for services instead of monitoring &	Implementation Roadmap (Appendix III) provides actions, outcome indicators & target timeframes for completion to aid NIMC in developing agreed standards of care & quality frameworks along with quantitative & qualitative performance indicators (PI's) that reflect the desired outcomes of the	Mental Health & Well-being Commission to assess, monitor & report on mental well-being of population through He Ara Oranga Well-being Outcomes Framework (outcomes will aim to assess individual's experience of: being safe & nurtured, having what's needed, having one's rights & dignity fully

	Outcome strategies reject the top-down approaches of the past that placed more emphasis on structures & processes rather than on mental health & well-being outcomes Agree & use a new national measure of well-being Potential indicators (which should be disaggregated by protected characteristics): consulting Office for National Statistics; mental well-being scales; Psychiatric Morbidity Surveys; self-reported well-being; assessing impact of wider determinants via Public Health Outcomes Framework; develop standardised & routinely collected key outcome measures; Mental Health Minimum Dataset; Health of the Nation Outcome Scales; service-user outcomes; inpatient follow-up, admission & readmission rates; employment & education status for people using psychological therapies; national screening programmes; mortality rates & rates for smoking, alcohol-related harm, suicides, infant mortality rates; Community Mental Health Services Survey;	assessing the use of services (this necessitates knowledge of the prevalence of mental health symptoms, mental health disorders, & predisposing factors among the general population, on a regional level & in specific groups) Calls to research & register data on the costs, quality & outcomes of services to improve the steering of services Data collection will utilise quality registers; performance tools will be developed for assessing service sufficiency; needs assessment in terms of incidence & prevalence of mental disorders among children & young people & the ageing population will be identified in service planning & adaption for population groups . Table 1 includes specific indicators & their sources under each well-being theme.	policy; independent regular surveys of service users & their families, carers & supporters should be evaluated against PI's Calls for rebalancing of priorities & resources to account for population deprivation patterns National Mental Health Information System to report on the performance of health & social care services in line with the policy National Population Mental Health Services Research & Evaluation Strategy should be developed & resourced.	realized, healing, growth & being resilient, being connected & valued & having hope & purpose; system performance & service delivery outcomes will also be developed) Extend technical capacities to capture self-reported outcomes & experience (including navigating service pathways) Develop National Health Information Platform to improve accessibility & usability of health information for consumers & providers & safe sharing of information Work towards an effortless, fully interoperable digital health ecosystem where information can be transferred within & between systems & services.

	annual survey assessing change in attitudes to mental health in the general population, employers & people with lived experience (Time to Change programme) Local feedback from service users & providers to play integral part of commissioning process (Local Involvement Networks funded by local authorities).			
Financial mechanisms Are specific resources for the plan identified?	Invest around £400 million over four years to make a choice of psychological therapies available for those who need them in all parts of England Health Premium (funding that encourages local prioritising of equitable health), Pupil Premium (funding to support children from low-income families), Early Intervention Grant Four ways to improve value for money: improving the quality & efficiency of current services (including 'collaborative care', better joint working & workstreams); radically changing the way that current services are delivered so as to improve quality & reduce costs	Includes a section on evidence of the financial & social burden of poor mental health on society & the benefits of investment in mental health promotion Table 2 includes examples of projected costs for some of the actions in the strategy.	Between 2012 & 2020, the HSE Mental Health Services base increased by €315m, or around 44%, with €233.6m of this funding new developments Focusing on upstream services (promotion, prevention & early intervention) to reduce expensive downstream acute care should be viewed as an investment rather than a cost Sustainable funding stream & continuous resources (particularly to address social determinants for people with mental health difficulties) Initiatives under the former Mental Health Division Strategic Portfolio & Programme Management Office (SPPMO) & the ongoing Social Reform Fund (SRF) should be gathered	The Government's response to He Ara Oranga was backed by investment of $1.9 billion in Budget 2019 in a cross-government mental well-being package (including acceptance & further consideration of 38 out of 40 of its recommendations) Investment commitment plays a key role in the strategy; ways to improve cost-effectiveness include reforming approaches that promote joint commissioning, contracting & funding & streamlining government engagements with community organisations (using innovative pilots & mechanisms).

	(including behavioural therapy & early intervention); shifting the focus of services towards promotion of mental health, prevention of mental illness & early identification & intervention as soon as mental illness arises; & broadening the approach taken to tackle the wider social determinants & consequences of mental health problems (including debt advice).		together & made available both to encourage further innovation & to avoid duplication in the public service & NGO sectors Innovations with good evidence for cost effectiveness should update/ replace current practices/ forms of delivery Mental health services to avail of community-based physical facilities Calls for capital investment to redesign/ build acute settings to create a therapeutic/ supportive environment.	

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Chapter 4
Scoping Review of International Intersectoral Mental Health Promotion Policy Approaches and Structures

Introduction

This chapter presents the findings from a scoping review that was conducted with the aim of identifying current international best practice on implementing a whole system approach (whole-of-government and whole-of-society) to mental health promotion. The scoping review also aims to capture the experience internationally of developing and delivering intersectoral mental health promotion policy at a country level. Findings will provide insights on the policy processes and structures that will help inform the development of the National Mental Health Promotion Plan in Ireland.

Background

The concept of working holistically across government and all sectors in society is not new. The Alma Ata Declaration (WHO, 1978) served as a formal call for intersectoral collaboration in response to an evolving paradigm of health whereby the previous focus on personal behaviours and onus on the health sector was replaced by a broader understanding that health and personal behaviours are shaped, and services are made available, through structures in society and through factors that are social and environmental in nature (CSDH, 2008). This new paradigm was also captured in the Ottawa Charter for Health Promotion, a framework that set the trajectory for the development of health promotion as a multidisciplinary area of practice (WHO, 1986). Mental health promotion in particular champions this approach at the population level and aims to strengthen protective factors in society (such as social inclusion, education, housing, and health-promoting settings throughout society and the lifecourse) and to ensure equity of access to them (Barry, 2019). This shifts responsibility from the health sector to all sectors in society, as they have influence over these social and environmental determinants of mental health and well-being. In turn, all sectors in society benefit from a mentally healthy population; not only from the

reduced economic and societal demands associated with poor mental health and treating mental disorders, but through the economic and social growth that accompanies a more resilient, supported and engaged population (Botezat et al., 2017).

Most recently the call for intersectoral action has come in the form of Health in All Policies (HiAP) (WHO, 2013). HiAP calls for governments to commit to considering their impact on the health and well-being of the population. By integrating their actions and governance structures, policies across all sectors can then promote health and equity objectives while achieving their own. This includes policies that influence transport, housing and urban planning, the environment, welfare and social protection, education, agriculture, finance, taxation and economic development. In other words, in a HiAP approach, the path to achieving sector-specific goals is through well-being and equity in the population, resulting in mutual benefits for partnering sectors and society as a whole. The OECD (2020) developed a well-being framework of objective and subjective indicators to better measure a country's progress in terms of conditions in society that shape the population's economic options, quality of life, and their sense of security and connectedness. In partnership with the OECD, Ireland recently developed their own Well-being Framework (Department of the Taoiseach, 2021) to understand life in Ireland. These frameworks, along with the WHO Global Framework for Implementation of the Geneva Charter for Well-being (WHO, 2021), aim to capture the complex, interdependent and cross-sectoral factors that contribute to holistic population well-being and serve as a tool to make clear linkages between existing and emerging policies across Government and integrating priority actions with a synergised policy development approach.

Currently in the literature, there is much written about approaches to HiAP, but a paucity of studies or evidence on the concrete structures or processes needed to implement these approaches. Concepts of HiAP are clearly identified and discussed in the literature (namely, a whole-of-government, whole-of-society approach that addresses the social determinants of health and health inequities ecologically, an upstream focus on early intervention and prevention, and a health promotion focus on strengthening protective factors for mental well-being particularly at the population level). The desktop review, in Chapter 3 of this report, found that policies in Ireland and comparable countries mirror the literature with regards to their conceptual underpinnings and priority areas.

The scoping review reported in this chapter thus focuses on mechanisms for cross-sectoral actions and other structures and processes that optimise implementation. Furthermore, information and guidance documents from leading international authorities (WHO, European Commission, OECD etc.) that outline the needed theoretical *approach* to implementing HiAP and whole-of-government actions are also included in the review. The main focus, however, will be on identifying the concrete mechanisms that can be used to *implement* these approaches at the country level. Thus, this scoping review aims to begin to fill this gap in the literature, taking conceptual guidance and strategy to practical implementation and action.

Methods

The scoping review examines studies, journal articles and policy documents. Both peer reviewed and grey literature published in the last 10 years (2012-2022) are included in the study. All searches were conducted in November-December 2022. The searched databases included Scopus, PubMed, PsychINFO, ASSIA, Web of Science, Embase, CINAHL, ProQuest, Ethos, selected public health databases, and relevant global, national and regional sources of policy documents from developed countries that are considered leaders in mental health promotion. The review builds upon the findings of studies of a similar nature (GermAnn & Ardiles, 2009; McDaid et al., 2020) using Arksey & O'Malley's (2005) scoping framework. The full search protocol, including specific search terms and inclusion and exclusion criteria, can be found in Appendix 1.

Study Selection, Analytic Framework and Data Management

Search results were screened for relevancy against inclusion-exclusion criteria and suitability for implementation within the Irish context. Studies that met inclusion and suitability criteria were reviewed and data were charted for analysis using an integration of the WHO Mental Health Action Plan (WHO, 2013b), Ireland's Well-being Framework (Government of Ireland, 2022) and the Sharing the Vision (Department of Health, 2020) policy as a framework for analysis, while focussing on policy implementation structures, processes and enablers.

Data Synthesis

For this review a narrative synthesis was undertaken. Given the focus of the review on international best practice of mental health promotion policies and issues concerned with implementation, a narrative synthesis was determined to be the most appropriate, as it offers more insight in terms of nuances in policy development, enablers and challenges in effective implementation, and sustainability.

Results

The original search conducted in November and December of 2022 yielded 2,572 potentially relevant studies from peer-reviewed databases and 8,206 potential documents from grey literature sources. After removal of duplicates and initial screening of article titles and abstracts against inclusion criteria, 282 sources remained (123 peer-reviewed sources; 159 grey literature sources). After this second screening, 32 sources remained (20 peer-reviewed sources; 12 grey literature sources). Two researchers (T.K. and M.M.B.) were independently involved at this second stage of screening in selecting the final set of papers for inclusion in the review. Four sources were then eliminated due to the full text being unavailable in English (n=1) or otherwise inaccessible (n=3) and an additional peer-reviewed source was not used in this scoping review as it played a major role in Chapter 3 (McDaid et al., 2020). After hand-searching references, an additional four sources were added for a total of 32 studies selected for inclusion in the scoping review (19 peer-reviewed sources; 13 grey literature sources). A PRISMA flow diagram of the search process is included in Figure 4.1.

Study Design

Of the 19 peer-reviewed studies, study designs included a systematic review and meta-analysis (Juárez et al., 2019), three scoping reviews (Corbin et al., 2018; Lilly et al., 2023; Ortega-Vega et al., 2021), an integrated review (Cresswell-Smith et al., 2021), a literature review (Zhou et al., 2018), a Delphi-based qualitative study (Tamminen et al., 2017), a cross-case study (Kokkinen et al., 2019), a qualitative study (Conolly et al., 2020), a cross-section and time series study (Park et al., 2020), a technical paper (Walker et al., 2019), an original study (Ståhl, 2018), a debate narrative (Atkinson et al., 2020), a perspective paper (Fitzpatrick & Hooker, 2017), a descriptive paper (Turner et al., 2021), two editorials

(Ortenzi et al., 2022; Senior et al., 2020), and two articles proposing frameworks for policy research (Hoagwood et al., 2020; Petek et al., 2017).

The 13 grey literature sources included a doctoral dissertation (Mikkonen, 2018), a secretariat paper (Andersson, 2022), guidance documents from the WHO (The WHO Council on the Economics of Health for All, 2022; WHO, 2018, WHO Regional Office for Europe, 2018), the European Commission (Botezat et al., 2017), the OECD (McDaid et al., 2017; OECD, 2021a, 2021b, 2021c), two frameworks from Canada (Canadian Mental Health Association, 2019; Mantoura et al., 2017), and a strategy from Scotland (Scottish Government, 2018).

Study Focus

There was a paucity of studies focussed on population mental health and few studies offering formal processes and concrete structures for mental health promotion policy implementation. Twelve studies focussed on mental health promotion or population-level mental health specifically, with another eleven studies addressing mental health policies more generally (i.e., they included the treatment of people with mental health conditions), and nine studies focussed on health and well-being more broadly.

Of the 12 studies that focussed on mental health promotion specifically, one study offered a framework for action in supporting population mental health (Mantoura et al., 2017) and another focussed on advancing mental health promotion (Canadian Mental Health Association, 2019), both from the Canadian perspective, with a third study focussing on effective approaches to mental health promotion and prevention from the European perspective (McDaid et al., 2017). One study focussed on addressing the social determinants of mental health through engaging non-governmental organisations (Cresswell-Smith et al., 2021), a second study argued for increased funding allocations to the social sector to address the social determinants of health (Park et al., 2020) and a third study focussed on non-health-sector policy impacts on the mental health of immigrants (Juárez et al., 2019). One study argued for the use of predictive dynamic systems models and simulations in planning and evaluating population-level mental health efforts (Atkinson et al., 2021). Two studies focussed on intersectoral partnerships in mental health promotion (Corbin et al., 2018) and the associated competencies needed (Tamminen et al., 2017) with two additional studies focussing on joint action and a whole-of-society approach to MHiAP (Botezat et al., 2017;

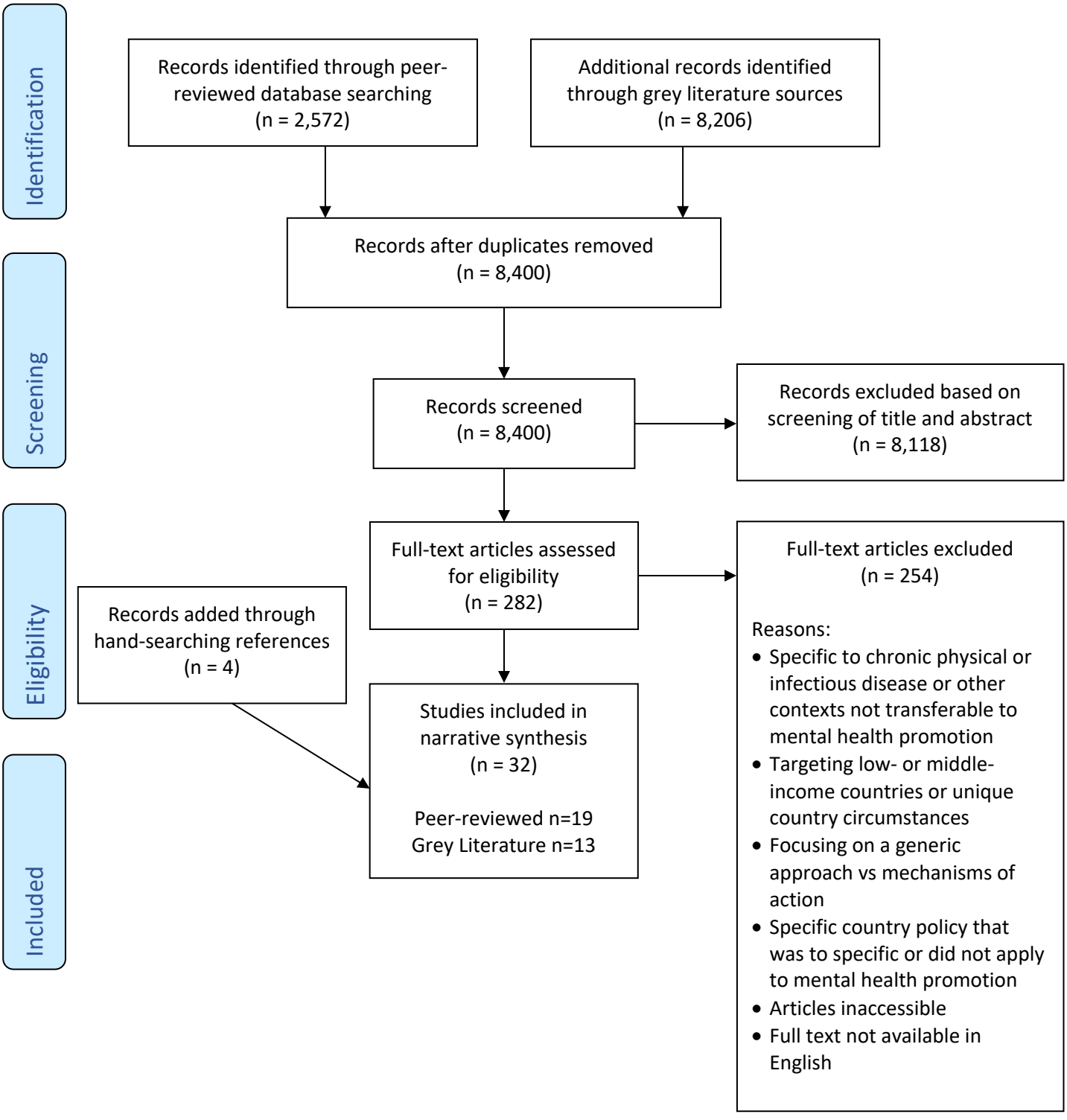
OECD, 2021b). Finally, one study offered a commentary of implementing policies in mental health promoting welfare systems (Senior et al., 2020) in the United States.

Of eleven studies that focussed on mental health, including the treatment of mental health conditions, two studies presented perspectives from England and focussed on their experiences in delivering public mental health (Walker, 2019) and the provision of public mental health training (Ortega-Vega et al., 2021). Another study offered European perspectives on successful whole-of-society approaches to mental health, particularly through tackling Covid-19 (OECD, 2021c). Three studies focussed on enhancing mental health policy implementation through research – one through knowledge brokerage (Connolly et al., 2020) and another two studies reported on mental health policy process research (Hoagwood et al., 2020; Petek et al., 2017). Two studies focussed on the importance of systems modelling in developing frameworks for suicide prevention (Fitzpatrick & Hooker, 2017; Turner et al., 2021). One study argued for collaboration across the island of Ireland to share resources in addressing mental health (Andersson, 2022). Finally, one study focussed on mental health policy development (Zhou et al., 2018) and another study outlined an outcomes framework for mental health policy evaluation (OECD, 2021a).

Of the nine studies that focussed on broader health and well-being, four studies addressed a HiAP approach. These studies offered insights into engaging policymakers (Kokkinen et al., 2019) and offered country experiences in HiAP implementation (Ståhl, 2018; WHO, 2018), particularly at the local level (Lilly et al., 2023). Two studies offered a Health for All perspective – one study focussing on evolving values of country success (The WHO Council on the Economics of Health for All, 2022) and the other study focussing on multi-sectoral action (WHO Regional Office for Europe, 2018). One study focussed on a whole-of-government approach to health and well-being (Ortenzi et al., 2022) with one strategy offering Scotland's perspective on intersectoral implementation in their social inclusion strategy (Scottish Government, 2018). Finally, one study focussed on structures and processes to work across sectors to promote health (Mikkonen, 2018).

A narrative description of these studies follows in the Results section. Key findings will thereafter be synthesised and discussed within the context of the present study, to inform development of the National Mental Health Promotion Plan, with particular focus on implementation structures and processes, and mechanisms for cross-sector working.

Figure 4.1: PRISMA 2009 flow diagram of search results (Moher et al., 2009)



Narrative Description of Scoping Review Results

Studies were grouped broadly into three domains: structures and processes for policy implementation, policy implementation enablers, and innovative approaches/tools. Common themes found within these domains are listed in Table 4.1, and the evidence tables with extracted data for the peer-reviewed studies and grey literature are included at the end of this chapter (Table 4.3 and 4.4, respectively). This categorisation of domains (in terms of study characteristics) was needed in order to offer details of the studies, thus a narrative *description* of the studies within these domains is presented in detail below. The Discussion section will then offer a narrative *synthesis* that consolidates the findings in terms of specific implementation structures and processes, and mechanisms for cross-sectoral action.

Table 4.1: Scoping Review studies grouped into themes that are categorised under three overall domains

Domains:	**Structures and Processes for Policy Implementation**	**Policy Implementation Enablers**	**Innovative Approaches/Tools**

Themes	- Cross-sectoral mechanisms
	  - Implementing HiAP
	  - Evidence-based approaches
	- Policy coherence in mental health promotion implementation at the population level
	- Contextualising structures and processes within countries
		- Cross-sectoral commitment
		- Shared vision reflecting evolving paradigm of health and well-being
		- Mental Health workforce development
		- NGO engagement
		- Government funding and resource mechanisms
		- Intersectoral policy development approach
			- Systems modelling
			- Developing comprehensive indicators
			- Policy process research

4.1 Structures and Processes for Policy Implementation

4.1.1 Cross-sectoral mechanisms

Mikkonen (2018)'s doctoral dissertation explored the key challenges, opportunities and future directions of intersectoral action for health within the WHO European Region. This study included an in-depth literature review and thematic analysis of 28 semi-structured interviews with WHO Programme Managers, Unit Leaders, Directors, and Technical Officers working at the WHO Regional Office for Europe in Copenhagen. Barriers to implementation of intersectoral action, revealed by key informants and the international literature, included lack of permanent implementation mechanisms and a lack of ownership and management. The author offers the following potential solutions:

- Institutionalised governance structures such as intersectoral and interdepartmental committees with a strong mandate for implementation (the author does, however, acknowledge the need for contextualisation of these structures and processes)
- Appointing intersectoral champions or committees
- Adding new health-related requirements within existing procedures, such as Health Impact Assessments
- Rather than creating these structures from scratch, identify existing processes and procedures that could be linked to health-related roles
- Long-term vision and investments
- Assigning a coordinating body equipped with implementation management structures (e.g., action planning, monitoring and evaluation mechanisms) to ensure implementation doesn't fall into the "intersectoral gap" (p. 238).

Mikkonen (2018) found that narrow views or perceptions on health and its determinants, and a lack of shared language, led to misunderstandings between sectors. As such, the findings highlight the importance of investing sufficient time in building the conceptual base, trust and partnership, as a significant enabler of intersectoral action. Additional enablers identified in this study include the development of accessible policy briefs and background papers for policymakers; utilising windows of opportunity for policy change; transparent accountability mechanisms for policy effects on health; closer links between research, policy and practice during policy development; developing professional education and curricula to reflect

evolving perspectives on health and capacity building at the local level with governance mechanisms to ensure they address the social determinants of health; and raising public awareness.

Other interrelated themes revealed in the study that impede implementation of intersectoral action were the lack of resources for implementation and competition for resources. In response to the former, the use of Kingdon's (1984) multiple streams theory was suggested to position intersectoral collaboration high on the policy agenda, as well as the use of innovative budget setting (such as joint budgeting and earmarked funding) and financial incentives for intersectoral actions. Mikkonen (2018) acclaims the use of policy process research as being key to understanding the non-linear complexity of the policymaking process in different policy contexts. To address competing interests for resources, the author points to opportunities to collaborate and share resources with non-state actors and civil society organisations. Furthermore, government and health sector leads should have adequate skills to mediate and negotiate interests and to map and articulate the co-benefits and mutual gains for other sectors to adopt a HiAP approach (i.e., skills to make the economic case and from the standpoint of mutually achieving sector-specific goals). The author also points to the importance of commitment from the highest political level or a mandated authority to be involved in policy implementation. Table 4.2 outlines Mikkonen's own summary of evidence-based recommendations.

Table 4.2: Mikkonen's (2018) Research-based recommendations on how to facilitate the implementation of intersectoral action for health
I. Political and social context (macro level)
1. Raise awareness of the social determinants of health to promote a broad understanding of health.
2. Ensure explicit high-level political support and commitment to intersectoral action
3. Utilize public and electoral pressure to shape the policy agenda towards greater intersectoral action for health.
4. Involve local and national media to report the successes of intersectoral initiatives.
5. Identify the windows of opportunity that can enable intersectoral policies for health to move forward (e.g. a change of government).
6. Have a vision about long-term policy outcomes in the context of sustainable development.
II. Governance structures and actions (meso level)
7. Map out co-benefits and win-win situations among/with sectoral partners.
8. Attain a clear top-down mandate when possible (e.g. legal mandate).

9. Link health goals to existing processes, if appropriate (e.g. national strategies in non-health sectors). 10. Establish permanent intersectoral governance mechanisms, if appropriate. 11. Utilize financing and budgeting mechanisms to support intersectoral action for health. 12. Ensure adequate resources for implementation and monitoring. 13. Engage civil society and other relevant stakeholders, if appropriate. 14. Set clear and measurable goals and targets for intersectoral action for health. 15. Establish monitoring and evaluation mechanisms to ensure accountability. **III. Leadership and capacity building (micro level)** 16. Foster effective leadership and management that supports collaboration beyond sectoral silos. 17. Foster cross-sectoral relationships based on trust and a shared understanding of the problems throughout the collaborative process. 18. Increase the capacity of the health sector to work with and to reach out to other sectors (e.g. negotiation and conflict resolution skills).
Source: Box 4 on page 258 of Mikkonen (2018).

4.1.1.1 Implementing HiAP

Another avenue for cross-sectoral collaboration insights lies in the experience of implementing HiAP, as the concept epitomises collaboration across all sectors of government. The WHO summarised HiAP key learnings in their case study book, developed in collaboration with the Government of the State of South Australia (WHO, 2018). Authors acknowledged that no single, simple model exists as HiAP approaches are context-dependent, however, their report aims to consolidate the experiences of countries who have committed to HiAP; an invaluable addition to the growing evidence base offering conditions that support HiAP. The report offers the following key enablers of initiating HiAP:

- Position HiAP in the context of the Sustainable Development Goals
- Use opportunity-driven approaches (policy windows etc.) to inform decisions and launch pilot programmes
- Seek co-benefits and define shared goals (frame population health as a contribution to achievement of sector priorities and economic security)
- Find the right entry point (scan the policy and political environment to see what partnerships work best in each specific context)
- Build on what already exists (embedded processes within the ‘way of doing business’ [p. 5] versus an optional addition)

The report offers various enablers of a HiAP approach including themes such as commitment, concrete governance structures, the use of innovative evidence and navigation of the context. These shall be discussed below.

- **Commitment.** The report suggests identifying champions or engaged policy actors/entrepreneurs to drive the HiAP approach. Additionally, the report mentions legislative mandates and commitment from the highest level to compel the mobilisation of the whole government as essential along with a matching commitment to dedicated resources and investment. Crucial resources included a dedicated core team of skilled HiAP practitioners that can make the case across sectors and align sector priorities. The report also mentions the power of civil society and an involved public. Finally, the report points to a new facilitative role for health departments as the definition of health and well-being is redefined to include actions on the social determinants with other sectors.

- **Concrete governance structures.** A combination of vertical and horizontal intersectoral governance structures are critical to formally facilitate work between national and local levels as well as across government and local department structures and within settings.

- **Use of innovative evidence.** More collaboration with research and health economics experts must be carried out in order to clearly articulate the importance of addressing the social determinants of mental health and to document the links between sector government policies and population health. The report states that, with skilled message framing, this innovative evidence can be used as a valuable tool to open an impactful dialogue with policy actors across sectors. It mentions economic modelling as a helpful tool in this endeavour (p. 7). Authors mention it is important to monitor implementation progress and to celebrate both the process and the progress.

- **Navigation of the context.** The political context is an important influencer of HiAP commitment and implementation. It is important to pay attention to the policy context so that the length of investment and political cycles and conditions do not derail HiAP efforts. Additionally, the aim of HiAP is policy coherence, which draws attention to the need to define the overall contextual environment and the extent to which it can be

changed. This includes mapping the actions that can be controlled within a sector's own strategic space while also having a broader view of the 'transactional environment', where change can be affected in other sectors and boundaries can be extended to achieve policy synergy (p. 7). This includes auditing the actions, priorities, language and governance styles in each sector and identifying ways of collaborating with the least disruption. Finally, authors highlight that agility and ability to adapt to dynamic contexts is important.

Kokkinen et al. (2019)'s cross-case study of six state- and national-level governments in California, Ecuador, Finland, Norway, Scotland and Thailand aimed to test their hypothesis about win-win strategies for engaging policymakers to implement HiAP. Win-win strategies were described as those "in which both parties gain advantage, as opposed to a win–lose strategy or zero-sum game" (p. 2). They used data from key informant interviews and a review of the literature to create context-mechanism-outcome pattern configurations (and applied them to their previously developed systems framework) to articulate mechanisms that explain how win-win strategies work and fail in different context. To find out how and why win–win strategies encourage intersectoral synergies for HiAP implementation, the authors used systems theory to examine HiAP implementation through three subsystems (executive, intersectoral, intrasectoral) and eight system components (policy agenda, expert advisors, HiAP management, high-ranking civil servants, sectoral objectives, sectoral ideology, workforce capacity for intersectoral action and workforce HiAP awareness). They found robust evidence for two mechanisms, the use of shared language and the value of multiple outcomes.

- **Shared language.** Authors found that modifying health-sector terminology sectors (e.g., 'health' and 'equity') and pro-HiAP arguments to engage with the language of the audience was essential to trigger intersectoral relationships and to avoid misinterpretation or conflicts with values in other. Authors stated that "'dehealthifying' language" (p. 9) helps non-health sectors see how HiAP can support their own objectives to gain buy-in. Success in explaining health inequities was also found by avoiding the WHO definition of health and using 'quality of life' instead of 'health'.

- **Multiple sectoral objectives.** Authors found that HiAP implementation is strongly influenced by how it situates into a government system, and by the fact that each sector has their own objectives which provide incentives for policy-makers to engage with particular actions (e.g., when national mental health strategies invite other sectors to incorporate their own expertise and goals into the development process).

Authors concluded that these mechanisms should be considered when designing future HiAP initiatives and their implementation to enhance the emergence of non-health sector policymakers' engagement.

Case Highlight – Finland's Health and Well-being in All Policies Journey

Finland has the longest-standing history of HiAP, their roots dating back to 1972. Ståhl (2018) reported on the Finnish experience in successfully implementing HiAP, with key recommendations for other countries interested in working across sectors and embedding population health and well-being throughout government policymaking.

Finland was able to harness the momentum established by the Finnish presidency of the European Union (EU) in 2006, where HiAP was their key theme. This perceived duty for Finland to exemplify HiAP carried with it commitment and enthusiasm from the highest office and made health more visible on the political agenda. For example, their Prime Minister chaired the Economic Council of Finland which launched a working group focused on health policy. Additional momentum was found when in 2013, Helsinki hosted the 8th Global Conference on Health Promotion with HiAP as the conference theme. As an exemplar of putting the HiAP Framework for Country Action (WHO, 2014) to practice within their own context, Finland is able to share their keys to success.

Enablers: Ståhl (2018) reports that it is essential to have high-level political will and commitment drawn from a shared understanding that health and health equity is a key responsibility of government as a whole - a strong legal base was crucial in this regard at the government level and within municipalities. Additionally, long-term commitment and vision was crucial. Part of this commitment of resources included people and expertise within the health sector who have time, resources, and sufficient knowledge of policies in other sectors along with formal permanent structures and processes that make the approach systematic versus a less effective ad hoc approach.

Case Highlight – Finland's Health and Well-being in All Policies Journey Continued

Enablers (continued): Data on health, its determinants, and the links between health outcomes, health determinants and policies across sectors and levels of governance was key to Finland's success leading to good health literacy among the public, policymakers, media, and civil servants at local and national levels. **The Health Care Act (2010)**, identified five tasks for implementing HiAP at the local level. These included assigning objectives and measures in local strategies that reflect the health and social welfare of residents (i.e., formally assigning responsibility for health and welfare promotion to a body). Action within municipalities was key and included working with NGOs and private enterprises. Local authorities are mandated to report on their achievement of these tasks annually, with more in-depth reporting required every four years.

Nationally, needs assessments and priority setting were operationalised through cross-sectoral policies (e.g., the Ministry of Transport and Communications released the national strategy for walking and cycling).

Implementation structures: The Ministry of Social Affairs and Health has an Advisory Board on Public Health with sub-committees that are comprised of mandated representatives from most ministries, as well as members from universities, NGOs and trade unions. Additionally, Finland has horizontal intersectoral committees led by non-health sectors that meet regularly (e.g., the National Nutrition Council run by the Ministry of Agriculture and Forestry and the National Committee on Health-enhancing Physical activity run by the Ministry of Education and Culture). These committees were found to be important not only for negotiating appropriate solutions to specific issues, but to cultivate trust and a shared understanding of key concepts of well-being. Meetings of the Permanent Secretaries are additional horizontal mechanisms where health issues are discussed in an intersectoral forum. Finally, Finland's EU coordination system formulates their positions on EU matters and is a systemic platform for civil servants from different ministries to engage in wider intersectoral conversations to gain an increased understanding of the thinking, processes and issues of other sectors.

Implementation processes: Consultations on draft legislations are commonplace in Finland's national policymaking process. These consultations involve ministries, NGOs, trade unions, researchers, the private sector and municipalities as well as input from citizens through website comments. Additionally, collaborative processes were used in developing an intersectoral implementation roadmap as well as sector-specific action plans. Examples of these collaborative processes included working seminars and workshops with civil servants and experts. Finally, Health Impact Assessments are mandatory for sectors, with guidelines developed by the Ministry of Justice, and an impartial body attached to the Prime Minister's Office is responsible for the improvement and quality of these assessments.

Evaluation: Assessment of the process of HiAP was highlighted as key to implementation success. The extent to which municipalities have implemented the tasks set out in the Health Care Act (2010) are evaluated and the Benchmarking System for Health Promotion Capacity Building tool is used to identify strengths and weaknesses in implementation and can inform national budget allocation priorities. This tool has comparable, objective indicators and is used to assess the activities of various sectors within local authorities (e.g., primary healthcare, education, physical activity, services for older people, municipal management).

4.1.1.2 Evidence-based approaches to cross-sectoral collaboration

Ortenzi et al. (2022) published an editorial on the current state of international whole-of-government and whole-of-society approaches. The authors summarised the key findings of the 2019 Global Status Report on HiAP (Government of Australia, Global Network for Health in All Policies, 2019) as: 1. the lack of governance mechanisms and structures for successful implementation; 2. the importance of dedicated resources for HiAP activities; 3. the recognition that there is no one-size-fits-all HiAP approach; and 4. the acknowledgement that health policymakers sometimes lack negotiation and diplomacy skills to collaborate with non-health sectors. Authors also mentioned additional barriers to implementation of whole-of-society approaches include lack of coordination among stakeholders, confusion on roles and responsibilities, low levels of engagement from actors whose agendas are not aligned, lack of a common language for information sharing, and little recognition of health and human development as drivers of innovation and economic growth. These are encapsulated in the following key suggestions offered by Ortenzi et al. (2022):

- **Effective communication and alignment of goals.** All actors must have a shared understanding of well-being priorities and objectives while understanding the goals of other sectors to identify co-benefits. Authors highlighted that miscommunications resulting in different understandings of key concepts, diverging value systems, institutional agendas, and political ideologies, are major factors hindering implementation. Furthermore, prioritising whole-of-government and whole-of-society concepts on the political (and research) agenda "lies in the currency of these terms outside the health sector, including at the executive level" (p. 3).

- **Tools and platforms for real-time data sharing and analysis.** The need for innovative data acquisition and management was highlighted to optimise coordinated decision-making and action while recognising the added value and benefits of involving public, private and civil society actors in a collaborative effort.

- **Research.** Policy and implementation research were emphasised as being crucial to reveal and address barriers, and consolidating and evaluating the experiences of countries was also identified as essential to guide intersectoral approaches. Authors suggest, particularly, to learn from experiences and literature generated in non-health

sectors as the value of knowledge produced outside of direct impact on health outcomes is presently under-valued and under-utilised.

The authors highlighted that countries' responses to Covid-19 exemplified the relevance of whole-of-government and whole-of-society approaches to address the abrupt and complex challenges society was faced with. This is an idea that will be discussed further in a later section of this chapter.

Botezat et al., 2017 published a report that outlines recommendations for Joint Action on Mental Health Well-being in the European region. The work within the European Union (EU) Joint Action Work Package for Mental Health in All Policies (MHiAP) was supported by data collection on examples of good practices in the EU and associated countries, including best practice in collaboration between sectors to promote population mental health in decision making processes. The project was undertaken to inform the development of a European framework for mental health and well-being. Data included surveys targeted to public sector experts in non-health fields. About half of the respondents represented national organisations, the other half being split evenly of representatives in regional and local administrative levels. The most prominent non-health sectors represented by the respondents were the educational and social sectors.

The report includes two overarching recommendations: to address the determinants of mental health by incorporating mental health into all policies and to build capacity for a MHiAP approach. Authors state that "cognitive structures, traditions, and high walls between sectors including differences in legal regulations" seem to be the main obstacles reported (p. 47). Box 4.1 outlines the recommendations offered in the report to overcome these obstacles along with examples of such actions that were highlighted by authors.

Box 4.1: Botezat et al., 2017 key recommendations for intersectoral collaboration and whole-of-government approaches with corresponding cited examples.	
Recommendation	**Country example**
Legislative mandate such as a National Public Health Act. Ensure that it is based on the concept of MHiAP, explicitly includes mental health, defines the roles of local, regional and national authorities, describes procedures for developing and maintaining	Norway's Public Health Act creates a legal framework for intersectoral collaboration on public health based on HiAP and explicitly includes mental health.

mental health in the community, and requires collaboration across sectors. This can also mean the explicit inclusion of mental health in laws addressing health. An example is the Austrian Health at Work Act, where workplaces are mandated to report on their contribution to workers' mental health.	
High level national commissions. A Commission under the central government can be a place where vice ministers from different ministries and other national institutions meet regularly to coordinate health policy (including mental health policy) and implementation of activities in different ministries.	Lithuania's high level State Health Commission under the central government, where vice ministers from different ministries and other national institutions meet regularly to coordinate health policy and implementation of activities in different ministries.
Cross-sectorial national/regional government agencies. These agencies can be established in specific areas of policy implementation which require a whole government approach in order to be successful.	Norway's whole-of-government approach to implementing their housing policy (State Housing Bank) with responsibilities in employment, social service, healthcare and child welfare sectors. The whole-of-government approach to the Danish national outdoor recreation policy, which is anchored in the Danish Ministry of Environment under which eight other ministries establish working groups to offer their sector expertise.
Existing national surveillance structures. Utilise data from regular national surveys on Health and Well-being for a broader governmental policy for the economy and community (Learn from the Icelandic example).	In Iceland, population data from a regular national survey on Health and Well-being (Health Policy 2020) are used by a broader governmental policy for the economy and community led by the Prime Minister.
Mental well-being impact assessments. These should be included in all larger proposals, programmes, services, employers, projects and investments to capitalise on opportunities to promote mental well-being, minimise risks to well-being, and identify ways to measure success in achieving well-being.	N/A
Welfare teams. The municipality-level teams assure a broad approach on a local level that coordinates	Finland's City of Vantaa implements electronic welfare reports produced by/for local communities in

welfare promotion, produces well-being reports, programmes and guidelines for all the departments in the local community.	collaboration with administrative areas of various sectors.
Policy Forums. Implementation of user perspectives across sectors can be facilitated by establishment of Local and National Policy Forums where (ex)users meet and work together with stakeholders including local government, business and the media to initiate mental health policies at local and national levels.	Local and National Policy Forums in Romania where stakeholders including local government, business and the media meet to initiate mental health policies at local and national levels.
Existing tools and other countries' experiences. Gain an advantage and reduce need for resources by using tools developed in other Member States. This can include local and regional planning tools, needs assessments and other data collection across sectors used to define priorities in the programming of services (e.g., to implement interventions for social inclusion).	The Family House in Norway merges local levels of units addressing children and their families into one common 'family and childhood and adolescence sector' (e.g., infant-small-children-health-controls, kindergarten, school, child protection services, municipality psychologist).

The report also emphasises prevention of drop-outs from the labour market including attention to young people transitioning from education system; mental health literacy, including related concepts such as the social determinants of mental health and including efforts that target youth; and creating supportive environments, ensuring that the relationship between architecture and place is designed in ways to increase human connectedness by providing green spaces, safe streets and places for children to play outdoors and develop mental well-being (e.g., Scotland's Creating Spaces Policy Statement).

A similar report by the WHO Regional Office for Europe (2018) aimed to map country examples of governance for multisectoral or intersectoral action for improved health and well-being for all. The report identified the following enabling and facilitating factors for implementing multisectoral and intersectoral action for health and well-being (Box 9, p. 18):

- High-level political support and commitment for multisectoral and intersectoral action
- Focus on the long-term outcomes and policy changes
- Existence of a clear mandate
- High-quality evidence and information for policy planning and monitoring

- Adequate financial and human resources for implementation
- Competence of the health sector to reach out to other sectors
- Cross-sectoral relationships based on trust and shared understanding of the problem
- Clear objectives and identified co-benefits among partners
- Engagement of the civil society
- Public pressure
- Media support and involvement.

While focusing on the *approach* rather than concrete cross-sectoral mechanisms, a scoping review by Corbin et al. (2018) offers helpful insights from the international literature on processes that support and inhibit health promotion partnership functioning for a HiAP approach. Authors identified nine core elements that constitute positive and sustainable partnership processes that can inform best practices:

- Develop a shared mission aligned to the partners' individual or institutional goals
- Include a broad range of participation from diverse partners and a balance of human and financial resources
- Incorporate leadership that inspires trust, confidence and inclusiveness
- Monitor how communication is perceived by partners and adjust accordingly
- Balance formal and informal roles and structures depending upon the mission
- Build trust between partners from the beginning and for the duration of the partnership
- Ensure balance between maintenance and production activities
- Consider the impact of political, economic, cultural, social and organisational contexts
- Evaluate partnerships for continuous improvement.

Many of these insights can be adapted to the cross-sectoral policy arena and used to supplement additional information found in the present study.

4.1.2 Policy coherence in mental health promotion implementation at the population level

Senior et al. (2020) make the case for policymakers, who wish to improve population mental health, to focus their attention on the welfare system given the links between poverty, debt and poor mental health and mental health disorders. They caution mental health policy

implementors, however, that the details of how welfare systems are implemented determine whether they also cause harm, and offer a review of the evidence and principles to guide the development of mental health-promoting welfare systems. Authors note that eligibility assessments and conditional welfare regimes are a source of considerable stress and anxiety to a population with higher rates of mental health problems and suggest unconditional payments as more beneficial while pointing to the success of the universal basic income pilot scheme in Canada as a macro intervention. Furthermore, they note that navigating complex benefits systems can be particularly challenging for people with mental conditions, favouring instead more simplified systems or easements for those in a mental health crisis. Authors call for awareness training and mental illness training for assessors and other first-contact administrators in order to curtail distress to welfare claimants and to ensure that illness-related payments do not directly or indirectly discriminate against mental illness (and should be regarded in parity of esteem with supports for individuals with physical illness). The authors conclude that adopting a Mental Health in All Policies approach provides a mechanism for maximising population mental health and offer the Mental Well-being Impact Assessment as a framework to comprehensively understand the impacts of policy changes on mental health both quantitatively and from the perspective of those who are affected by the policies (they highlight the 'Breathing Space' campaign in the United Kingdom which aims to ease repayments for people with mental disorders in debt).

When adopting a mental health promotion approach at the population level, it is also particularly important to consider the implications of policies on the mental health of vulnerable populations. Juárez et al., (2020) conducted a systematic review (n=46 articles) and meta-analysis (n=19 article) of the effects of non-health-targeted policies on migrant health. Authors evaluated policy effects by migration stage (entry, integration and exit) and by health outcomes. The study found increased risks of poor mental health in settings with strict documentation requirements. Conversely, authors found protective mental health effects of generous documentation policy, implying that policy makers should not only aim to avoid poor health outcomes by reducing the implementation of harmful policies, but actively work to improve migrant health through the maintenance of generous policy efforts. Two studies suggested that restricting health-care access was correlated with increased societal health expenditures or acute admissions (except for prenatal health-care service use, but odds of inadequate prenatal-care use decreased among protected US states with supplementary welfare packages and increased for unprotected states). Restricting entitlement to welfare

support showed no significant reduction of enrolment in public health insurance and were also associated with reduced migrant use of health-care services (mostly discouraging adult, maternal and older migrants' use but not children's use of services).

The meta-analysis found that restrictive entry policies (temporary protection, detention and restricted asylum reception) are associated with poor mental health outcomes (SMD: 0.44, 95% CI). Additionally, more restrictive policies across three categories in the integration stage of migration (general integration, welfare, and documentation policies) were associated with increased odds of poor self-rated health (OR 1.67, 95% CI 1.35–1.98) and, in the higher quality studies, this finding was amplified in assimilationist and exclusion contexts relative to inclusive contexts. This trend was consistent, with exclusionist contexts showing worse health outcomes (e.g., migrant mortality risks) and assimilation contexts showing better outcomes (e.g., decreased risk of all-cause mortality). Studies were cautioned to be of mostly low or very low certainty due to high risks of bias and authors noted high heterogeneity in comparators, health outcomes, country contexts and study designs. Overall, their review revealed that "non-health-targeted policies contribute to the production of health inequalities among migrants and can affect migrant health, supporting the importance of not only adopting a Health in all Policies paradigm, but ultimately embracing a human-rights framework that draws attention to the rights of migrants under the international law" (p. e433).

4.1.3 Contextualising implementation structures and processes within countries

Public Health England

While Public Health England (PHE) is no longer an operating entity, due to the paucity of concrete structures and formal processes in implementing population-level mental health, we included the technical paper by Walker et al. (2019) that outlines the general approach that PHE had taken to deliver their work in public mental health at the country level. Regarding implementation structures, they found that local authorities are well-placed to address risk factors for poor mental health (such as alcohol and substance misuse) and particularly the wider determinants of mental health such as employment and housing. Their intimate knowledge of the local context and strong ties with the voluntary and community sector are integral to keeping national efforts person and community-centred. The local-national

alliance and consistency is facilitated by PHE regional teams. To map and inform care pathways at the local level, the "Fingertips platform" (Walker et al., 2019, p. 117) of evidence- and expert-based interactive data profiles is used. Additionally, a Joint Strategic Needs Assessment (JSNA) toolkit was developed to make it easier for local areas to assess the mental health needs of their communities. PHE also works with mental health policy teams in various governmental departments and the Department of Health and Social Care to ensure evidence-based settings approaches (e.g., working with the Department of Education to ensure a whole-school approach and providing Mental Health Toolkits for workplaces).

Policy implementation also seems to be facilitated by close links with research teams (Walker et al., 2019). PHE is working with the University College London Institute of Health Equity to find innovative ways to map the causal pathway from social inequalities to health outcomes. The Coalition Government's 'What Works' Centre for well-being reports on the impact on well-being in various sectors such as housing, unemployment and job quality, and communities. Additionally, their Public Health Outcomes Framework places emphasis on indicators of the wider determinants and the reduction of differences in life and healthy life expectancies between communities (Office for Health Improvement & Disparities, n.d.).

Canada

Mantoura et al. (2017) present the mental health policy context in Québec Canada and offer a framework for supporting action in mental health at the population level. Regarding implementation structures that enhance intersectoral collaboration, they found the following important considerations:

- **Shared vision and value of well-being.** New principles of mental health and well-being that consider the societal and social impacts of all sectors on the well-being of the population are needed in order to generate a new national vision shared across all government departments. Authors found that collecting a set of complete social and health data and disaggregating it according to socio-economic advantage will give insights into the influence of social determinants of mental health as well as inequities across the population.

- **Embedding these values within existing governance structures.** Authors suggest embedding these new indicators into existing national surveillance mechanisms as

well as introducing the Positive Mental Health Surveillance Indicator Framework developed by the Public Health Agency. Existing governance and organisational structures will then adopt and reflect the new shared vision and extend them to include formal structures for intersectoral partnership across government departments, at the regional level, and within settings and services at the community level. Changes in management and intervention practices, authors note, will likely be needed. Regarding enablers for these changes, authors highlight leadership, pan-government commitment (e.g., a comprehensive strategy for cooperation among sectors), mental health literacy (including knowledge and skills regarding the evidence base), formal collaborations along with workforce support, and funding and resources. They note a particular leadership role for public health, but also emphasise intersectoral leadership at various levels of action (national, provincial, regional, and local – including the community sector and civil society).

The Canadian Mental Health Association (2019) provided a guidance document of evidence-informed recommendations to advancing mental health promotion through the development of public policy and programming that aims to strengthen the social determinants of mental health in Canada. The document was developed in consultation with a range of stakeholders and is targeted to government, policymakers, educators, community leaders and community health organisations. Key recommendations for cohesive, collaborative and collective action included the following:

- **A National Mental Health Promotion Strategy.** Authors note that a formal strategy is essential. The strategy should provide clear direction for the implementation and evaluation of mental health promotion initiatives but should also outline a framework for mental health analysis that includes impacts of policies from all sectors.

- **Long-term investment and resources.** Greater federal attention to and sustainable commitment of resources is essential for strategy implementation, including the development of a strong conceptual and evidence base. This includes resources to make the economic case for mental health promotion and to facilitate the use of mental health promotion approaches in settings known to cultivate social determinants of mental health. Authors called for a 2% increase in mental health funding allocations, from 7.2% to 9%, to support key sectors (to introduce mental

health promotion concepts to sectors that are not engaged and to support sustainability for existing cross-sector programmes). Finally, authors called for a 2% increase in overall social spending to support social infrastructure that addresses the social determinants as well as the socio-economic challenges that impact individual and community mental health.

- **Enhanced structures.** Authors emphasise the need for streamlined and intersectional efforts (i.e., efforts that address challenges that meet at the intersection of gender, age, sexual orientation, employment status, level of marginalisation etc.) that are underlined by a cohesive understanding of mental health promotion and related concepts. More formal relationships with researchers can also ensure that more and better data is collected, disseminated and used to ensure that efforts are appropriate and sustained while accounting for emerging intersectional socio-economic challenges. Furthermore, evidence on the social determinants can fortify a shared understanding of the impacts of policies on population-level mental health.

- **Population-based programmes that address the social determinants of mental health.** Authors call for increased efforts to replicate, scale, and make sustainable programmes that have a proven track record and that account for the social determinants of mental health. They emphasise the need for longitudinal studies to evaluate population-level and economic impacts.

- **Social marketing campaigns.** Authors argue that the impacts of strategy efforts can be enhanced through investment into mental health promotion awareness and stigma-reduction campaigns.

Scotland

Scotland's strategy for tackling social isolation and loneliness and building stronger social connections (Scottish Government, 2018) is a valuable strategy to include in the review, as the topic is inherently oriented toward addressing the social determinants of mental health and requires the input of multiple sectors. The strategy does not itself include implementation mechanisms but calls for the development of a National Implementation Plan with cross-cutting priority actions and a performance framework that reflects a shared delivery approach

with progress reports, published every two years, holding implementors accountable. General implementation structures were offered as follows:

- **Implementation oversight/accountability.** Government will steward local communities to design and deliver their solutions. In service to that, a Ministerial Steering Group at the national government level and a National Implementation Group (comprising members from the public, private and third sectors), will both be chaired by Minister for Older People and Equalities. A governance review at the local level will devolve decision-making locally. There is also a key role for health and social care integration authorities.

- **Cross-sectoral engagement.** The existing Convention of Scottish Local Authorities will maximise alignment between government spheres and a Ministerial Roundtable of private sector leaders will be developed to secure partnership with the private sector. Additionally, a review of intersectoral strategies will be undertaken to reveal opportunities for policy alignment and shared goals (e.g., with Scotland's National Planning Framework, their national spatial strategy, including how local development plans can better support communities, and with their National Transport Strategy) as well as a pilot scheme for innovative intersectoral solutions. Connecting this strategy with Scotland's National Mental Health Strategy, the Public Health Priorities report and sector-specific national outcomes frameworks (e.g., Scotland's Purpose and National Outcomes, Active Scotland Outcomes, National Volunteering Outcomes etc.), along with developing their own set of intersectoral national indicators, can lead to increased cross-sectoral synergy. Finally, the strategy calls for closer links with research for best practice, plus a greater understanding of social isolation and loneliness and how it interacts with key life transitions.

- **Funding.** The Scottish Government has committed up to £1 million over a two year period and there are opportunities for other funding streams. Other parts of government will align their investments in communities in line with the strategy and the third sector and private sector can be engaged as an additional channel to realise shared goals (e.g., Workplace Equality Fund to reduce employment inequality through greater social connectivity at work).

4.2 Policy Implementation Enablers

4.2.1 Cross-sectoral commitment

A key enabler of mental health policy implementation is cross-sectoral collaboration. An important part of gaining cross-sectoral commitment is to understand the motivations of local players within partnership contexts. Connolly et al. (2020) explored the enablers and barriers in getting local players to sustainably adopt and adhere to national evidence-based outcomes and guidance frameworks in Scotland. Their qualitative study found that including the local players in the development of Scotland's Mental Health Improvement Outcomes Framework was key. In addition to the positives associated with the co-design process, by including users of the framework in its development, they can optimise future utilisation and enhance co-productive practices from the outset and according to insights directly from the users themselves. The study noted the importance of capacity building to improve policy processes, particularly collaborative ones such as between actors operating at senior levels in NHS Health Boards and Local Authorities who are responsible for shaping local planning across the cross-organisational and intra-sectoral area of mental health improvement (i.e., vertical and horizontal structures and processes). Furthermore, the study found that the presence of a local champion/advocate facilitated higher adoption of the national framework. Lack of cultural readiness and output-focused (rather than *outcomes*-focused) management were cited as barriers to adoption of the framework. Solutions to improve organisational culture included knowledge brokerage (bringing together 'evidence producers' and 'evidence users' [p. 179] to maximise opportunities for synergies and shared understanding). Finally, supportive governance styles were found to be important to balance empowerment strategies with consistency. While regional and national consistency is important in community-based efforts, local actors must feel a level of autonomy within their sector and context.

4.2.1.1 Examples of windows of opportunity to engage sectors

The Pandemic

The OECD (2021b) released a report calling for an integrated response to tackle the mental health impacts of the Covid-19 crisis. In it, they highlight how the pandemic created a whole-of-society crisis that could only be met with a whole-of-society response. They note that the pandemic was a heightened example of the current state of mental health. Covid-19 saw the

amplification of risk factors generally associated with poor mental health (such as financial insecurity, unemployment, fear) while protective factors fell dramatically (such as social connection, employment and educational engagement, access to physical exercise, daily routine, access to health services). This led to a significant and sudden worsening of population mental health. The crisis, however, afforded the whole-of-society an opportunity to show its worth, and the pandemic was met with innovative ways to safeguard access to mental health services (e.g., digital and tele- mental health care and phone or online information) and forced increased funding to support these innovations and the increased public need. Settings within communities, likewise, were able to rise to the challenge and the pandemic inadvertently allowed for a new paradigm to emerge (e.g., workplaces were obliged to acknowledge their role as an environment that shapes the mental health of workers and thus began to prioritise mental health supports for employees experiencing uncertainty and abrupt changes to their work environment). Additionally, Governments began to consider employment status within the population and mental health played a key role in many countries' recovery/response plans that diffused through various sectors. The OECD report argues that this should be viewed as an opportunity to strengthen public employment services as it is a protective factor for good mental health, pointing to initiatives such as job-search support, counselling and training; job retention, work-sharing or partial return-to-work schemes to prevent long-term unemployment; active labour market programmes; and integrated employment and mental health support. Authors argue that the pandemic should be viewed as an enabler for intersectoral working as it heightened the need to address population-level mental health, bringing such concepts as equity and the social determinants to the fore for all sectors, showing them the importance and possibility of whole-of-society led approaches.

The workplace setting

Placed within the context of the workplace environment, the OECD provides a rationale for a whole-of-government approach in their chapter, *What does a MHiAP approach look like?* (2021c). The chapter demonstrates how the workplace can be a more blatant way for society to recognise the importance of integrating non-health sectors (particularly those that shape the social determinants) with the health sector. For example, employment outcomes can be introduced to existing mental health quality and outcomes frameworks within health systems and stronger co-ordination can be forged between healthcare and employment services (the report refers to *A New Benchmark for Mental Health Systems* [OECD, 2021a] as a framework

for such indicators). Authors also offer evidence-based recommendations that can be applied to the broader system in society, highlighting the importance of mental health competence (an understanding and awareness of the interlinked nature of mental health and its social determinants through the lifecourse, and the importance of capacity for timely and appropriate action; this is important for workforces in society and the public) and the key role of front-line actors in settings across society (e.g., the health system, at the workplace, employment services, education institutions etc.) to provide cross-cutting interventions together.

4.2.2 Shared vision reflecting evolving paradigm of health and well-being

In England, the Prevention Concordat for Better Mental Health (Public Health England, 2017), helped to transform leadership within the health sector (Walker et al., 2019). It formally promotes leadership values that are prevention-focused and cross-sectoral in nature, adopting evidence from outside the traditional mental health sectors to account for the wider social determinants. Furthermore, local authority mental health champions masterclasses encourage and support prevention-focused political leaders at the local level. Walker and colleagues, who are experts in the health sector in England, acknowledge that many governments across the globe are now measuring the well-being of their populations as a barometer of social progress and development, and that further work is needed to develop a shared understanding of a more comprehensive set of public mental health outcomes with partners (2019).

A council brief by the WHO Council on the Economics of Health for All (2022) emphasises the importance of society rethinking its values of health and well-being. Authors highlight the short fallings of using a measure of *price* (e.g., Gross Domestic Profit) to account for growth, and point to the need for alternative metrics that encompass the *values* of Health for All, namely planetary health, diverse social foundations and activities that promote equity and human health and well-being. With this evolution in value, new solutions will emerge at the following levels: 1. the planetary system level to target root or structural causes of ill health, 2. the societal level to promote equity in terms of social positions/foundations, infrastructure, and systems, and 3. the individual level in terms of their lived experience. The report offers many examples of successful adoption of new values for well-being and corresponding value-based metrics:

- The Genuine Progress Indicator used by Finland
- The National Happiness Index used by Bhutan
- The Living Standards Framework used by New Zealand
- The promising set of 200 indicators included in the Sustainable Development Goals
- The Doughnut economics model to meet the needs of a nation's people while operating within the planet's limitations
- Time-use data to help policymakers identify gaps in public infrastructure and allocate investments accordingly

The report highlights the importance of strong health systems that can shape social norms and improve socioeconomic impacts (e.g., Universal Health Coverage) and point to fiscal policy levers to build equitable financial architectures and eliminate financial obstacles that restrict access to health services (e.g., broadening the tax base, introducing taxation that is more progressive, increasing financial literacy, enhancing financial inclusion, strengthening public-sector capacity). Finally, the report places great emphasis on setting the conceptual foundations, arguing that once new values are accepted, metrics, policies, and processes will follow. Like the OECD (2021b) article, the report highlights the Covid-19 response in many countries as proof that whole-of-society change can occur overnight.

4.2.3 Mental health workforce development

In addition to nurturing a shared socio-ecological understanding of mental health and well-being that showcases the key role of wider social determinants, there is a need for formal skills development in health and non-health sector workforces. In England, a public mental health leadership and workforce development framework has been developed for a wide range of sectors (Walker et al., 2019). PHE acknowledges, however, that training programmes are broad and more work must be done to refine the messaging across sectors and specific workforces.

Ortega-Vega and colleagues completed a scoping review aiming to summarise the characteristics of public mental health training available in England (2021). Their review was complemented by focus groups and online surveys with experts and other stakeholders, including service users, to identify key quality criteria for training while identifying gaps in training provision. They found that training courses were mostly targeted to workplace

employees and staff, young people and students, specialist staff (e.g., healthcare and social care staff), and the general public. Training topics included mental health literacy, recognising stress, self-care and resilience-building, and recognising and promoting well-being in others. Based on the review findings, Ortega-Vega et al. (2021) identified four quality principles to guide the development of public mental health training curricula including: 1. a training approach that is experiential, holistic, prevention- and promotion-focused; 2. educational content that normalises mental health and well-being; 3. trainers with excellent facilitation skills; and 4. comprehensive evaluation. The following themes in public mental health training practice were also identified as needing further development:

- Consistency of terminology relating to public health (shared understanding)
- Population-level content (perspectives on the importance of health inequalities and holistic - mental, physical, social, cultural and spiritual - well-being must remain current)
- Perspective and ethos of trainers and training courses (health promotion versus illness-management, person-centred within an individual's context)
- Logistics and methods of existing training delivery (community-based training that harnesses community assets, peer-support etc.)
- A closer focus on systems with significant societal impact and populations of people that may require increased training provision (e.g., schools, criminal justice system, social care and the workplace)

Tamminen et al. (2017) explored the competencies required for intersectoral working in their Delphi-based qualitative study in Finland. The study thematically analysed descriptive data from mental health promotion practitioners working in the health sector (n=32) with the aim of capturing their perspective of the competencies required to facilitate effective partnerships across sectors to improve the mental health and well-being of individuals and communities. Applying the theory of collaborative advantage, eight overlapping and interconnected themes of collaboration advantage and the related competencies were identified, and these are included in Box 4.2.

Box 4.2: Competencies required for intersectoral working in mental health promotion implementation	
Competency	**Description**
Management structure	'Breaking boundaries' (p. 6) in other sectors was found to be crucial as well as the engagement of service users, NGOs and other stakeholders. Indeed, these stakeholders should hold membership within management structures.
Leadership	Leadership was found to be key at all levels of collaborative processes.
Communication and language	Good interpersonal skills were found to be essential to advance the mental health promotion message and to enhance other activities such advocacy and social marketing.
Common aims	Common language was seen as essential to developing a shared understanding and a united vision at both levels of policymaking and practice.
Active working processes	Occasional working group meetings were found to be not enough for effective partnership. Rather, shared planning, objectives and funding can result in genuine collaboration.
Trust	Meaningful conversations to build relationships were needed in order to open a dialog and engage in collaborative practice.
Commitment and determination	Identifying win-win situations is important for gaining real commitment and creating a positive atmosphere where all stakeholder desire and are dedicated to progress.
Resources	Commitment in the form of sustainable funding and workforce support was found to be essential.
Capacity building and workforce development	This is crucial to strengthening these competencies to facilitate effective partnerships across sectors.
Source: Tamminen et al., 2017	

4.2.4 Non-Governmental Organisation engagement

Engaging the public, private, business and community and voluntary sectors is an important part of a whole-of-society approach and to share responsibilities and resources to address population

mental health. Cresswell-Smith et al. (2021) reviewed the relevant literature focusing on non-governmental organisation (NGO) actions on key social determinants of mental health, and deliberately outside of mental health services. They suggest that NGOs are a uniquely poised and untapped potential as they are by nature approachable and flexible and are reliant upon partnership working and user involvement. Authors suggest that their less formal support counterbalances strict statutory directives, introducing an emotive quality that reduces barriers, inspires civil engagement and nurtures unique connections and empowerment, particularly in relation to hard-to-reach groups with lived experience. This less formal dynamic, authors say, affords freedom for NGOs to tailor their activities to reflect local circumstances, embodying the delicate balance needed between local autonomy and national consistency highlighted by Connolly et al. (2020)'s consultation with key policy actors in Scotland. Additionally, the review found that people working in mental health NGOs show more positive attitudes towards people with mental health problems compared with those working within statutory services which may potentially have a reciprocal effect. Furthermore, they serve and represent the very sectors that most influence the social determinants of mental health but lack the resources to accurately report on their impact. Authors conclude that with their unique ability to influence policy development and civil society, NGOs are an ideal partner in implementing a Mental Health in All Policies agenda.

4.2.5 Government funding and resource mechanisms

With an evolved shared understanding of mental health and well-being across the government, new priority should be placed on budget allocations. A paper by Park et al. (2020) aimed to determine whether increased expenditure on social services relative to healthcare expenditure might be associated with better mental health outcomes. Authors acknowledge that the social determinants of health have a particularly great effect on the number and severity of mental health disorders, and that social spending more directly addresses the social determinants of health than does spending on healthcare. Their study found that healthcare spending alone is not significantly associated with death rates due to mental and behavioural disorders, but that higher levels of social spending are significantly

associated with better mental health in the population, as is a higher ratio of social spending to healthcare spending (expenditure in each sector was calculated as a proportion of Gross Domestic Profit). Authors, therefore, suggest that population mental health could be improved as a deliberate side effect of a policy with a social aim, making such policies more politically appealing (e.g., improving housing subsidies can simultaneously reduce homelessness and improve mental health). Authors expected the social determinants to be particularly relevant for mental health outcomes and their model supports this, demonstrating that higher social spending, when controlling for the level of healthcare spending per capita, is significantly associated with lower mortality rates due to mental health conditions. They highlight the strength of using mortality rates (via International Classification of Diseases coding) as this approach largely mitigates the measurement problem of cultural differences between countries that might influence the way that less concrete measures of mental health are reported. On the other hand, authors understand the limitations of using classifications and coding as deaths due to mental health and difficulties are known to be consistently under-reported. Additionally, using this approach only captures mental health issues that are severe enough to result in fatalities. Finally, authors note that they pooled all types of social spending (e.g., welfare transfer payments and other forms of social spending), whereas a more precise measure of the relative impacts per *type* of social spending on mental health outcomes would be particularly beneficial.

A clear theme in the literature is the need for sustainable funding and resources, with an emphasis on investment to develop a set of innovative cross-sectoral national indicators that reflect the evolving socio-ecological understanding of well-being and that accurately evaluate implementation of a mental health promotion strategy. With this in mind, Andersson (2022), on behalf of the National Economic and Social Council, produced a comprehensive secretariat paper on mental health, with a focus on common priorities and potential areas for co-operation across the Ireland and Northern Ireland border. This work was commissioned by the Department of the Taoiseach. The report outlines opportunities for sharing physical infrastructure and facilities, such as the Western Health and Social Care Trust Mental Health unit (Grangemore) in Derry, which has a 30-bed capacity. The author also points out unofficial liaisons and linkages in border counties with access to services in neighbouring jurisdictions. For example, Community Healthcare Organisations (e.g., CHO 1) in Ireland have a history of co-operation with ‘no wall’ between services (p. 17). The author suggests that informal co-operation between services in border counties must transform into high

level, formal networks (e.g., official settings, structures and bodies) at the higher political level and locally. Furthermore, the author highlights an opportunity for Ireland to appoint a Mental Health Champion role to liaise with the existing counterpart in Northern Ireland. Currently in Northern Ireland, their Mental Health Champion's position is key to furthering the mental health agenda across government policy makers and serves as a line of communication between the public sphere and the community and voluntary sector. In addition to opportunities for collaboration in practice, there are opportunities for partnership to share the cost of innovative research and to share responsibility for developing well-being indicators. For example, the Connecting Suicide and Self-Harm Researchers on the island of Ireland (C-SSHRI) is a research community which provides a forum for members across borders. Ireland and Northern Ireland can work together to design the common well-being performance indicators that are called for in the mental health strategies of both countries. As just one example, here both countries can avail of the combined support from Ireland's Central Statistics Office and the Northern Ireland Statistics and Research Agency.

There are multiple additional funding streams to avail of should these countries decide to formally work together. There are existing European Union (EU)-funded cross-border programmes that could contribute to building the mental health in all policies agenda in both countries, including:

- Interreg and Peace programmes facilitated by Co-operation and Working Together (CAWT) Partnership that address health and social care in areas along the border (e.g., Mental Health Innovation Recovery colleges and projects).
- The Peace Plus Programme combines the aforementioned two programmes with indicative funding of €1bn shared between the EU, the Irish and British Governments and the Northern Ireland Executive.

The author notes that while these EU funding streams will not support the mental health strategies entirely, they are an entry-point for sustainable funding mechanisms and public buy-in.

4.2.6 Cross-sectoral Policy Development Approach

Another enabler for optimising policy implementation is to ensure a good start at the policy development stage with closer links between sectors and between policy, practice and

research. With a focus on the level of the local government, Lilly and colleagues (2023) examined the factors in the policy making process that influence HiAP and how these factors vary across different municipal contexts. Acknowledging that local governments are universally the closest tier to the community and therefore, most intimately able to create collaborative opportunities between different sectors, their scoping review of 64 papers, aimed to understand the policymaking environment and the extent to which theories of the policy process are applied in research. They found that the Multiple Streams Framework (Kingdon, 1984) was the most commonly applied theoretical framework in the literature and identified 16 factors that influence the policy process:

- **Cross-sector relationships.** Authors found more focus on horizontal collaboration across departments than vertical collaboration between staff and decision-makers.

- **Evidence.** Local anecdotal data were reported as more valuable than academic research in the local context, and limited time and availability of evidence were cited as barriers to utilising research.

- **Level of policy priority.** Willingness to address the social determinants at the local level, however, was often found to be outcompeted by a preference for lifestyle programmes and other local priorities.

- **Understanding and framing of health.** An overall lack of unanimous understanding of the complexity of the term health or related concepts such as equity was also reported. Terminology was a barrier to gaining political attention and authors found terms such as ‘liveability’, ‘well-being’ or ‘living conditions’ (p. 4) to convey the social determinants of health in order to be accepted at the local level and serve to motivate action.

- **Funding.** Financial capacity was found to be important and relied heavily on higher tiers of government for funding.

- **Leadership and political commitment.** Leadership and commitment were important both at the local level and at higher tiers of government.

- **Champions.** Policy entrepreneurs or knowledge brokers were reported as playing an important role.

- **Role of community.** Decision-making at the local level is influenced by all stakeholders in the community and authors found debate regarding local government actors' level of comfort or trust in this co-design process.

- **Role of legislation.** Clear mandates were found to contribute to HiAP initiation, however, sufficient resources were important for local governments to adhere to the mandate, and a level of autonomy was important.

- **Staff capacity.** Staff time and expertise were reported as a challenge to HiAP.

- **Use of tools.** The Health Impact Assessment helped sectors gain understanding of the social determinants and their contribution, however commitment (e.g., legislation) and adequate resourcing were found to be crucial.

- **Political ideology.** Different individual values and beliefs influence commitment to addressing health equity at the local level.

- **Ownership.** Local governments must understand their responsibility to address health inequities within their communities and this should be supported with sufficient power or authority to take action.

- **Accountability.** Lack of performance indicators to measure health outcomes along with clear objectives contributed to a lack of urgency to address them.

- **Organisational structures.** No conclusive agreement was found on the ideal governance structure at the local level. There appears to be debate between the efficacy of a central governance unit and formal cross-department collaborations. A central unit had mixed findings (public health staff finding it difficult to engage with sectors from this position) whereas intersectoral committees, strategic planning and

health impact assessments were promising. Either way, authors found that interpersonal skills and effective communication were key in engaging other sectors.

Lilly et al., 2023 also highlighted the need for the discipline of health promotion to embrace its political nature by adding quantity and quality (i.e., applying theoretical underpinnings) to the policy process evidence base. They argue that this will make it easier to navigate the policy environment to optimise implementation of a HiAP approach.

In a working paper for the OECD, McDaid et al. (2017) performed a rapid review to provide an overview of effective approaches to mental health policy development. The review comprehensively summarises the landscape of mental health policy content internationally and adds commentary about the experience of policy development and the state of the mental health policy context internationally. The authors highlight the significance of intersectoral collaboration and note that this process is easier to initiate with sectors that are used to working together (e.g., school-based health promotion) but becomes challenging when sectors are diffuse (e.g., workplaces) or are not in contact (e.g., addressing unemployment). To help engage these more challenging sectors during policy development, McDaid et al. (2017) highlight the importance of identifying and communicating the costs incurred outside the health sector, particularly in the social benefit system, and to present innovative analyses of the sector-specific economic effectiveness of addressing mental health within their remit. They point to a key role for research agencies to innovatively calculate these estimates of economic return, not only to make the case to each sector, but also to create more accurate and comprehensive reporting of expenditure on mental health in order to improve what is known about existing spending on and provision of services across sectors. The authors suggest that the policy-making process should become more joined up, which will in turn lead to more joined up implementation and services. Key areas for improvement in formal mental health promotion internationally included looking beyond mental health actions into the actions of other sectors (e.g., access to housing, social welfare income safety nets, financial debt alleviation, measures to reduce crime and improve community cohesiveness) and better collaboration between physical and mental health specialists and with primary care. Additionally, McDaid et al., 2017 note that mental health promotion actions are susceptible to fragmentation and are typically embedded within other policies (e.g., strategies for children and young people or strategies to address social isolation) or other sectors (e.g., workplaces, or territory-specific strategies versus national), or part of a broader mental health

strategy. Furthermore, national funding is difficult to pin-point as allocation can be project-specific and not always funded by the health system. Finally, the authors note that evaluation of mental health promotion strategies/actions is uncommon.

Zhou et al. (2018) sought to identify challenges in a country's transition to a mental health policy that captures an evolved understanding of mental health promotion concepts, and in its implementation. They found that implementation problems in high-income countries were mainly related to service organising and service provision and that there is an overall lack of policy evaluation to guide future efforts. The authors highlighted the WHO's Assessment Instrument for Mental Health Systems (WHO-AIMS) Version 2.2 and the WHO Checklist for Mental Health Policy as commonly used evaluation tools, however, they acknowledged these tools are focused on policy content and formulation rather than policy implementation.

Zhou et al. (2018) identified the following nine essential domains of mental health policy development: service organising, service provision, service quality, workforce capacity, human rights, advocacy and awareness raising, intersectoral coordination, surveillance and research for monitoring and evaluation, and financial mechanisms. They emphasised that an important enabler of mental health policy implementation begins at the initiation stage, where it is essential to comprehensively cover all nine policy development domains, with equal weighting across them, and to ensure monitoring and evaluation of policy implementation progress mirrors this.

4.3 Innovative Approaches/Tools

4.3.1 Systems Modelling

Acknowledgement of the interconnected, dynamic, socio-ecological nature of the determinants of mental health exposes the need for systems-thinking in order to plan, implement and evaluate the complex measures needed to adopt a Mental Health in All Policies approach and an integrated whole-of-society effort. Atkinson et al. (2020) propose the use of predictive dynamic systems models and simulations in planning and evaluating population-level mental health efforts. The authors highlight that it is common for sectors outside of health to use dynamic systems modelling and computer simulation prior to making significant investments or reforms. Furthermore, systems modelling can be used to better

understand the nuances of mental health promotion approaches, such as better understanding "the costs of maintaining the status quo, the costs of reactive rather than proactive strategies, the structural impediments to innovation and performance and the unintended consequences that can arise from 'rational' solutions" (p. 5). This has implications both for practice and making the case to policymakers and can be tested in the "safety of the virtual environment" (p. 5) before implementation at the population level, while also offering feedback on fidelity of the simulation to the real-life experience and informing refinements of model forecasting power.

In England, Rutter et al. (2017)'s complex systems approach informed the work of PHE and system leadership to encourage local authorities to take responsibility through developing multi-agency partnerships, audits and plans. In Australia, a systems approach was trialed as part of a proposed Suicide Prevention Framework to improve coordination and integration of existing services. Fitzpatrick and Hooker (2017) reported on implementation of the framework. Accepting that completely reframing the way mental health promotion is perceived (in order to evolve the understanding and approaches to solving it) is a more challenging radical, second-order change, implementors focused first on incremental, first order changes to streamline *existing* individual system components and governance structures (i.e., making the most of the resources they had). These 'quick wins' (p. 2) aimed to initiate momentum for future radical change and included:

- Tracking how implementation of the Framework is nested within other systems that affect, and are affected by, system change measures.
- Attending to underlying normative elements specific to a system e.g., Childhood & Adolescents, Social Isolation etc. (authors noted that successful implementation will likely depend on such slippery but significant things as the beliefs, values and tacit assumptions that drive the behaviour of stakeholders both within networks of service providers and in the context of their continued operation).
- Particular attention to these characteristics across systems levels and stakeholders will address the complexity of suicide and its prevention, and identify areas of support for, or resistance to, change.

Turner et al. (2021) offered experiences in implementing the Zero Suicide Framework (ZSF), a systems approach to suicide prevention implemented across a number of states in Australia

and internationally. ZSF is a tool for systems change management that provides an overarching framework for leadership, cultural change, evaluation and innovation. It is designed to complement broader strategies that address the social determinants of suicide in a community along with clinical interventions at the level of individual services. The framework provides an overarching structure to facilitate an integrated, consistent care pathway for suicide prevention, while also incorporating the following seven essential elements to changing the system, that are considered as important as the clinical pathways and not 'optional extras' (p. 251): leadership, training, identification of suicide presentations, engagement, treatment and transition of consumers, and improvement. Authors note that a key theme in the development of this systems approach was to draw upon existing resources and embedded approaches rather than introducing new ones.

4.3.2 Developing Comprehensive Indicators

Developing a new set of indicators is important for a variety of reasons from the start to the finish of strategy implementation. Firstly, indicators that include population well-being and health equity will reflect an evolved understanding of the socio-ecological nature of mental health while simultaneously demonstrating commitment to improving these outcomes. Additionally, indicators inform progress of strategy implementation and identify areas for refinement and, most obviously, comprehensive indicators allow decision-makers to see improvements in outcomes that reflect the vision of the strategy and the mental health status of the population. Finally, coming full circle, successful evaluation of strategy outcomes will provide data to make the case for further commitment.

The OECD (2021a) highlights, however, that presently OECD countries are not able to comprehensively measure mental health performance across the domains that they identify as priorities. In May of 2018, they began development of a set of comprehensive indicators that reflect the common priorities and mental health strategy visions of OECD countries. The Mental Health System Performance Benchmark is undertaken in partnership with experts and service users (practitioners and patients) and incorporates OECD Guidelines on Measuring Subjective Well-being (OECD, 2013) and the WHO-5 Well-Being Index (WHO, 1998). The tool offers a framework of 23 indicators for benchmarking mental health system performance within six domains that capture dimensions such as person-centred care, service quality, integrated multi-sectoral actions, focus on prevention/promotion, leadership and governance,

and the extent to which approaches are innovation/future-focused. It includes underdeveloped indicators such as measuring stigma, the extent to which vulnerable populations are being heard and supported and involved in the development of services, and indicators to inform workforce planning/development or innovative research. Examples of indicators include data on well-being, positive mental health and social cohesion; on the prevalence of mental ill-health, unmet need for care, and health care coverage; on the mental health workforce and diverse care providers, and workforce training; on integrated care including integration with somatic care, and physical health outcomes; on care quality and processes (e.g., service contacts, admissions, follow-up after discharge, repeat readmissions to inpatient care, repeat emergency department contact for mental health reasons etc.); and on research. Additionally, the report notes that further development is needed on patient-reported outcomes (PROMs) and experiences (PREMs), population attitudes towards mental health, for example mental health literacy or levels of stigma, and the use of telemedicine in mental health care. The report highlights existing exemplars of outcomes frameworks, for example the Public Health Agency of Canada's 'Positive Mental Health Surveillance Indicator Framework' (Public Health Agency of Canada, 2023) covering positive mental health outcomes, risks, and protective factors and furnished by data from ongoing Canadian surveys (e.g., self-reported measures of mental health and life satisfaction, stigma, political participation, environments within settings and health status). It also commends countries that have prioritised funding for these efforts such as New Zealand's Well-being Budget (Government of New Zealand, 2019) backed by 445 million NZD for mental health services, 40 million NZD for suicide prevention and major additions to key workforces.

4.3.3 Policy Process Research

Considering the paucity of evidence for concrete implementation and cross-sectoral mechanisms for mental health promotion, there has been a call for more emphasis on researching the policy process. Petek et al. (2017) developed an innovative interdisciplinary research framework to help build the policy evidence base. The framework reflects the need to encompass all dimensions of both public health and social science research through the lens of human rights, while capturing both policy content and policy process dimensions. Authors highlight the importance of establishing a shared understanding of mental health and related concepts and the resulting need for multisectoral approaches that address the ecological nature of the social determinants of mental health. Authors note that researching

the policy-making process reveals factors and actors that shape the cyclical change in mental health policy. Drawing on Kingdon's (1984) theory of agenda-setting, authors note that these influential factors occur at the intersection of problem, policy and political streams and their framework aims to reveal insights into the "windows of opportunity" and "unexpected convergence of forces and triggers" that occur at this intersection (p. 127) and can help build the policy process evidence base, leading to the establishment of concrete cross-sectoral mechanisms. Policy process research, and Kingdon's theory in particular, was also highlighted in Mikkonen (2018)'s comprehensive account of enablers of intersectoral action in policy implementation.

Recognising the importance of policy research, Hoagwood et al. (2020) call for a shift in Dissemination and Implementation science (D&I) from evidence-based *practice* implementation to *policy* implementation and offer a typology for building research to repurpose D&I using children's mental health policy in the United States as a context. Authors posit that there is perhaps an over-focus on the micro-level of evidence-based programmes (EBPs) and this likely accounts for their underperformance. They point then to a need for an ecological approach to enhance *contextualised* delivery of EBPs, focusing more on the "macrofactor" that is the policy terrain (p. 1141). To facilitate this shift from EBP D&I to policy D&I, authors propose a new emphasis on formative studies in policy dissemination research and policy process implementation studies. They argue that the type of insights gained from this kind of research could help to identify policymaker and cross-sectoral stakeholder values, intentions and knowledge deficits that steer the policy making and implementation processes, to facilitate targeting of appropriate solutions. Additionally, policy process implementation studies can shed light on barriers, enablers and mediators of successful policy endeavours, while offering insights on how policies could be tailored to specific contexts. According to Hoagwood et al. (2020), policy process research could also offer insights into policy impacts on population-based health or other sector-specific outcomes, as well as cross-sectoral relationship-building success.

Discussion

In examining the international peer-reviewed and grey literature, this scoping review aimed to identify formal implementation structures and processes (including mechanisms for cross-sectoral action) for intersectoral policy implementation. The review revealed a paucity of empirical research on the most effective mechanisms or frameworks to guide implementation of mental health promotion policies (i.e., whole-of-government, whole-of-society, HiAP/MHiAP approaches). This is likely due in equal parts to the complexity and deeply contextualised nature of these approaches and the slow pace of change in the evolution of the policy landscape. Nevertheless, there is much to be learned from the existing evidence and documented experiences of other countries. This scoping review consolidates the key findings, the implications of which will now be discussed, within two categories: 1. intersectoral policy implementation *structures* and 2. formal mental health promotion implementation *processes*. The key *enablers* of each of these policy structures and processes will also be discussed, however, it is important to note their interlinked and inter-dependent nature.

1. Intersectoral policy implementation structures

Four key structures were identified in the review findings including, national intersectoral committees/commissions, vertical and horizontal implementation governance structures, structures that closely link research, policy, process and practice, and a core team of dedicated MHiAP practitioners. These structures will be discussed below along with key enablers of each.

National intersectoral committees/commissions

Active, high-level committees that meet regularly offer a place for ministry representatives across sectors to come together. In these committees key policy actors are exposed to the actions in each sector and gain an increased understanding of sector-specific language, values and circumstances, which propels more meaningful connections, opportunities for shared priorities and synergistic policymaking. For example, Scotland has a Ministerial Steering Group at the national government level and a National Implementation Group (comprising members from the public, private and third sectors), that are both chaired by the Minister for Older People and Equalities, to implement their social inclusion strategy (Scottish

Government, 2018). In addition to implementation oversight, committees such as these should also be involved in the development stages of mental health policymaking (i.e., a co-design process) in order to have increased cross-sectoral ownership and to identify the most appropriate solutions that they are more likely to adhere to (Kokkinen et al., 2019; Connolly et al., 2020). Local and national Policy Forums were also referenced as a means of facilitating stakeholder engagement to initiate mental health policies across sectors (Botezat et al., 2017).

Enablers

Strong conceptual base and shared mission

Enablers of generating meaningful conversations in these committees include a strong conceptual base (Canadian Mental Health Association, 2019; WHO Council on the Economics of Health for All, 2022), a shared understanding of mental health promotion and related concepts (such as the impact of social and structural determinants and inequities in society) and a shared mission across sectors. Using win-win strategies that identify co-benefits of working together is helpful (Kokkinen et al., 2019; Tamminen et al., 2017), as well as formally mapping the strategies, governance processes and the policy context in each sector to identify opportunities for shared goal achievement (Scottish Government, 2018; WHO, 2018). In England, the Prevention Concordat for Better Mental Health (Public Health England, 2017), helped to transform leadership within the health sector toward embracing mental health promotion values (Walker et al., 2019).

Negotiating the economic and social case for action

An innovatively analysed and clearly articulated economic case is recognised as being crucial in terms of: 1. the economic and social burden of poor mental health and mental health conditions that is shared among all sectors in society; and 2. the link between non-health sectors and well-being and equity outcomes. Economic modelling may be helpful in this regard (WHO, 2018). These economic arguments should be targeted to each sector in terms of their unique language, values and priorities, and framed to suit their context. There is evidence that using terms such as 'livability' or 'quality of life' may be more effective than using terms more familiar to the health sector (Kokkinen et al., 2019; Lilly et al., 2023) and monitoring how communication is perceived can be helpful to make necessary message framing adjustments (Corbin et al., 2018).

Leadership and commitment

Leadership and pan-government commitment to cross-sectoral collaboration were found as an essential enabler for implementation. A legislative mandate for intersectoral collaboration was found as a significant enabler to energise and compel ministries to form these collaborative structures. A mandate such as this could come in the form of a Public Health Act that specifically includes mental health and clearly defines roles, procedures and mental health promotion objectives of local, regional and national authorities that are intersectoral in nature (Botezat et al., 2017). This mandate could also apply to other laws addressing health such as workplace health and safety laws.

Vertical and horizontal implementation governance structures

Formal links between national and local activities, as well as alignment across departments at the national and local levels, are a critical element of the governance structure. Regional teams can be the intermediaries between local and national activities, as is done in England, to ensure consistency (Walker, 2019). Another approach employed in Scotland, is their existing Convention of Scottish Local Authorities who maximise alignment between government spheres in implementing the social inclusion strategy (Scottish Government, 2018). Additionally, these governance structures can be established within specific areas of policy implementation e.g., consolidating sectors to develop a housing policy that includes representation from social services, healthcare, employment and child welfare (Botezat et al., 2017). It is important to note the necessity of including monitoring and maintenance activities within implementation governance structures (Corbin et al., 2018; Zhou et al., 2018).

There were mixed findings for optimal organisational structures at the local level. Lilly et al. (2023) found that the positioning of a central unit might make it difficult to engage with sectors versus intersectoral committees that can develop strategic planning and coordinate health impact assessments. Local-level governance structures should include local authorities as well as community actors across sectors and across settings with opportunities for the public, particularly those with lived experience, to be involved (Lilly et al., 2023; Tamminen et al., 2017). NGOs were highlighted as being an untapped, but particularly cross-cutting lever and uniquely poised enabler of a whole-of-society approach (Cresswell-Smith, 2021). NGOs are reliant upon partnership working within local contexts and upon user involvement (particularly with vulnerable populations in society); their actions are within the very sectors that most influence the social determinants and include consultation with policy actors; their values include connectedness and empowerment; and they innately inspire engagement and approachability. For these reasons, NGOs are an ideal partner in implementing a MHiAP agenda (Cresswell-Smith, 2021). Regarding private sector engagement on the other hand, Scotland calls to develop a Ministerial Roundtable of private sector leaders to secure a partnership (Scottish Government, 2018). A balance of formal and informal roles and structures can be helpful, depending on the local context (Corbin et al., 2018) and pilot schemes may be helpful in finding innovative intersectoral solutions at the local level (Scottish Government, 2018). Additionally, welfare teams within municipalities can assure that local initiatives are indeed addressing the social determinants of health and can

coordinate reporting on these activities and other implementation activities at the local level. It is important to note that while there is willingness to address the social determinants of mental health at the local level, there is susceptibility for such actions to be outcompeted by a preference for lifestyle programmes or other local priorities or conflicting interests (Lilly et al., 2023). Policy process research and articulating shared goal attainment is key to addressing these challenges Mikkonen (2018). Finally, it is important to ensure a balance between local ownership, empowerment, autonomy on the one hand and national consistency and bureaucracy on the other (Connolly et al, 2020; Lilly et al., 2023).

Enablers

Using existing structures

Enablers of these governance structures include mapping existing structures and including mental health promotion responsibilities within them (Scottish Government, 2018; WHO, 2018). Having a shared value of the ecological nature of well-being was also found to appropriately guide leadership and management practices (e.g., being outcomes-focused versus output-focused) and open the door to reframing problems and finding innovative solutions (Connolly et al., 2020; Fitzpatrick and Hooker, 2017; Mantoura et al., 2017). Existing local structures and tools can be identified and improved, and local and regional planning and data collection tools developed by other countries can be duplicated to define cross-cutting priorities and enable integrated services, such as the UK's Fingertips platform and JSNA toolkit (Walker et al, 2019). Commitment to innovative research that facilitates interactive, real-time data to streamline and enhance integrated services and other collaborative processes is important in this regard (Canadian Mental Health Association, 2019; Ortenzi, 2022).

Mental health literacy, increased capacity and champions

Mental health literacy and increased capacity are also crucial at the national level and within the local ecosystem (Connolly, 2020; Ståhl, 2018). Local champions, policy entrepreneurs or knowledge brokers with comprehensive mental health literacy were found to be important at the local level (Lilly et al., 2023). In England, local authority mental health champions masterclasses encourage capacity building and decision-making that reflect mental health promotion values and their public mental health leadership and workforce development framework has been developed to increase the capacity of a wide range of sectors (Walker, 2019). Indeed, intersectoral mental health workforce development is an area for development and should adhere to evidence of best practice in order to be effective (e.g., consistency of terminology and delivery that reflects evolving values of well-being and equity and systems-thinking in terms of the social determinants of mental health) (Ortega-Vega et al., 2021). It should also be noted that the International Union for Health Promotion and Education (IUHPE) (2022) developed a set of mental health promotion competencies that built upon previous work that established competencies and professional standards for health promotion in Europe (Barry et al., 2012).

Enablers (Continued)

Mental health literacy, increased capacity and champions (Continued)

The IUHPE competencies framework highlights the importance of mental health promotion workforce and organisational capacity as being crucial to further the global Sustainable Development Goals (United Nations, 2015) and to address the current mental health crisis, and offers a framework to ensure that professionals have the necessary knowledge and skills to "advance mental health promotion policy, practice and research and support evidence-based action and training that will contribute to population health and well-being and reduce health inequities" (IUHPE, 2022; p. 1).

The literature suggests that implementation of mental health promotion strategies should be done at the local level where practitioners have an intimate knowledge of their own context, strengths and weaknesses (Lilly et al., 2023; Scottish Government, 2018; Walker et al., 2019). Local authorities, agencies within the community and private sectors, and first-contact administrators within local settings have a profound part to play in furthering MHiAP, and mental health literacy across these agencies and workforces is essential in this endeavour (Mantoura et al., 2017; Ståhl, 2018).

Structures to closely link research, policy, process and practice

Research is a key thread throughout all implementation structures and process and mechanisms for cross-sectoral collaboration. Research is needed to inform the following critical activities: 1. the development of real-time tools/digital platforms to coordinate provision of services in all sectors and implementation (including systems modelling); 2. identifying, replicating and scaling population-based interventions/programmes; 3. developing indicators that demonstrate the links and causal pathways between the social determinants, equity and mental health and well-being outcomes; 4. developing indicators that demonstrate strategy implementation and process success and identifying policy refinements and emerging priorities (i.e., evaluating the strategy); 5. creating more accurate and comprehensive reporting of expenditure on mental health; and 6. making an innovative, comprehensive economic case for sectors to address well-being within their remit (McDaid et al., 2017; OECD, 2021a). Each of these activities are key to gaining commitment from the highest authority and from sector actors at local and national levels and to ensure this commitment is genuine and sustained. Formal structures that link research, policy and practice are essential to optimise this synergy and a shared understanding across sectors (Connolly, 2020). Indeed, developing comprehensive and innovative indicators is a crucial part of planning, implementing, monitoring and evaluating a mental health promotion

strategy and in the engagement stages of policy development (McDaid et al., 2017). The Mental Health System Performance Benchmarking (OECD, 2021a) is a valuable tool for countries in this endeavour with 23 indicators that objectively and subjectively capture strategy performance and well-being dimensions such as person-centred care, service quality, integrated multi-sectoral actions, focus on prevention/promotion, leadership and governance, and the extent to which approaches are innovation/future-focused.

An additional avenue of research that was found throughout the literature is the need for policy process research. Since HiAP is highly contextualised and there is no simple, one-size-fits-all approach to intersectoral collaboration (Ortenzi, 2022; WHO, 2018), the ability to map the impact of political, economic, cultural, social and organisational contexts and use them to tailor approaches and to identify windows of opportunity, entry points and sustainability considerations is paramount. Policy process research that is underpinned by evidence-based theory, such as Kingdon's Multiple Streams Framework (1984), is key in this regard (Lilly et al., 2023; Mikkonen, 2018; Petek et al., 2017), as well as learning from other countries' experiences in implementing HiAP or other intersectoral initiatives in similar contexts (Ortenzi et al., 2022). Similarly, there is a call for improved dissemination and implementation science at the macro policy level (versus the current focus on the micro evidence-based practice [EBP] level) (Hoagwood et al., 2020). This type of upstream focus on the policy terrain can also help to account for the deeply contextualised nature of EBP. Formative studies in policy dissemination research and policy process implementation studies can help map the context, find windows of opportunity and entry-points, and identify *living* elements of the policy process (such as cross-sectoral values, beliefs, intentions and knowledge deficits and their mediators) that are crucial to building relationships and at all levels of policy development (including sector engagement) and practice.

Core team of MHiAP practitioners

A structure of experts dedicated to fulfilling the MHiAP mission and facilitating cross-sectoral collaboration is crucial. This dedicated workforce can be anchored within the health sector and should have passion and perseverance along with a well-rounded set of inter-related competencies including:

- Diplomacy and trust-building skills

- Interpersonal skills to open a dialog and communicate well-being and related concepts, beliefs and values effectively and in a targeted manner
- The ability to think ecologically and in terms of systems
- The ability to negotiate and demonstrate intersectoral co-benefits/shared aims, break boundaries between sectors and attend to underlying normative beliefs, values and tacit assumptions within systems
- Ability to navigate the evidence base and translate it in a targeted and accessible manner (and indeed to add to the evidence, particularly regarding policy process research)
- Ability to navigate the policy and political realm and find creative links and windows of opportunity and to influence political ideology. (Atkinson et al., 2020; Fitzpatrick and Hooker, 2017; Lilly et al, 2023; Mantoura et al., 2017; Ortenzi et al., 2022; Tamminen et al., 2017; WHO Regional Office for Europe, 2018).

There is a crucial need for a qualified mental health promotion workforce and a wider group of practitioners with the necessary suite of skills and competencies to undertake cross-sectoral partnership working. It is important to note that the evidence-based competencies for mental health promotion practitioners identified by the IUHPE (2022) and the evidence-based professional standards published by Barry et al. (2012) inform the curriculum for accredited health promotion education in Europe. The core activities of the health promoters are to enable, mediate and advocate, with a strong remit to build healthy policies, thus making them particularly suited to advancing the mental health promotion agenda and to ensure effective implementation of mental health promotion policies (WHO, 1986).

Enablers

Commitment to MHiAP and resources

The enablers for developing research-policy-practice structures and dedicated staff structures are the same enablers for overall MHiAP implementation. High-level commitment in the form of leadership (and championship), greater national attention to population well-being, and a long-term vision is crucial as well as a sustainable economic pledge and commitment of human resources and the development of their skills and competencies. These are needed not only to develop the workforce of health and non-health sectors and to build the evidence base and facilitate its translation into policy making and practice, but also to build the conceptual base for MHiAP, to enhance cultural readiness and introduce mental health and well-being concepts to sectors that are not engaged, and to improve mental health literacy.

2. Formal mental health promotion implementation processes

Two key processes were identified including mental health and well-being impact assessments and formal joint collaborations. These processes will be discussed below along with key enablers of each.

Mental health and well-being impact assessments

Official reporting on mental health and well-being impacts formalises processes and compels larger projects to include well-being implications in their development, solidifying the intersectoral approach while simultaneously bringing population well-being to the fore. Finland's use of these assessments was highlighted as a key component of their HiAP success (Ståhl, 2018) and Mental Well-being Impact Assessments were highlighted as an important framework to comprehensively understand the impacts of policy changes on mental health both quantitatively and from the perspective of those who are affected by the policies (Lilly et al., 2023; Senior et al., 2020). Additionally, well-being outcomes that capture the social determinants of mental health can be incorporated into existing processes and national surveillance initiatives such as Québec Canada's Positive Mental Health Surveillance Indicator Framework (Botezat et al., 2017). Including national indicators that capture population well-being as a barometer of country progress is key to keeping decision-makers across sectors focused on the implications of their policies and priorities on population well-being (and communicating a sense of urgency in addressing these well-being impacts), while creating a sense of shared societal value and a shift in societal norms that starts at the national level (Lilly et al., 2023; Walker, 2019; WHO Council on the Economics of Health for All, 2022). Furthermore, the WHO Council on the Economics of Health for All (2022) highlights the importance of fiscal policy levers to build equitable financial architectures and eliminate financial obstacles that restrict access to health services (e.g., broadening the tax base, introducing taxation that is more progressive, increasing financial literacy, enhancing financial inclusion, strengthening public-sector capacity)

Enablers

Implementation structures

The structures offered in the preceding section are all enablers of embedding formal mental health and well-being assessments into policymaking, implementation and practice. Particularly, research-policy-practice structures can aid in the development of these well-being assessments and to find innovative ways to incorporate well-being indicators into existing procedures to enhance business as usual. Additionally, a skilled workforce with mental health literacy and a co-design process will optimise implementation and adherence to these procedures. Finally, legislative obligations can formally require the use of these assessments across sectors.

Formal joint collaborations

Concrete collaboration mechanisms were found to be important in order to formalise cross-sectoral collaboration for successful implementation and to avoid fragmentation of mental health promotion actions (McDaid et al., 2017). Formal procedures will ensure a methodical, unfragmented approach that will optimise success while ensuring objectives are met, and these processes can be formally embedded within the oversight and reporting responsibilities of the vertical and horizontal governance structures mentioned above. Joint budgeting processes and formal incentives for cross-sector collaboration at all levels of policy development and implementation (including planning and evaluation) and practice, are examples of formal joint collaboration mechanisms (Mikkonen, 2018). Regarding national funding, additional and significant allocations for advancement of MHiAP were called for (Canadian Mental Health Association, 2018). The health sector will need additional funding to champion MHiAP efforts, but the social services sector was also singled out. One study found that increased expenditure on social services relative to healthcare expenditure might be associated with better mental health outcomes likely due to the fact that social spending more directly addresses the social determinants of health (Park et al., 2020). This can be an important factor when allocating budgets as policies with a social aim could serve to improve their own priority outcomes along with population well-being outcomes, which is an example of the power of joined-up collaborations in securing much needed funding.

Enablers

Research, shared understanding and high-level leadership

Innovative research is a key enabler of developing formal collaboration mechanisms, but adherence is mitigated by a cohesive understanding of mental health promotion and related concepts at the government and local levels (Canadian Mental Health Association, 2019) along with high-level leadership/mandate. The former could be enhanced by developing policy briefs or background papers for policymakers (Mikkonen, 2018) and increasing their capacity to improve policy processes, particularly collaborative ones, and engage in meaningful decision-making from the level of policy development (McDaid et al., 2017).

Stronger policy development underpinned by systems-thinking

Implementation can be enhanced from the start by careful joined-up policy development (McDaid et al., 2017; Zhou et al., 2018) and predictive dynamic system models and simulations can be an invaluable tool to capture the complex, ecological (i.e., the non-linear and meta-rational) nature of MHiAP and enhance policy planning, implementation and evaluation (Atkinson et al., 2020). These types of approaches to research and planning are common outside the health sector and it would be fitting to incorporate the techniques of other sectors to enhance cross-sectoral collaboration (Ortenzi et al., 2022). Systems approaches have been used within the health sector in some countries. In England, Rutter et al. (2017)'s complex systems approach is informing the work of PHE (Walker et al., 2019), and in Australia a systems approach is being trialed as part of a proposed Suicide Prevention Framework to improve coordination and integration of existing services (Fitzpatrick and Hooker, 2017; Turner et al., 2021).

Champions, mental health literacy and momentum

The presence of a local champion was found to be helpful in encouraging genuine adoption of formal collaboration mechanisms (Connolly, 2020; Lilly et al., 2023). It was noted that certain sectors are familiar with working in partnership with one another (e.g., school-based health promotion), and there is a champion role for these sectors as well (McDaid et al., 2017). An additional enabler is mental health literacy, including related concepts, at national and local levels and within policy and practice realms. Additionally, as politicians can be motivated by public opinion, mental health literacy across the public and raising awareness of mental health and its protective factors (including equity) throughout society is an important enabler (OECD, 2021c). Indeed, an active and engaged civil society, public pressure and media support and involvement were found to be enablers of MHiAP efforts (WHO Regional Office for Europe, 2018). awareness and stigma-reduction campaigns (Canadian Mental Health Association, 2019). Finally, it is important to use lessons learned from circumstances that have inadvertently begun a paradigm shift, bringing population-level mental health to the fore. The pandemic was a whole-of-society crisis met with an overnight whole-of-society response (OECD, 2021b; Ortenzi, 2022, WHO Council on the Economics of Health for All, 2022) and the workplace is a diffuse setting and fractal of a whole-of-society approach (OECD, 2021c). Not only are there valuable insights to be gained in these experiences but they can be used to create momentum to further the MHiAP agenda. Finally, identifying quick wins, prioritising actions that will lead to the biggest impact on mental health (e.g., addressing unemployment), and building on the success of sectors who are already familiar with joined up working (such as ministries for Children and Young People and Education)

Enablers (Continued)

Champions, mental health literacy and momentum (Continued)
can provide much needed momentum for cross-sectoral collaboration along with positioning a country's MHiAP mission within the global context (e.g., linking country actions to Goal 3 of the Sustainable Development Goals which focusses on mental health) (WHO, 2018).

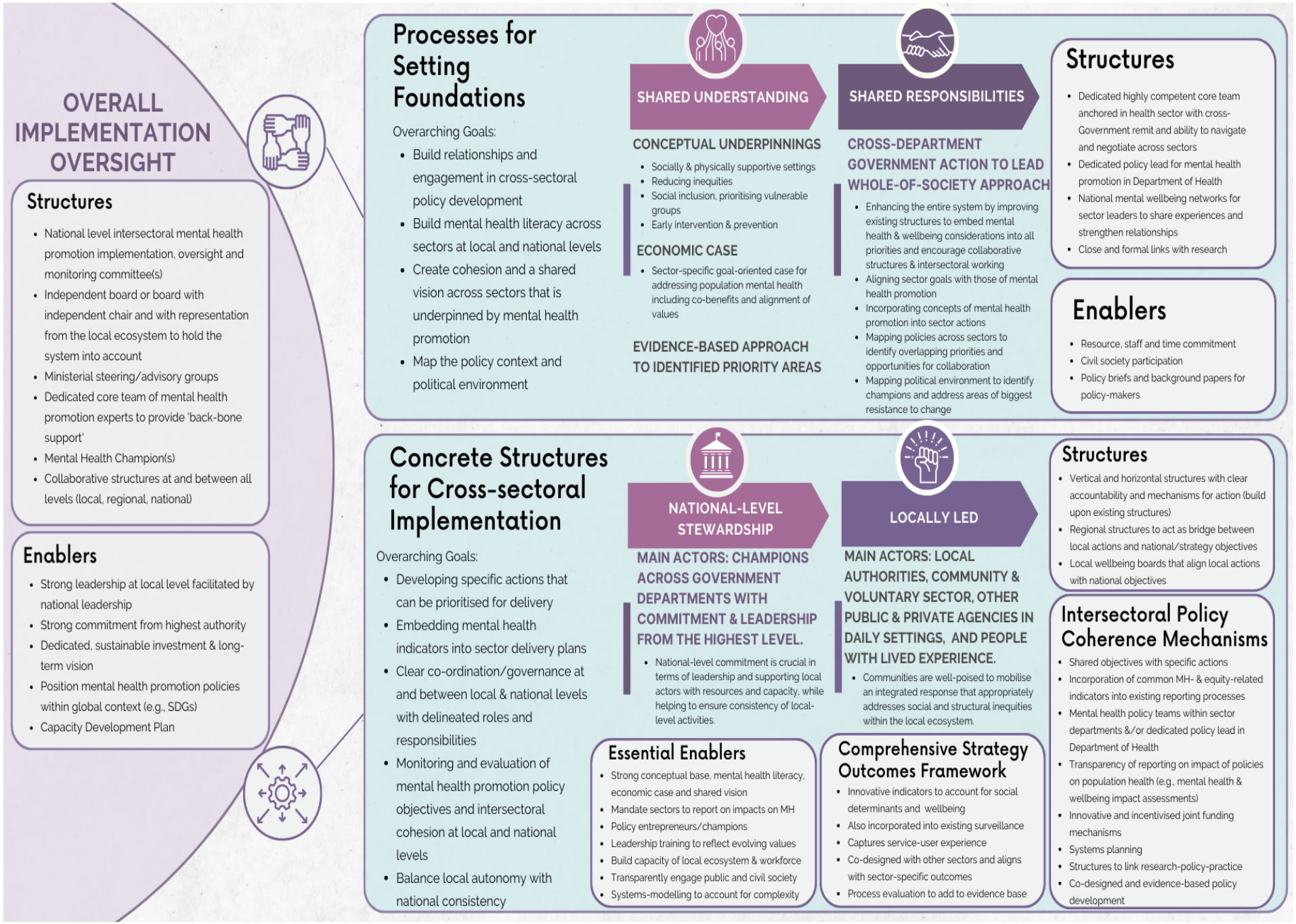
Sharing resources and challenging responsibilities with other countries
On a larger scale, formal collaborations between Ireland and Northern Ireland could help to strengthen implementation success, secure additional and more sustainable funding, and develop national well-being indicators that can be used in both countries (Andersson, 2022). For example, the countries can share physical infrastructure and facilities as well as formal collaboration between mental health services along border counties. Northern Ireland has appointed a Mental Health Champion to further the mental health agenda across government policymakers, local ecosystems and the public sphere; Ireland could potentially appoint a counterpart role. Regarding sustainable funding, a formal collaborative effort could make both countries eligible for additional EU cross-border funding streams. Finally, research is highlighted as a key player in advancing a MHiAP agenda, and there are opportunities to share responsibilities in generating the challenging process and practice research required to optimise implementation and to share the formidable task of developing national well-being indicators (Andersson, 2022).

Additional considerations

While it is crucial for a mental health promotion policy to include a roadmap of implementation with consideration of responsibilities and resources (this is discussed in Chapter 3), an implementation action plan can be developed *after* the development of the mental health promotion policy itself as a priority action (such as in Scotland's social inclusion strategy) (Scottish Government, 2018). It is also important to consider the implications of policy implementation and ensure that policies don't inadvertently cause harm particularly to vulnerable in society who have higher difficulty navigating complex systems, such as people with poor mental health or mental health conditions, or whose mental and social well-being are directly impacted by welfare and other policies, such as immigrants (Juárez et al., 2020; Senior et al, 2020).

The illustration in Figure 4.2, on the following page, was developed by the authors to supplement this Discussion. It attempts to consolidate and synthesise the information found in the desktop review, the roundtable discussions (Chapter 3) and the scoping review (Chapter 4) and offers it in a helpful visual format.

Figure 4.2 Illustration of review findings, authors' compilation



Study Limitations

While this scoping review aimed to offer a comprehensive account of the peer-reviewed and grey literature, there were several limitations to the study. A short project timeframe necessitated a certain amount of brevity, thus the scope and focus of the studies included were quite specific to mental health promotion at the country level. There are good examples in the literature of intersectoral collaboration in other areas of health, such as in addressing non-communicable diseases and infectious diseases, and there may be useful insights relevant to mental health promotion efforts. Additionally, collaboration for global mental health was briefly touched on here but may likewise have insights for country-level implementation. Finally, there were examples in the literature of sector-specific cross-sectoral action (such as a particular project for children and young people or a particular initiative to address family violence) and these insights may be important during implementation of specific actions within the Mental Health Promotion Plan. This study aimed to identify formal processes and concrete structures for mental health promotion policy implementation and mechanisms for cross-sectoral action, however, due to the paucity of relevant literature, many areas of implementation were explored and insights were consolidated; future policy process research will identify whether these consolidated processes, structures and mechanisms are adequately unified in practice.

Conclusion

Mental health promotion is a multidisciplinary practice that aims to strengthen protective factors for mental health and promote social and emotional well-being with particular emphasis on creating supportive environments and reducing inequities at the population level (Barry et al, 2019). Good mental health is crucial for health, social functioning and well-being at both the individual and societal level and for social and economic development. Supportive physical and social environments are created across the settings in society where people live, work, learn, play and age (WHO, 1986). Protective factors for mental health and well-being (such as equity, income security, living environments, access to services, education, and social inclusion) are also shaped by policies and actions in all sectors (Barry et al., 2019). The responsibility for good mental health across the whole population is thus shared by the whole-of-society and the whole-of-government.

In turn, good mental health contributes to a flourishing society, and to improved functioning across academic, social and employment areas, thereby contributing to social and economic prosperity. In other words, **there is a good economic case for investing in promoting positive mental health at a population level.** Additionally, there are significant economic and social benefits to reducing mental ill-health and its severity across the population. The economic costs of mental ill-health are shared across sectors with the OECD estimating direct and indirect costs of over 4% of GDP in European countries (OECD, 2021a). The direct costs of mental ill-health on various sectors is substantial and funding and activities in non-health sectors are significantly affected by poor mental health (e.g., indirect costs such as social security programmes, labour market participation and productivity, disability benefits etc.). This shared economic cost necessitates shared solutions, and articulating this concept to form a shared understanding is a major initiator of intersectoral collaboration along with thoroughly mapping the political and social context. Establishing this foundational base is relationship-building and contextual in nature making it difficult to systematise, however, some level of formal approach is crucial to success and to laying down a solid base from which to generate more concrete implementation structures that will be genuinely accepted and adhered to in cross-sectoral implementation.

While it is tempting to overlook or side-step the task of setting the foundations due to its more informal nature, it is crucial to formally establish these foundations (i.e., formal structures and processes) for successful intersectoral policy implementation. This will take substantial commitment in the form of leadership, resources and time. Strengthening policy process/implementation research can help to enhance systematisation of relationship-building and context-mapping efforts and dedicating a core structure/team of MHiAP experts and thoroughly optimising their expertise, skills and competencies is crucial to establishing these foundations across sectors. A cadre of mental health promotion specialists and practitioners across sectors will also need enhanced training and appropriate upskilling in-line with mental health promotion competencies. Additionally, energy is a resource in these foundational stages and identifying policy entrepreneurs and influential actors and formally appointing them as champions is important, in addition to commitment at the highest level of authority. These are crucial to securing engagement from the initial stages of policy development.

Fortified with a solid conceptual base (including targeted economic and social arguments), a shared mission and a comprehensive understanding of MHiAP concepts, concrete

implementation structures are primed for optimal success. Necessary **structures** include national intersectoral committees (that are active, led by high-level actors and include members from the public, private and third sectors) to provide implementation oversight while ensuring ownership at all levels; formal vertical and horizontal governance structures that ensure synergy across and between national, regional and local ecosystems (while maintaining a level of autonomy at the crucial local level); structures that closely link research, policy, process and practice; and dedicating a structure within the health sector with a remit across sectors.

Necessary **processes** include embedding mental health and well-being assessments into policy development, implementation and evaluation, and incorporating innovative indicators that capture the ecological nature of well-being into existing surveillance initiatives, as well as formal joint collaboration processes (e.g., joint budgeting and strategy development) that can be embedded within implementation governance structures.

These concrete structures and formal processes must be supported with leadership, commitment (perhaps in the form of a mandate), significant funding and resource allocation, strengthening of the research base and knowledge translation, mental health literacy and increased capacity at policy and local ecosystem levels, and stronger policy development underpinned by systems-thinking. These enablers will form their roots within the aforementioned crucial foundational base-setting phase. Additionally, these structures and processes do not have to be developed from scratch - using existing processes within the system, duplicating efforts in other countries and using international evidence-based tools such as the OECD's Mental Health System Performance Benchmark can help to initiate these processes. There are also opportunities to share resources and gain EU cross-border funding by collaborating with other countries. With all countries experiencing similar challenges in MHiAP implementation there is potential for a 'wellness without borders approach' and opportunities for sharing challenging responsibilities such as developing well-being indicators and generating the innovative research required to demonstrate the causal pathways between well-being and the social determinants of health.

Finally, it is important to seize momentum. Ireland is unique in that it has a relatively stable political climate. Additionally, the recent Well-being Framework, supported by the Department of the Taoiseach (2021), provides an overarching policy structure through which

a cross-government and cross-sectoral approach to population mental health could be advanced. This, coupled with the pioneering dedication to developing a National Mental Health Promotion Plan, is a major milestone in the evolution of the country's health and well-being policy, placing Ireland as a world leader in developing the MHiAP agenda.

Table 4.3 – Scoping Review of Peer-reviewed Literature: Evidence Table of Results			
Authors, Date of Publication and Title of Study	**Brief Description of Study**	**Key Findings**	
		Implementation Structures/ Processes	**Implementation Enablers**
Kokkinen, Freiler, Muntaner & Shankardass (2019) *How and why do win–win strategies work in engaging policy-makers to implement Health in All Policies? A multiple-case study of six state- and national-level governments* **Policy Implementation Insights: Cross-sectoral Mechanisms (Implementing HiAP - Engaging Policy-makers)**	In this cross-case study of six state- and national-level governments (California, Ecuador, Finland, Norway, Scotland and Thailand), hypotheses were tested about win–win strategies for engaging policy-makers in HiAP implementation, drawing on components identified in previous systems framework. Two sources of data were employed - key informant interviews and peer-reviewed and grey literature. Using a protocol, context–mechanism–outcome pattern configurations were created to articulate mechanisms that explain how win-win strategies work and fail in different contexts. The evidence for all cases was then applied to the systems framework.	Win-win strategies (as opposed to win-lose or zero-sum game strategies) are most successful and mechanisms to facilitate these strategies include development of shared language to facilitate communication between sectors, embedding multiple outcomes, incentivizing adoption of public health objectives across policy sectors. Systems theory is often used in policy studies to provide advice about engaging in policy-making. Authors examined HiAP implementation through three subsystems (executive, intersectoral, intrasectoral) and eight system components (policy agenda, expert advisors, HiAP management, high-ranking civil servants, sectoral objectives, sectoral ideology, workforce capacity for intersectoral action and workforce HiAP awareness).	Study found robust evidence for two mechanisms about how and why win-win strategies build partnerships for HiAP implementation, namely the use of shared language and the value of multiple outcomes. - Shared language: modify the health-sector terminology sectors (e.g., health and equity) and pro-HiAP arguments to engage with the language of the audience (this avoided misinterpretation or conflicts with values in other (i.e., "'dehealthifying' language" [p. 9] helps non-health sectors see how HiAP can support their own objectives to gain buy-in; success in explaining health inequities was also found by avoiding the WHO definition of health and using 'quality of life' instead of 'health') - Sectoral objectives: HiAP implementation is strongly influenced by how they situate into a government system, and by the fact that each sector has their own objectives which provide incentives for policy-makers to engage with particular actions (e.g., when national

			mental health strategies invite other sectors to incorporate their own expertise and goals into the development process) Less evidence (despite hypothesis) for sectoral ideology and public health argument mechanisms playing a role in HiAP.
Ståhl (2018) *Health in All Policies: From rhetoric to implementation and evaluation – the Finnish experience* **Policy Implementation Insights: Cross-sectoral Mechanisms (Implementing HiAP)**	The paper discusses the history, rationale, and implementation of the principles underlying the umbrella concept of HiAP in Finland, where the roots of HiAP go back to 1972. The paper offers examples of successful implementation in Finland along with international supports that were key to the country's successes.	A HiAP approach played a major role in the Finnish presidency of the EU in 2006 (ensuring commitment and enthusiasm from the highest office and making health more visible on the political agenda) furthermore, their Prime Minister chaired the Economic Council of Finland which launched a working group focused on health policy. This offered crucial momentum along with Helsinki hosting the conference in 2013). Implementation <u>structures</u>: - The Ministry of Social Affairs and Health has an Advisory Board on Public Health (comprising mandated representatives from most ministries, universities, NGOs & trade unions) with sub-committees - Horizontal intersectoral committees led by non-health sectors that meet regularly - Meetings of the Permanent Secretaries are horizontal mechanisms where health issues are discussed - The EU coordination system formulates Finland's positions on EU matters and is a systemic platform for civil servants from different ministries	The study refers to the HiAP Framework for Country Action, and highlights the need for a situational analysis to prioritise actions within specific contexts. Additional enablers included: - High-level political will and commitment drawn from a shared understanding of well-being - Long-term commitment and vision - People and expertise with resources - Innovative data - Good health literacy across society - Systematic, permanent structures and processes The Health Care Act, 2010, mandated five tasks for local authorities to report on HiAP Nationally, needs assessments and priority setting were operationalized through cross-sectoral policies.

		to engage in wider intersectoral conversations Implementation processes: - Consultations on draft legislations that involves ministries, NGOs, trade unions, researchers, the private sector and municipalities and input from citizens - Collaborative processes in developing intersectoral implementation roadmap and sector-specific action plans - Health impact assessments (HIAs) are mandatory with guidelines developed by the Ministry of Justice Evaluation at the local level: - The extent to which municipalities have implemented the tasks set out in the Health Care Act are evaluated - The Benchmarking System for Health Promotion Capacity Building tool.	
Ortenzi, Marten, Valentine, Kwamie & Rasanathan (2022) *Whole of government and whole of society approaches: call for further research to improve population health and health equity* **Policy Implementation Insights: Cross-sectoral Mechanisms (Evidence-based approaches to cross-sectoral collaboration)**	Countries' responses to COVID-19 exemplify the relevance of Whole of government (WoG) and Whole of society (WoS) approaches, as a means of bringing together different actors to address complex challenges and achieve interrelated goals - essential in the Sustainable Development Goals (SDGs) era.	Enhancing conceptual clarity on WoG and WoS requires the establishment and consolidation of long-term learning, engaging both policymakers and researchers in jointly developing common language. The application of systems-thinking theory and methods is fundamental in this process.	2019 Global Status Report on Health in All Policies (HiAP) key findings are: (1) the lack of governance mechanisms and structures for successful implementation (2) the importance of dedicated resources for HiAP activities (3) the recognition that there is no one-size-fits-all HiAP approach (4) the acknowledgement that health policymakers sometimes lack negotiation and diplomacy skills to collaborate with non-health sectors. WoG studies stress the importance of effective communication among actors and of a shared

			understanding on priorities and objectives and ensuring co-benefits. Barriers to implementation of WoS approaches include lack of coordination among stakeholders, confusion on roles and responsibilities, low levels of engagement from actors whose agendas are not aligned; lack of a common language for information sharing; and little recognition of health and human development as drivers of innovation and economic growth. Tools and platforms for real-time data sharing and analysis are neeced to optimise coordinated decision-making and action, and recognising the added value of WoS approach Policy and implementation research is crucial to reveal and address barriers as is evaluating countries' experiences. Institutional and administrative changes, as well as knowledge and capacity building is needed to advance WoG/WoS strategies.
Corbin, Jones & Barry (2018) *What makes intersectoral partnerships for health promotion work? A review of the international literature* **Policy Implementation Insights: Cross-sectoral Mechanisms**	A HiAP approach requires creating and sustaining intersectoral partnerships for promoting population health. This scoping review of the international literature on partnership functioning provides a narrative synthesis of findings related to processes that support and inhibit	N/A	Nine core elements were identified that constitute positive partnership processes that can inform best practices: (i) develop a shared mission aligned to the partners' individual or institutional goals (ii) include a broad range of participation from diverse

(Evidence-based approaches to cross-sectoral collaboration)	health promotion partnership functioning. Searching a range of databases, the review includes 26 studies and used the Bergen Model of Collaborative Functioning as a theoretical framework for analyzing the findings.		partners and a balance of human and financial resources (iii) incorporate leadership that inspires trust, confidence and inclusiveness (iv) monitor how communication is perceived by partners and adjust accordingly (v) balance formal and informal roles/structures depending upon mission (vi) build trust between partners from the beginning and for the duration of the partnership (vii) ensure balance between maintenance and production activities (viii) consider the impact of political, economic, cultural, social and organizational contexts (ix) evaluate partnerships for continuous improvement.
Senior, Caan & Gamsu (2020) *Welfare and well-being: towards mental health-promoting welfare systems* **Policy Implementation Insights: Policy Implementation Considerations**	By protecting vulnerable people from poverty and debt, welfare systems can be powerful tools for promoting mental health. However, the details of how welfare systems are implemented determine whether they also cause harm. This paper reviews the evidence and principles that might guide the development of mental health-promoting welfare systems. By providing a financial safety net, welfare systems can have a powerful protective effect on population mental health.	Eligibility assessments/ conditional welfare regimes are a source of considerable stress and anxiety. Illness-related payments should not directly or indirectly discriminate against mental ill-health (versus physical illness). Simplified systems or easements for those in a mental health crisis and health literacy of assessors alleviates distress in navigating. Unconditional payments and universal basic income pilot (e.g., Canada) can benefit mental health and MHiAP approach (e.g., Mental Well-being Impact Assessment)	Given the close links between poverty, debt and mental illness, the welfare system should be a focus of attention for policymakers who wish to improve population mental health.

Juárez et al., 2019 *Effects of non-health-targeted policies on migrant health: a systematic review and meta-analysis* **Policy Implementation Insights: Policy Implementation Considerations**	Systematic Review and meta-analysis of the effects of non-health-targeted policies on migrant health. 46 articles included in systematic review. 19 articles included in meta-analysis. Mostly low or very low certainty due to high risks of bias in most studies. High heterogeneity in comparators, health outcomes, country contexts and study designs. Overall, review reveals that non-health-targeted policies contribute to the production of health inequalities among migrants and can affect migrant health, supporting the importance of not only adopting a Health in All Policies paradigm, but ultimately embracing a human-rights framework that draws attention to the rights of migrants under the international law.	Restrictive entry policies (temporary protection, detention and restricted asylum reception) are associated with poor mental health outcomes (SMD: 0.44, 95% CI). Increased risks of poor mental health with strict documentation requirements were mirrored by the protective effects of generous documentation policy. Two studies suggested that restricting health-care access was correlated with increased societal health expenditures/ acute admissions More restrictive policies across three categories in the integration stage of migration (general integration, welfare, and documentation policies) were associated with increased odds of poor self-rated health (OR 1.67, 95% CI 1.35–1.98). Odds of poor self-rated health were increased among migrants in assimilationist and exclusionist contexts relative to inclusive contexts (low risk of bias studies). Decreased risk of all-cause mortality in assimilationist contexts and among women specifically. Migrant mortality risks were elevated by more restrictive general policy approaches, especially exclusionist settings. Welfare restrictions associated with increased infant mortality (low risk of bias study) and a robust Italian study on documentation policy granting legal rights to previously	Subcategories of integration policies were found to have mixed effects on mental health (inadequate data for meta-analysis). Findings showed all migrants had worse health than natives with the greatest mental health gap in exclusionist contexts, followed by assimilationist, and finally, inclusive contexts (as per the MIPEX score). Protective documentation policy was shown to safeguard undocumented migrants against poor mental health in robust and weak studies and showed mixed results for mental effects of restrictive documentation polices in moderate and high-risk of bias studies.

		undocumented women decreased odds of low birthweight in their children.	
Walker, Stansfield, Makurah, Garnham, Robson, Lugton, Hey & Henderson (2019) *Delivering national public mental health-experience from England* **Policy Implementation Insights: Learning from Country Experiences**	A technical paper outlining the general approach Public Health England (PHE) has taken in delivering national work in public mental health (PMH) and describes several key areas of work: children and young people, suicide prevention, workplace and workforce, strategic engagement with stakeholders, data and information and evidence synthesis.	Local authorities well-placed to address risk factors such as alcohol and drug misuse and spans efforts to address wider determinants of health such as employment and housing. PHE regional teams and their relationships with local systems is crucial to complement what the national team achieves. The voluntary and community sector has been a strong partner, helping the programme to be person and community-centred. PHE working with UCL Institute of Health Equity to map the causal pathway from social inequalities to health outcomes by recognising the role of psychosocial factors and mental well-being. Mental Health policy teams in Department of Education. Coalition Government's 'What Works' Centre for well-being (p.118) that reports on the impact on well-being in various sectors such as housing, unemployment and job quality, communities, sport and dance etc. Public Health Outcomes Framework: suicide rates, hospital admissions for self-harm, premature mortality, employment amongst people with mental illness, subjective well-being, quality of life of older people, workplace sickness absence, school readiness etc.	Prevention Concordat: prevention-focused leadership and cross-sector approach adopting evidence from outside the traditional mental health sectors, including action on wider determinants. Complex systems approach (Rutter et al., 2017) is informing their work and system leadership to encourage local authorities to take responsibility through developing multi agency partnerships, audits and plans. JSNA toolkit to make it easier for local areas to assess the local mental health needs of their populations. Local authority mental health champions masterclasses to grow prevention-focussed political leaders. PMH leadership and workforce development framework for a wide range of sectors. However, training programmes are broad, and more work must be done to refine messaging across sectors and specific workforces. Mental health toolkit for workplaces. Many governments across the globe are now measuring the well-being of their populations as a barometer of social progress and development.

		"Fingertips platform" (p.117) of evidence- and expert-based interactive data profiles to inform care pathways at local level.	Further work is needed to develop a shared understanding of a more comprehensive set of PMH outcomes with partners. Work with specialist professionals to develop flexible data profiling tools and rich data sets.
Connolly, Reid, Knoll, Halliday & Windsor (2020) *The sustainability of knowledge brokerage of the mental health improvement outcomes framework in Scotland: a follow-up analysis* **Policy Implementation Enablers: Cross-sectoral Commitment**	Qualitative study of enablers and barriers in getting local players (within partnership contexts) to sustainably adopt and adhere to National evidence-based outcomes and guidance frameworks.	N/A	The involvement of local areas in the further development of the Mental Health Improvement Outcomes Framework (MHIOF) may improve its future utilisation. Capacity building is needed to improve 'policy processes' Enablers: local champion; drawing together 'evidence producers' and 'evidence users' to maximise opportunities for synergies between knowledge and practice; balance empowerment strategies (autonomy within sectors and contexts) with consistency – supportive governance styles play a key role here. Barriers: lack of cultural readiness at an organisational level, to adopt meaningful outcome-based approaches and the persistence of output-focused, rather than outcome-based management cultures.
Ortega-Vega, Attoe, Iannelli, Saunders & Cross (2021)	This scoping review aimed to summarise the characteristics of public mental health training available in England, presenting key quality criteria for this training	Audience: training courses were mostly targeted to workplace employees and staff, young people and students, specialist staff (e.g., healthcare and	Development of Public Mental Health Quality Marker Checklist: • Multi-method approach informed by Making Every Contact County training tools and guided by key

Current perspectives on public mental health training provision: a scoping review **Policy Implementation Enablers: Mental Health Workforce Development**	and identifying gaps in training provision. The study also included focus groups and online surveys with experts, and other stakeholders including service users.	social care staff), and the general public. Topics: mental health literacy, recognising stress, self-care and resilience-building, recognising and promoting well-being in others. No significant gaps in current training provision identified, however the following themes need further development: • Population-level content (e.g., health inequalities, social, cultural and spiritual perspectives must remain current) • Logistics and methods of existing training delivery (community-based training that harnesses community assets, peer-support etc.) • Perspective and ethos of trainers and training courses (health promotion vs. illness-management, person-centred/individual context) • Consistency of terminology relating to public health (shared understanding) • Systems with significant societal impact and populations of people that may require increased training provision (e.g., schools, criminal justice system, social care, workplace).	stakeholder and service user feedback. • Four quality principles: o Training approach (experiential, holistic, prevention-/promotion-focussed, appropriate training design) o Educational content and delivery (normalisation of mental health and well-being, applicable to learner, resources beyond training period, standardisation of training experience, include lived-experience or stakeholder-perspective component) o Trainer and/or developer attributes (excellent facilitation skills and qualifications, standardisation of attributes) o Evaluation (impact measurement at different checkpoints, assessment of stakeholders, diverse impact measures, independent training evaluation).
Tamminen, Solin, Barry, Kannas & Kettunen (2022) *Intersectoral partnerships and competencies for mental health promotion: a Delphi-based qualitative study in Finland*	Qualitative study examining how intersectoral collaboration and partnership work are constructed and adopted in mental health promotion practice. Descriptive data from a Delphi panel of mental health promotion practitioners working in the health sector	N/A	Applying the theory of collaborative advantage, eight overlapping and interconnected themes of collaboration advantage and the related competencies were identified: - Management structure ('breaking boundaries' [p. 6] in other sectors

Policy Implementation Enablers: Mental Health Workforce Development (Competencies for Inter-sectoral Action)	(n=32) were used as a data source for thematic analysis. The study aims to capture, from the perspective of practitioners working in mental health promotion in the health sector, the competencies required to work with others and facilitate effective partnerships across sectors to improve the mental health and well-being of individuals and communities.		is crucial as well as membership of service users, NGOs etc.) - Leadership at all levels - Communication and language (good interpersonal skills to advance the mental health promotion message; advocacy; social marketing) - Common aims (common language essential for shared understanding/ vision at both policy-making and practical levels) - Active working processes (occasional working group meetings are not enough, shared planning, objectives and funding can result in true collaboration) - Resources - Trust (meaningful conversations to build relationships) - Commitment and determination (identify win-win situations to gain real commitment and create a positive atmosphere where all stakeholder desire progress). Capacity building and workforce development is needed to strengthen these competencies to facilitate effective partnerships across sectors.
Cresswell-Smith, Macintyre &Wahlbeck (2021) *Untapped potential? Action by non-governmental organisations on the social determinants of*	An integrated review (iterative method) of relevant literature on NGO actions on key social determinants of mental health (deliberately outside of mental health services): family; friends and communities; education and	N/A	NGOs are in a unique position in society to shape policy and affect the social determinants of mental health (e.g., their approachability, flexibility, partnership working and user involvement particularly

mental health in high-income countries: an integrative review **Policy Implementation Enablers: NGO Engagement**	skills; good work; money and resources; housing; and surroundings and underscores the significant untapped potential of civil society to contribute to the Mental Health in All Policies (MHiAP) agenda.		in relation to hard-to-reach groups). The way in which NGOs approach support may be one reason behind their success (e.g., offering less formal support in comparison to statutory services, reducing barriers and nurturing unique connections). Freedom to tailor activities to reflect local circumstances and employing participatory processes, may also contribute to unique connections (balance between autonomy and government buy-in). NGOs inspire civil engagement and empower individuals with lived experience. People working in mental health NGOs have been found to show more positive attitudes towards people with mental health problems compared with those working within statutory services which may potentially have a reciprocal effect. Potential for NGO collaboration in education and work settings and have influence on policy development/civil society. Review found NGOs may not have enough resources to accurately report on their impact on social determinants and need academic/research support to showcase their actions.

Park, Han, Torabi & Forget (2020) *Managing mental health: why we need to redress the balance between healthcare spending and social spending* **Implementation Enablers: Government Funding and Resource Mechanisms**	This paper estimates the association between patterns of government spending (the variation in the absolute and relative amounts that high-income countries spend) and population mental health to determine whether increased expenditure on social services relative to healthcare expenditure might be associated with better mental health outcomes.	The social determinants of health have a particularly great effect on the number and severity of mental health disorders, and social spending more directly addresses the social determinants of health than does spending on healthcare.	Dependent variable: ICD-10 F00-F99 (crude mortality due to mental and behavioural disorders) Independent variables (OECD data): • Social expenditure as a proportion of GDP • Healthcare expenditure as a proportion of GDP • The ratio of social to healthcare expenditure • Six models were used and all controlled for age, gender, log GDP per capita and the unemployment rate, and included country effects and year effects • $p<0.05$ was used to determine significance Healthcare spending alone is not significantly associated with death rates due to mental and behavioural disorders, but higher levels of social spending are significantly associated with better mental health in the population, as is a higher ratio of social spending to healthcare spending. Higher social spending, when controlling for the level of healthcare spending per capita, is significantly associated with lower mortality rates Limitations: • Consistent under-reporting in deaths due to mental health and difficulties with classification and coding can add to this.

			• Only mental health issues that are severe enough to result in fatalities are accounted for. • All welfare transfer payments were grouped under 'social spending' - future analysis could investigate whether other forms of social spending (e.g., education) could have an even greater effect.
Lilly, Kean, Hallett, Robinson & Selvey (2023) *Factors of the policy process influencing Health in All Policies in local government: A scoping review* **Policy Implementation Enablers: Successful Policy Development (Policy Making Process)**	This review, of 64 sources, aimed to identify factors in the policymaking environment that influence a Health in all Policies approach in local government, how these vary across different municipal contexts, and the extent that theories of the policy process are applied. There is a need to update theories of policy process to capture 'messiness and interrelatedness of the complexity' (p. 2) of the factors influencing the policy process (e.g., political environments, LG contexts, policy actor beliefs and interests, public opinions, events, political ideologies and power etc.). The Multiple Streams Framework was the most commonly applied theoretical framework.	Local Governments (LG) are universally the closest tier of government to the community, able to engage and connect with the public and create collaborative opportunities between different sectors. Therefore, LG are deemed the most feasible tier of government to address health determinants across a range of policy areas.	Sixteen factors identified as influencing the policy process: Understanding and framing of health Cross-sector relationships Evidence (local data was reported as more important than academic research) Level of policy priority Funding Leadership and political commitment (at local level and higher tiers) Champions and policy entrepreneurs Framing (use of other concepts to convey social determinants such as 'liveability' or 'well-being' rather than 'health') Role of community Role of legislation (with autonomy at the local level) Staff capacity and expertise Use of tools (e.g., HIA) (commitment, training and support is crucial) Political ideology and decision making

			Responsibility of local government (must have ownership and accountability, and power or authority to take action) Performance measures (e.g., clear objectives and performance indicators to measure health outcomes) Organisational structures (ongoing debate on successful governance structure between centralised unit and cross-department collaborations).
Zhou, Yu, Yang, Chen & Xiao (2018) *Policy development and challenges of global mental health: a systematic review of published studies of national-level mental health policies* **Sub-category: Policy Implementation Enablers: Successful Policy Development**	This study aims to identify the transition and implementation challenges of mental health policies in both high-income countries (HICs) as well as middle- and low-income countries (MLICs).	Nine domains of policy development were identified: (i) service organising, referring to the way in which mental health services are organised (ii) service provision, including promotion, prevention, treatment, rehabilitation, essential drug provision, service availability and accessibility (iii) service quality, including accreditation and management of service providers, service standards and guidelines (iv) human resources, including quantity and quality of workforce, professional training and education (v) legislation and human rights, including the rights of patients in and outside the health sector, social security and welfare (vi) advocacy, including awareness raising, anti-stigma, empowering consumers	Comprehensiveness of domain coverage is important in policy development (i.e., equal weighting across the nine domains). Evaluations showed increases in treatment access as a result of the implementation of community-based mental health organisations. However, this de-institutionalisation presented challenges as implementation became inconsistent, and the added responsibility on communities hampered service organisation and provision Overall lack of policy implementation evaluation to help guide both HICs and MLICs. The WHO-AIMS Version 2.2 and the WHO Checklist for Mental Health Policy are commonly used tools, however they focus on policy content and formulation.

		(vii) administration, including coordination within mental health systems and among all levels of governments, designation of agencies' responsibilities and collaboration across sectors (viii) surveillance and research, including mental health information systems, monitoring and evaluation of policy implementation and research on service provision (ix) financing and budgeting, including government funding arrangements, service payment and health insurance.	
Atkinson, Skinner, Lawson, Rosenberg & Hickie (2020) *Bringing new tools, a regional focus, resource-sensitivity, local engagement and necessary discipline to mental health policy and planning* **Innovative Approaches/Tools: Systems Modelling**	Narrative proposing the use of predictive dynamic systems models and simulations in planning and evaluating population-level mental health efforts. Division of roles and responsibilities between Federal, State and Territory governments, regional primary health networks, and private and non-government sectors, creates a level of system complexity that makes the provision of integrated and coordinated, client-centred services and interventions, and their evaluation difficult. Authors contend that the absence of an appropriate predictive planning framework/infrastructure is one critical reason Australia has failed to make substantial progress in mental health reform.	Sectors outside of health use dynamic systems modelling and simulation prior to making significant investments or reforms (better understand the costs of maintaining status quo, costs of reactive rather than proactive strategies, structural impediments to innovation and performance, and unintended consequences that can arise from 'rational' solutions). Test strategies in the safety of a virtual environment before exposing populations to solutions whose likely impacts are uncertain.	Can help regional and national decisionmakers determine where, when, and how best to target and allocate investments, and with what intensity, for a given context. After deployment, systematic monitoring and evaluation can then determine the extent to which the modelling corresponds with real-world outcomes over time and how intervention strategies compare with forecast outcome targets. Information from monitoring and evaluation is used to refine model parameters (data assimilation) to improve its forecast capabilities and guide subsequent decision-making in a timely and proactive way (providing a continuous improvement framework).

Fitzpatrick & Hooker, 2017 *A 'systems' approach to suicide prevention: radical change or doing the same things better?* **Innovative Approaches/Tools: Systems Modelling**	This paper describes how a 'systems approach' is being trialed as part of a proposed Suicide Prevention Framework for New South Wales, Australia to improve coordination and integration of existing services.	Framework implementation began with 'quick wins' (mostly concerned with doing the same things better by making incremental or first-order change such as streamlining existing individual system components and governance arrangements) with the goal to shift toward second-order, radical change (e.g., reframing the way a problem is perceived leading to a new understanding of the problem and approaches to solving it).	Track how implementation of the Framework is nested within other systems that affect, and are affected by, system change measures. Attend to underlying normative elements specific to a system e.g., Childhood & Adolescents, Social Isolation etc. (successful implementation will likely depend on such slippery but significant things as the beliefs, values and tacit assumptions that drive the behaviour of stakeholders both within the networks of service providers across the nine components and in the context of their continued operation). Particular attention to these characteristics across systems levels and stakeholders will address the complexity of suicide and its prevention, and identify areas of support for, or resistance to, change.
Turner, Sveticic, Almeida-Crasto, Gaee-Atefi, Green, Grice, Kelly, Krishnaiah, Lindsay, Mayahle, Patist, Van Engelen, Walker, Welch, Woerwag-Mehta & Stapelberg (2021) *Implementing a systems approach to suicide prevention in a mental health service using the Zero Suicide Framework*	Description of the implementation process of the Zero Suicide Framework (ZSF), a systems approach to suicide prevention, implemented across a number of states in Australia, and internationally. The ZSF provides a tool for change management, which can enable health services to take on an ambitious goal in suicide prevention, although it is acknowledged that this approach	ZSF approach provides an overarching framework for leadership, cultural change, change management, evaluation and innovation. Overarching structure of the suicide prevention pathway (SPP) was shaped by the following principles: - The SPP would guide all staff across the service and would be considered a change to 'business as usual' - The SPP would need to be implemented within existing	Strong focus on staff training and provision of a dedicated staff support service. The ZSF identifies seven essential elements in changing the system: Leadership, Training, Identification, Engagement, Treatment and Transition of Consumers, and Improvement. The importance of all components of a 'Systems Approach' (Leadership, Training and Improvement) is as important as a

Innovative Approaches/Tools: Systems Modelling	must be implemented alongside broader strategies targeting social determinants of suicide in a community, and an all-of-community approach such as Lifespan.	clinical teams with no additional resources (apart from modest additional resources for training and data collection) - Avoidance, where possible, of any increase in mandatory clinical documentation - Support for engagement and standardisation through a clinical pathway, but avoidance of a 'tick box' approach to care - Enhancement and refinement of processes to build on existing skills rather than replacing already embedded approaches.	clinical pathway and should not be viewed as 'optional extras.' The development of a strategy with specific and measurable actions under each key element was an important contributor to success.
Hoagwood, Purtle, Spandorfer, Peth-Pierce & Horwitz (2020) *Aligning dissemination and implementation science with health policies to improve children's mental health* **Innovative Approaches/Tools: Policy Process Research**	"Health in all Policies" (HiAP) initiatives offer a rare opportunity to repurpose Dissemination & Implementation (D&I) science and shift it from a primary focus on evidence-based practice implementation, to a focus on *policy* dissemination and implementation. This study provides a typology for building research to repurpose D&I in children's mental health policy in the US.	De-contextualization of evidence-based programs (EBP) from community, social, and policy environments may account for their underperformance. This points to a need for an ecological approach to enhance delivery of services, rather than simply the promotion of EBPs (i.e., where the "intervention" itself is the policy, p.1132). Policies and their consequent funding streams are a "macrofactor" likely to drive the scaling and sustainability of EBPs, and therefore likely to increase public health impact. New US national infrastructure - a network and learning community called All Children Thrive (http://www.allchildrenthrive.org/) - provides a potential mechanism for states and localities to learn from each other in their cross-system, highly	Four proposed typologies on how to repurpose D&I focusing on EBP to a focus on *policy* D&I: Policy Dissemination Research: - Formative studies can shed light on factors affecting decision making from all stakeholders and identify knowledge deficits. Policy Implementation Research: - Policy process implementation studies can identify barriers and enablers of successful policies and policy implementors' perceptions that could enhance policy D&I or shed light on how a policy might need to be tailored to a specific context. Underpinning studies with behaviour change theories can inform on motivations etc. and message-framing may be crucial.

		contextualized efforts to transform care for children.	
Petek, Novak & Barry, 2017 *Interdisciplinary research framework for multisectoral mental health policy development* **Innovative Approaches/Tools: Policy Process Research**	This paper proposes an interdisciplinary research framework for developing mental health policy in countries where a multisectoral approach to population mental health is not yet on the policy agenda. The framework contains two structural elements: research on the policy content and policy process dimensions.	Defining 1. mental health and related concepts and 2. multisectoral mental health policy are crucial to research aimed at influencing policy development and gaining multisectoral commitment. These definitions must move away from a focus on mental ill-health and toward an ecological understanding of the social determinants of mental health. Agenda setting is only partly based on rational accumulation of knowledge/evidence, therefore, policy process research will help to identify 'windows of opportunity' or 'unexpected convergence of forces and triggers' (p. 127) for meaningful change.	Research must cover the policy-making process to understand the intersection of problem, policy and political *streams* that represent sets of diverse influencing factors, and the actors that participate in these streams: - Problem stream – indicators of mental health status; feedback on existing mental health policy; public perception of mental health. - Political stream – positions of political parties on mental health; interest conflicts and monopolies of professional groups in mental health. - Policy stream – policy proposal of experts for mental health. When all three streams join, decision-making opportunities appear.

Table 4.4 – Scoping Review of Grey Literature: Evidence Table of Results			
Authors, Date of Publication and Title of Study	**Brief Description of Study**	**Key Findings**	
		Implementation Structures/ Processes	**Implementation Enablers**

Mikkonen (2018)
 	
Intersectoral Action for Health: Challenges, Opportunities, and Future Directions in the WHO European Region
 	
Policy Implementation Insights: Cross-sectoral Mechanisms
	This PhD study included an in-depth literature review and thematic analysis of 28 semi-structured interviews with WHO Programme Managers, Unit Leaders, Directors, and Technical Officers working at the WHO Regional Office for Europe in Copenhagen.
	Three key research questions: (1) How do the expert informants within the WHO Regional Office for Europe understand the concepts of "intersectoral action for health" and "governance for health?", (2) What do the academic literature and key informants identify as the challenges and barriers to intersectoral action for health?, and (3) Which factors facilitate the implementation of the intersectoral action for health and what are the opportunities to promote health through such action in the future?
		Barriers to implementation of intersectoral action (with potential solutions):
		- Lack of permanent implementation mechanisms.
		  - Institutionalised governance structures (e.g., intersectoral and interdepartmental committees with a strong [legal] mandate for implementation).
		  - Intersectoral champions/ committees and health-related requirements (e.g., HIA's) within existing procedures.
		  - Rather than creating intersectoral structures from scratch, identify existing processes/procedures that could be linked to health-related goals.
		  - Long-term vision and investments.
		- Lack of ownership and management
		  - Coordinating body equipped with implementation management structures to ensure implementation doesn't fall into the "intersectoral gap" (p. 238).
			Barriers to implementation of intersectoral action (with potential solutions):
			Narrow views/perceptions of health and its determinants
			  - Policy briefs and background papers for policymakers.
			  - Windows of opportunity for change
			  - Transparent accountability mechanisms
			  - Closer links between research, policy and practice during policy development.
			  - Professional education and curriculum development to reflect evolving perspectives on health. Also, capacity building and power at the local level with governance mechanisms to ensure they address social determinants.
			  - Raising public awareness (active civil society).
			Competing interests and competition for resources.
			  - Health sectors should have adequate skills/tools/training to mediate and negotiate interests with non-health sectors and enhance their credibility (e.g., WHO HiAP Training Manual).

			- Government leads should be able to map and articulate co-benefits and mutual gains for other sectors - Collaborate with non-state actors and civil society organisations - Binding conventions can help or a decision not to collaborate with industries that conflict with goals and values of health promotion (e.g., alcohol, tobacco food and pharmaceutical industries). Lack of resources for implementation - Intersectoral collaboration must be high on the policy agenda – potential for use of Kingdon (1984) multiple streams theory. - Innovative budget setting (joint budgeting, earmarked funding etc.) and financial incentives for intersectoral actions. Complexity of the policymaking process - Non-linear nature calls for training and case studies for new insights in different contexts - Policy process research is key (refers to Lawless et al., 2017 on South Australian HiAP initative). Lack of shared language leading to misunderstandings between sectors. - Build conceptual base, trust and partnership Limited authority and mandate of the health sector - Mandated authority committed and involved in policy implementation and intersectoral collaboration.

World Health Organization (2018) *Key learning on Health in All Policies (HiAP) implementation from around the world – Information Brochure* **Policy Implementation Insights: Cross-sectoral Mechanisms (Implementing HiAP)**	This article is a summary of the key learnings in the case study book developed by WHO and the Government of State of South Australia, *Progressing the Sustainable Development Goals through Health in All Policies: Case studies from around the world*, and provides examples of population-level initiatives rather than specific programmatic interventions. While there is no single or simple model for HiAP, there is a growing evidence base of conditions that support HiAP, and this consolidation of experiences will be of interest to those who want to know more about implementing HiAP. See also, Framework for Action Across Sectors to Improve Health and Health Equity.	How to initiate HiAP: - Position HiAP in the context of the SDGs - Use opportunity-driven approaches to inform decisions and launch pilot programmes (policy windows etc.) - Seek co-benefits and define shared goals (frame population health as a contribution to achievement of sector priorities and economic security) - Find the right entry point (scan the policy and political environment to see what partnerships work best in each specific context) - Build on what already exists (embedded in the 'way of doing business' [p. 5] vs an optional addition).	HiAP champions or policy entrepreneurs Commitment and leadership at the highest level New role for ministries of health to broaden the definition of health. Intersectoral governance structures and strong mandate are critical (combination of vertical and horizontal governance structures) Dedicated resources and investment (dedicated core team of skilled HiAP practitioners). Use of evidence to document links between health and other government policy priorities (innovative modelling is helpful e.g., economic modelling). Political context will influence approach. Policy coherence is the aim (synergy of sectors vs fragmentation) - Define contextual environment and extent to which it can be influenced - Define those actions that it can control in its own strategic space - Define the transactional environment where it aims to effect change (this is where boundaries can be extended to support policy coherence. Legislative mandates, agility/adapting to changing contexts, civil society/public involvement, and monitoring and celebrating both the process and the progress.

European Commission (2017) *Joint Action on Mental Health and Well-being: Mental health in all policies Situation analysis and recommendations for action* **Policy Implementation Insights: Cross-sectoral Mechanisms (Evidence-based Approaches to Cross-sectoral Collaboration)**	The work within the EU Joint Action Work Package for Mental Health in All Policies (MHiAP) was supported by data collection on the state of the art and examples of good practices in the EU and associated countries, including best practice in collaboration between sectors to promote population mental health in decision making processes. The project was undertaken to inform the development in the European framework for mental health and well-being. Data included surveys targeted to public sector experts in non-health fields. About half of the respondents represented national organisations, the other half being split evenly in representatives of regional and local administrative levels. The most prominent non-health sectors represented by the respondents were the educational and social sectors.	Norway's Public Health Act creates a legal framework for intersectoral collaboration on public health based on HiAP (explicitly including mental health). Lithuania's high level State Health Commission under the central government, where vice ministers from different ministries and other national institutions meet regularly to coordinate health policy and implementation of activities in different ministries. Norway's whole-of-government approach to implementing their housing policy (State Housing Bank) with responsibilities in employment, social service, healthcare and child welfare sectors. The Danish national outdoor recreation policy anchored in the Danish Ministry of Environment, eight other ministries establish working groups to offer their sector expertise. In Iceland, population data from a regular national survey on Health and Well-being (Health Policy 2020) are used by a broader governmental policy for the economy and community led by the Prime Minister. Local and National Policy Forums in Romania where stakeholders including local government, business and the media meet to initiate mental health policies at local and national levels.	**Legislative mandate such as a National Public Health Act.** Ensure that it is based on the concept of MHiAP, explicitly includes mental health, defines the roles of local regional and national authorities, describes procedures for developing and maintaining mental health in the community, and requires collaboration across sectors. Explicit inclusion of mental health in laws addressing health. **High level national commissions.** A Commission under the central government can be a place where vice ministers from different ministries and other national institutions meet regularly to coordinate health policy **Cross-sectorial national/regional government agencies.** These agencies can be established in specific areas of policy implementation which require a whole government approach in order to be successful. **Existing national surveillance structures.** Utilise data from regular national surveys on Health and Well-being. **Mental well-being impact assessments.** These should be included in all larger proposals. **Welfare teams.** Municipality-level teams assure a broad approach on a local level. **Policy Forums.** Implementation of user perspectives across sectors

		Merging of local levels of units addressing children and their families into one common 'family and childhood and adolescence sector' (e.g., the Family House in Norway). Finland's City of Vantaa implements electronic welfare reports produced by/for local communities in collaboration with administrative areas of various sectors.	including local government, business and the media to initiate mental health policies at local and national levels. **Existing tools and other countries' experiences.** Gain an advantage and reduce need for resources by using tools developed in other Member States. This can include local and regional planning tools, needs assessments and other data collection across sectors.
WHO Regional Office for Europe (2018) *Multisectoral and intersectoral action for improved health and well-being for all: mapping of the WHO European Region. Governance for a sustainable future: improving health and well-being for all: final report* **Policy Implementation Insights: Cross-sectoral Mechanisms (Evidence-based Approaches to Cross-sectoral Collaboration)**	Achieving the 2030 Agenda for Sustainable Development, and the strategic objectives of Health 2020, requires an innovative and new model of governance. A mapping exercise was undertaken by the Governance for Health Programme to identify instances of multisectoral and intersectoral action for improved health and well-being for all and to share best practices for multisectoral and intersectoral health and well-being policy development and implementation across the WHO European Region. Case stories, or narratives of good practice, detailing successful multisectoral and intersectoral initiatives were collected through consultations in 36 Member States of the WHO European Region.	N/A	Enablers: - High-level political support and commitment for multisectoral and intersectoral action - Focus on the long-term outcomes and policy changes - Existence of a clear mandate - High-quality evidence and information for policy planning and monitoring - Adequate financial and human resources for implementation - Competence of the health sector to reach out to other sectors - Cross-sectoral relationships based on trust and shared understanding of the problem - Clear objectives and identified co-benefits among partners - Engagement of the civil society - Public pressure - Media support and involvement.
Mantoura, Roberge & Fournier (2017)	This article first presents the momentum for change at the policy level within the field of	Intersectoral mechanisms: - Embed principle of populational responsibility into existing	Enablers - Leadership (particularly public health) at intersectoral level and

A Framework for Supporting Action in Mental Health **Policy Implementation Insights: Learning from Country Experiences**	menta health in Québec, Canada. Then presents a framework to support population mental health action. The framework identifies the various dimensions underlying the promotion of population mental health as well as the reduction of mental health inequalities.	governance/organisational structures (health and social services, at regional levels and at within settings at the community level and coordinated services. - Develop shared vision: collect and assimilate "complete" (p. 12) social/health data and analyse distribution of indictors according to socio-economic advantage (embed mental health indicators into usual national surveillance; Public Health Agency of Canada developed comprehensive Positive Mental Health Surveillance Indicator Framework)	various levels of action: national, provincial, regional, local (including civil society, community sector) - Pan-governmental commitment (e.g., comprehensive strategy for cooperation among sectors: tax, education, housing, employment) - Knowledge and skills of the importance of and interventions for mental health within the system - Formal collaborations along with workforce support Financial contributions and resources.
Canadian Mental Health Association (2019) *Cohesive, Collaborative, Collective: Advancing Mental Health Promotion in Canada* **Policy Implementation Insights: Learning from Country Experiences**	The Canadian Mental Health Association (CMHA), guided by its National Public Policy Working Group in conjunction with its Board Reference Group and its National Council of Persons with Lived Experience, created this document to propose evidence-informed recommendations for government, policy makers, educators, community leaders, and community health organizations. The aim is to advance MHP through the development of public policy and programming that will strengthen the social determinants of mental health.	Key Recommendations: A National Mental Health Promotion (MHP) Strategy must provide clear direction for implementation and evaluation and outline a framework for mental health analysis including impacts of policies from all sectors. Long-term investment and resources to develop strong conceptual and evidence base. 2% funding allocation increase for mental health is needed to support key sectors (from 7.2 to 9%). 2% increase in overall social spending is needed to support social infrastructure that not only addresses the social determinants. Replicate, scale, and make sustainable population- and evidence-based programs.	A call for greater federal attention to and investment in mental health promotion, which can generate: - Streamlined and intersectional MHP effort, underlined by a cohesive understanding of MHP - More and better data - Long-term investment to support program longevity - Longitudinal studies to evaluate population-level and economic impact All of this can support increased uptake of MHP as well as specialized focus that ensures MHP is evidence-informed and equipped to meet the needs of vulnerable and non-majority populations. Emphasized the importance of intersectional MHP that accounts for a set of emerging socio-

		Investment in social marketing campaigns that enhance mental health awareness and reduce stigma.	economic challenges across Canada.
Scottish Government (2018) *A Connected Scotland: Our strategy for tackling social isolation and loneliness and building stronger social connections.* **Policy Implementation Insights: Learning from Country Experiences**	A Connected Scotland is the Scottish Government's national strategy for tackling social isolation and loneliness and building social connections. It establishes a clear and compelling vision of the type of Scotland we want to be when it comes to our relationships; defines what we mean when we talk about social isolation and loneliness; sets out our key priorities in seeking to tackle social isolation and loneliness; and lays out a clear roadmap for implementing the strategy in a cross-cutting and collaborative way.	Publish National Implementation Plan with shared delivery (cross-cutting priority actions and performance framework) and communications plan to maximise public engagement with progress reports published every two years. Oversight/accountability: Whole-of-Government stewards local government and communities to design and deliver solutions (Ministerial Steering Group at national government level and National Implementation Group comprising members from the public, private and third sectors, both chaired by Minister for Older People and Equalities). Cross-sectoral engagement: Convention of Scottish Local Authorites to maximise alignment between government spheres; Ministerial Roundtable to secure partnership with private sector. Pilot innovative intersectoral solutions. Commence review of intersectoral strategies.	More action at the community level (devolve decision-making locally through the work of the local governance review). Engage third sector and business community/private sector (Workplace Equality Fund to reduce employment inequality through greater social connectivity at work) and other stakeholders. Other parts of Government to align their investments in communities in line with this strategy. Research for greater understanding of social isolation and loneliness and how it interacts with key life transitions, and best practice in supporting people. Work with health and social care integration authorities. Connect to Mental Health Strategy, Public Health Priorities report, and National Outcomes and associated National Indicators. Funding: Committed up to £1 million over the next two years plus opportunity of other funding streams.
OECD (2021b) *Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response*	The COVID-19 crisis has heightened the risk factors generally associated with poor mental health –financial insecurity, unemployment, fear –while protective factors –social	The abrupt disruptions to mental health service delivery forced innovative ways to safeguard access to mental health services and forced increased funding to support these	Argument is that the pandemic should be viewed as an enabler for intersectoral working as it heightened the need to address population-level mental health (equity and social determinants),

Policy Implementation Enablers: Cross-sectoral Commitment (Examples of Windows of Opportunity - COVID-19)	connection, employment and educational engagement, access to physical exercise, daily routine, access to health services –fell dramatically. This has led to a significant and unprecedented worsening of population mental health.	innovations and the increased public need. Likewise, workplaces saw massive increase in telework, and were obliged to acknowledge their role as an environment that shapes the mental health of workers. Governments should strengthen public employment services as it is a protective factor for good mental health.	bringing these concepts to the fore for all sectors, showing them the importance and possibility of whole-of-society led approaches.
OECD (2021c) *"What does a mental health-in-all-policies approach look like?", in Fitter Minds, Fitter Jobs: From Awareness to Change in Integrated Mental Health, Skills and Work Policies* **Policy Implementation Enablers: Cross-sectoral Commitment (Examples of Windows of Opportunity - Workplace Setting)**	This chapter provides the rationale of a whole-of-government approach, set out in the OECD Recommendation on Integrated Mental Health, Skills and Work Policy, and explains the importance of an integrated, cross-sectoral approach to mental health policy. It introduces the *"who, when and what"* (or the three Ws) of effective integrated mental health policy as outlined in the implementation report on the Recommendation, which argues that countries need to take into account "who" is carrying out an intervention, "when" intervention is taking place, and "what" such interventions look like.	Highlights these key factors for a successful integrated mental health policy: - The interdependent dimensions of *who* (the frontline actors across settings in society; particularly in workplaces, educational institutions and employment services), *what* (providing health, social, education and employment interventions together) and *when* (early identification, intervention and support that is integrated; particular importance on childhood, adolescence and youth.) - Mental health competence (understanding and awareness of the subject of mental health, the interlinked nature of it and the capacity to take appropriate and timely course of action) in front-line actors in the health system, workplace, education institutions, employment services etc. - Raising awareness of mental health and normalising discussions while tackling stigma.	Society must recognise the importance of work and education for mental health so that supports (e.g., social and employment) can be integrated with health care. This can be done by introducing employment outcomes in quality and outcomes frameworks within health systems and strengthening co-ordination with employment services (see for e.g., A New Benchmark for Mental Health Systems (OECD, 2021) for a framework of such indicators).

The WHO Council on the Economics of Health for All (2022) *Valuing Health for All: Rethinking and building a whole-of-society approach, Council Brief No. 3* **Policy Implementation Enablers: Shared Vision Reflecting Evolving Paradigm of Health and Well-being**	Acknowledges the short fallings of using a measure of *price* (e.g., GDP) to account for growth, highlighting the need for alternative metrics that encompass the *values* of Health for All (planetary health, diverse social foundations and activities that promote equity [e.g., social cohesion, supporting people in need etc.] and human health and well-being [e.g., enabling people to prosper with the capabilities and freedom needed to lead lives of dignity, opportunity and community])	A whole-of-society approach makes available the full range of policy levers (including economic and financial) at the planetary system level (targeting root/structural causes), at the societal level (promoting equity in terms of social positions/foundations and infrastructure and systems) and the lived experience at the individual and family level (equity of access to services and resources and social cohesion). Uses the COVID-19 response in many countries as proof that whole-of-society change can occur overnight. Places great emphasis on setting the conceptual foundations (once the new values are accepted, metrics, policies and processes will follow).	Value-based metrics can steer and evaluate the reshaping and redirection that the economy must undergo to achieve Health for All: Finland's Genuine Progress Indicator Bhutan's Gross National Happiness Index Sustainable Development Goals (200 indicators that capture values of Health for All). The Living Standards Framework has enhanced decision-making in New Zealand and uses four analytic areas to account for its expenditures and how they contribute to well-being of citizens. The Doughnut economics model exemplifies a starting point to ensure nations operate within the planet's boundaries while also meeting the needs of all its people. Universal Health Coverage calls for strong health systems that can shape social norms and improve socioeconomic impacts. Time-use data can help policymakers identify gaps in public infrastructure that requires additional investment. Fiscal policy levers include broadening the tax base, introducing taxation that is more progressive, increasing financial literacy, enhancing financial inclusion, strengthening public-sector capacity to build equitable financial architectures and

			eliminating financial obstacles that restrict access to health services.
Andersson (2022) *Shared Island: Projects, Progress & Policy, A Shared Island Perspective on Mental Health* **Policy Implementation Enablers: Government Funding and Resource Mechanisms (Cross-border Collaboration)**	As part of its work for the Department of the Taoiseach in producing a comprehensive report on the Shared Island, NESC has prepared a secretariat paper on mental health, with a focus on common priorities and potential areas for co-operation.	Opportunities for sharing infrastructure and facilities, such as the Western Health and Social Care Trust Mental Health unit (Grangemore) in Derry, which has a 30-bed capacity. Mental health services do have informal liaison and linkages in the border counties with access to services in the neighbouring jurisdictions. Furthermore, Community Healthcare Organisations (e.g., CHO 1) in Ireland have a history of co-operation and no 'wall' between services (p. 17). Connecting Suicide and Self-Harm Researchers on the island of Ireland (C-SSHRI) is a research community which provides a forum for members across borders. There is opportunity for a Mental Health Champion role in Ireland to liaise with their counterpart in NI.	Current EU-funded cross-border programmes: - Interreg and Peace programmes facilitated by Co-operation and Working Together (CAWT) Partnership that address health and social care in areas along the border (including Mental Health Innovation Recovery colleges/projects). - Peace Plus Programme combines these two programmes with indicative funding of €1bn shared between the EU, the Irish and British Governments and the NI Executive. Informal co-operation between services in border counties must transform into high level, formal networks (e.g., official settings, structures and bodies) at the higher political level and locally. Ireland and NI can work together to design common well-being performance indicators (with support from CSO and NISRA).
McDaid, Hewlett & Park (2017) *"Understanding effective approaches to promoting mental health and preventing mental illness" OECD Health Working Papers*	Overwhelming economic impact of poor mental health and mental health conditions means it lies beyond the health sector. Important priorities: - Early intervention and prevention (particularly early in life, including	Mental Health policies internationally: Policies are mostly embedded in other policies (e.g., children) or sectors (e.g., workplaces) or mental health promotion is part of a broader mental health strategy. Most common populations targeted are children, young people and pre-	Intersectoral collaboration is crucial (easier with sectors that are used to working together [e.g., school health promotion], but more difficult when sectors are diffuse [e.g., workplaces] or not in contact [e.g., unemployment]).

Policy Implementation Enablers: Successful Policy Development (Approach and Cost-effectiveness)	the peri-natal period, and school-based) - Promoting mental health in workplaces and for unemployed adults (particularly those with existing mental health conditions) - Promoting healthy ageing (addressing social isolation and loneliness - Comprehensive suicide prevention strategy (including awareness-raising, restricting access to lethal means, early detection e.g., through 'gatekeepers' [police, teachers, primary care; p. 29] and treatment) - Significant attention is given to early years (perinatal screening; parenting programmes; resilience, SEL and anti-bullying programmes in school; programmes targeted to high-risk groups are less common) - Few initiatives target long-term unemployed/precarious employment (e.g., psychosocial support/ counselling centres through employment services)	natal; older people being less targeted than the general population; with unemployed individuals being the least targeted (and many countries without supports for unemployed at all); also, these policies are not necessary at the national level (applying instead to a specific territory/canton). Evaluation of strategies is not the norm. National funding is difficult to ascertain as they are project-specific and not always funded by the health system. Countries should calculate estimates of economic return on investment (e.g., substantial evidence base from Australia, Canada, Netherlands, UK); improve what is known about existing spending on and provision of services across sectors (better reporting on expenditure on mental health).	- Necessary to highlight the costs incurred outside the health sector, particularly the social benefit system and present innovative analyses of economic return on investments/ economic effectiveness across sectors - Policy-making must come more joined up to meet the need for effective interventions across the lifecourse - Vital role for research agencies in funding the development of infrastructure that can support and/or incentivise collaboration - Important to look beyond mental health actions into access to housing, social welfare income safety nets, financial debt alleviation, measures to reduce crime and improve community cohesiveness, and better collaboration between physical and mental health specialists and with primary care
OECD (2021a) *A New Benchmark for Mental Health Systems: Tackling the Social and Economic Costs of Mental Ill-Health, Key Findings and recommendations.*	The chapter starts by recalling the significant social and economic costs of mental ill-health, setting out, firstly, how the OECD Mental Health System Performance Benchmark can be used to bring new insights into the strengths and weaknesses of mental health systems. Second, the main findings are summarised in terms	Offers a framework of 23 indicators for benchmarking mental health system performance within six domains that capture dimensions such as person-centred care, service quality, level of integrated multi-sectoral actions, level of focus on prevention/promotion, strength of leadership and governance, and extent to which	Highlights the importance of mental health knowledge of key front-line actors (e.g., connections between mental health services and unemployment counselors, GPs, police, emergency departments, and teachers) and highlight the role of the workplace as being a priority setting.

Innovative Tools/Approaches: Developing Comprehensive Indicators	of system performance across each of the six principles of the Benchmark, and highlights some of the innovative and effective ways that countries are already working to improve mental health system performance. Finally, the next steps for measuring mental health performance are pointed out. At present, OECD countries are not able to comprehensively measure mental health performance across the domains that they identify as priorities. Benchmarking indicators began development in May, 2018 in partnership with experts and service users (practitioners and patients) and incorporate OECD Guidelines on Measuring Subjective Well-being and the WHO-5 Well-Being Index.	approaches are innovation-/future-focussed. Includes underdeveloped indicators such as measuring stigma and the extent to which vulnerable populations are being heard and supported and involved in development of services; indicators to inform workforce planning/development or innovative research. Need for indicators on well-being, positive mental health and social cohesion; prevalence of mental ill-health, unmet need for care, and health care coverage; on mental health workforce and diverse care providers, and workforce training; on research; on integrated care including integration with somatic care, and physical health outcomes; and on disparities within national population groups; care quality and processes (service contacts, admissions, follow-up after discharge, repeat readmissions to inpatient care, repeat emergency department contact for mental health reasons)	Mention Individual Placement and Support as a promising intervention to address unemployment, as well as national recovery-focussed efforts to encourage prompt return to work or education. Mention New Zealand's "Well-being Budget" (2019) backed by 445 million NZD for mental health services, 40 million NZD for suicide prevention and additions to key workforces. Public Health Agency of Canada's 'Positive Mental Health Surveillance Indicator Framework' covering positive mental health outcomes, risks, and protective factors, furnished by data from ongoing Canadian surveys (e.g., self-reported measures of mental health and life satisfaction, stigma, political participation, environments within settings and health status).

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Chapter 5
Aligning the Development of the Plan with Existing National Priorities

Building on *Stronger Together: The HSE Mental Health Promotion Plan 2022-2027*

Introduction

In 2020 the Health Service Executive embarked on developing a mental health promotion plan for the health service and funded agencies. The decision to develop this plan was agreed by the Department of Health on the premise that a broader National Mental Health Promotion Plan (NMHP Plan) would follow. It was always envisaged that the HSE plan would form a core part of the National MHP Plan outlining the role of the health service in implementing mental health promotion. The HSE Mental Health Promotion Plan – Stronger Together, was launched in 2022. Alignment between the two plans is critical to show complementarity, consistency and avoid confusion. The NMHP Plan can complement Stronger Together in a number of ways by:

1. Sharing the vision and goals
2. Taking a life course and settings approach
3. Prioritising same areas for action.

The NMHP Plan can also add value to and strengthen the mandate for the HSE Plan in the following ways by:

1. Addressing the wider determinants of mental health
2. Strengthening actions through increased interdepartmental collaboration
3. Leading on workforce training
4. Investing in building supportive environments
5. Establishing a clear implementation and monitoring system
6. Establishing a shared set of indicators, data collection and outcomes.

Government Department policy priorities highlighted several areas of potential alignment and synergy in the promotion of mental health and well-being. While this chapter will refer to key actions in Stronger Together and describe how the engagement of key Government departments could add value or strengthen the delivery of particular actions, it will also identify the potential policy synergy with other Government priorities.

Complementing Stronger Together

The vision of Stronger Together - 'A country where everyone can enjoy mental health and well-being to their full potential, and where mental health and well-being is valued and supported at every level of the health service' complements the broader vision of the NMHP plan. The goals:

- Increase the proportion of the population who are mentally healthy at all life stages
- Reduce inequities in mental health and well-being.

These goals are in keeping with the goals of the NMHP Plan and establish the intention of the health service to deliver what it can on both. A number of guiding principles set out in Stronger Together could also be adopted by the NMHP Plan and include:

- A life course approach
- Partnership and intersectoral action
- Recognition of the social, physical, economic and environmental determinants of mental health
- Evidence-based and evidence-informed actions
- Prioritising action areas with system-wide support and reach (although this relates to the health service it could also apply to shared actions across various Government departments)
- Addressing health inequities.

Clearly the more aligned both plans are the better the synergy and potential for a joined-up approach yielding better outcomes.

Adding value to Stronger Together

There is only so much a health service can do to address the wider determinants of mental health. Actions to reduce risk factors and strengthen protective factors can make a difference but they don't tackle the more structural determinants such as housing, poverty and economic insecurity. Whilst social exclusion and discrimination is a key focus for the HSE, these efforts could be further strengthened by a co-ordinated collaborative approach. A cross Government approach where each relevant department is working towards this goal will yield sustainable long- term outcomes.

The HSE has a strong history of collaboration with a wide range of sectors including the Departments of Health, Education, Children, Equality, Disability, Integration and Youth (DCEDIY) and other Government Departments. There are examples in Stronger Together where actions are shared by the HSE and other departments e.g. DCEDIY and the Department of Education. However, there are other actions which could benefit from a wider base of support, which would give added momentum and mandate supporting implementation within the health service and other sectors.

Improving the understanding of positive mental health and mental health promotion across all sectors is a pre-curser to a system-wide approach to mental health promotion. The language of mental health consistently comes up as an issue requiring clarification. While there is an increased understanding of mental health across the HSE, this does not necessarily extend to mental health promotion, therefore, a co-ordinated approach to training for all stakeholder organisations, as well as Government departments, promoting a shared understanding of the role that everyone can play in promoting mental health is necessary. In Stronger Together there is a focus on enhancing workforce competencies in relation to mental health promotion of particular population groups e.g., children and young people, migrants, Travellers etc. The NMHP Plan could take a broader strategic approach to workforce training to build capacity across community and relevant statutory services so that staff at first point of contact can offer support to promote positive mental health and well-being.

Supportive environments refer to home, early childcare and schools, workplaces, health service settings and communities etc. Currently within the Department of Health and the HSE there is an important long-term investment in creating supportive environments especially in

areas of social and economic disadvantage e.g., through the Sláintecare Healthy Communities Programme. Furthermore, funding through Healthy Ireland and other funding streams support local communities to develop their own health promoting initiatives often with a priority on mental health and well-being. However, a feature of such funding is that it is often short-term. The NMHP Plan could focus on a more holistic and long-term approach to creating supportive environments through more sustained funding.

Establishing a national implementation and monitoring structure for the NMHP Plan would support the implementation of Stronger Together. Implementation is always a challenge and the clearer and more stream -lined and systematic the reporting and monitoring system is, the more likely it is to be supported. Reporting on implementation to several sources is counterproductive. The HSE Implementation group, reporting to the National Implementation Group, would then have a more formal mandate.

There is a need to invest in research to understand what works, for whom and in what circumstances. Data on mental health and well-being is collected through a variety of sources. There is a need to operationalise data collection at national level to inform decision-making and the NMHP Plan could have an important role in supporting this. It could also support the monitoring and impact of implementation of Stronger Together.

In the development of the HSE Mental Health Promotion Plan a deliberate decision was made ‘to focus action on areas with the greatest potential for reach and impact and areas of current focus and momentum (within the HSE) with evidence of effectiveness’ Stronger Together The HSE Mental Health Promotion Plan 2022-2027). This means that there are gaps and opportunities for the NMHP Plan to consider such as:

- Perinatal mental health
- Looked after children and those on edge of care
- LGBTQI+
- Older people
- Ukranian and other refugees & asylum seekers
- Cost of living and financial indebtedness
- Gender equality issues
- Youth sector settings

- Domestic Violence
- Anti-poverty and social inclusion measures
- Role of sport and leisure
- Housing & homeless
- Built environment
- Climate change

Many of the gaps listed above highlight population groups and issues that will benefit from a whole of Government approach including the HSE. An overview of policy priorities across Government Departments reveals many priorities that contribute to mental health and well-being, even if not explicitly stated.

Alignment with Stronger Together Actions

The actions developed for *Stronger Together: The HSE Mental Health Promotion Plan 2022-2027* were grouped into six overarching themes (see Figure 5.1). Each of these themes will be discussed with corresponding links to potential Government actions and key Government departments.

Figure 5.1: Six overarching themes in *Stronger Together: The HSE Mental Health Promotion Plan 2022-2027 (HSE, 2022)*

Starting Well

The foundations for positive mental health are formed in the early years of life. Promoting the mental health and well-being of young children and their parents can yield long terms benefits for society. The following actions refer to parenting and home visiting support for young families.

Supporting parents is a key priority for DCEDIY and the launch of 'Supporting Parents – A National Model of Parenting Support Services' (DCEDIY April 2022) takes a whole of Government approach addressing parenting support services from pre-birth up to adulthood. It describes the provision of parenting supports in Ireland and respective Government Department roles and responsibilities and sets out actions to improve parenting supports. Key priorities are to increase awareness, improve access, and promote inclusive, high-quality, and needs-led parenting supports. This is supported by a Programme for Government priority to '*Expand access to parenting support programmes that have been proven to be effective'* (Our Shared Future - Programme for Government, p. 81). Building on this, the NMHP Plan could further support the implementation of evidence-based universal and targeted parenting and home visiting programmes. Another priority within the Programme for Government to 'Enable increased remote, flexible and hub-working arrangements to support families in their parenting and childcare choices, while also supporting enterprise' provides further support for parents and children.

The HSE is a key partner in the delivery of parenting and home visiting programmes. The current HSE focus is on parenting in disadvantaged areas (Sláintecare Healthy Communities programme), however, in the NMHP Plan this could be extended beyond those areas to promote the provision of universal and targeted parenting supports. Aside from the role of DCEDIY, there is potential for further intersectoral synergy to promote the mental health of young families at a more structural level with regard to housing, built environment, income support, food poverty etc. This could include Department of Rural and Community development's priority under its Social Inclusion and Community Activation Programme to 'reduce poverty, reduce social exclusion and inequality', Department of Social Protection 'Helping people back to work' pillar and the Department of Housing, Local Government and Heritage's priority to tackle the homeless crisis for young families. Although none of the policy priorities refer to mental health promotion, the realisation of these policy priorities has

the potential to significantly address the determinants of mental health for young children and their families.

HSE Action	**Potential actions by key Gov depts**	**Key Government Departments**
1. Increase access to evidence-based parenting programmes in socially and economically disadvantaged areas in line with the Sláintecare Healthy Communities Programme 2 .Increase coverage of home-visiting programmes nationally in line with the goals of Supporting Parents, the national model of parenting support services 4. Strengthen HSE structures to support social and emotional development in infancy and early childhood	Deliver universal and targeted parenting and home visiting support through the implementation of Supporting Parents- a National Model of Parenting Support Services. Through a targeted approach improve access to non-clinical interventions addressing social, emotional and behavioural difficulties (focus on promotion and early intervention) for young children with behavioural difficulties. Promote an integrated model to support the social and emotional development in early childhood which identifies and targets those most at risk and addresses gaps.	DCEDIY Dept of Health TUSLA and HSE

DCEDIY and DOH are already referenced in Stronger Together as supporting partners in both actions with HSE H&W, National Healthy Childcare programme (HSE) and Tusla identified as leads.

Growing and Learning Well

Education settings are key settings to promote the mental health and well-being of children and young people from early years learning settings right through to higher and further education settings. The provision of free pre-school education for children (the Early Childhood Care and Education Scheme (ECCE)) and the National Childcare Scheme providing additional free childcare outside of the ECCE should be acknowledged.
Whilst the Department of Education has overall responsibility, there is a long history of collaboration and partnership working with HSE Health & Well-being. The Zippy's Friends programme at Primary level and MindOut Programme at senior cycle in post primary schools are examples of this collaboration. Furthermore, under the Well-being Policy Statement and Framework for Practice (Department of Education 2018-2023) and the revised Junior Certificate curriculum this collaboration is resulting in lesson plans for short courses in SPHE which includes a module on Emotional Well-being (Short Course, Social and Personal Health Education, Specification for Junior Cycle, June 2016 NCCA).

However, the promotion of mental health and well-being of young people goes beyond any one department and the Pathfinder report referenced in Programme for Government, and the implementation of a Youth Mental Health Unit that includes a focus on the promotion of mental health and well-being, would have a significant impact (Programme for Government-Our Shared Future 2020, p. 49).

The Department of Education Early Start programme which targets children at risk of not achieving their potential, if extended, would mean that young children across the country would receive the earliest possible supports to achieve their best throughout their education. The Department of Further and Higher Education has a key role in the provision of family literacy and family learning programmes that aim to develop the skills and knowledge of both adult and child participants, often delivered through Education Training Boards locally. Building the capacity of parents to support their children's learning is not only good for the mental well-being of the parent but also supports their children's sense of belonging and success in school.

At third level, the Higher Education Authority National Student Mental Health and Suicide Prevention Framework (2020) and the Healthy Campus Charter and Framework (2021) set

out priority areas for promoting mental and well-being across this sector. Both provide an important policy mandate for the promotion of mental health and well-being in this sector.

HSE Action	**Potential actions by key Gov depts**	**Key Government Departments**
5. Strengthen supports for health and well-being in early learning and child-care settings and pre-schools.	Grant parity of esteem to professional development and training for all levels of staff in early years settings and pre-schools on supporting children's mental health and emotional well-being and to the delivery of social and emotional well-being programmes.	DCEDIY
6. Support social and emotional learning in primary and post primary schools, through collaboration with DE.	Scale up the provision of Social and Emotional Learning Programmes in schools nationwide. Extend professional development for all levels of staff on supporting children and young people's mental health and emotional well-being	Department of Education
7. Create opportunities to ensure that the voices of children and young people are heard in the development of mental health and well-being initiatives.	Establish structures to include the voice of young people in the development of initiatives aimed at promoting their mental health and well-being.	DCEDIY Dept Education Dept Rural and Community Development Dept Justice Creative Ireland
10. Develop, implement, and evaluate mental health promotion initiatives focused on promoting student connectedness and belonging	Implement a whole of campus approach to promoting students social and emotional well-being, connectedness and belonging in further and higher education settings.	Dept of Further and Higher Education Jigsaw

in further and higher education settings aligned to the the Higher Education Authority (HEA) Healthy Campus and Charter Framework and the National Student Mental Health and Suicide Prevention Framework.		

Belonging Well

The community is recognised as a powerful setting for mental health promotion because communities comprise a range of organisations, groups and services each of which may provide the potential for delivering mental health promotion across a wide range of populations groups and settings (Sheridan & Mc Elhinney, 2016). Local Authorities have a key role in supporting the mental health and well-being of its citizens and Local Economic and Community Plans (LECPs) are key policy documents at a local level to highlight the importance of positive mental health and well-being. A focus on connectedness and social inclusion are often features of such plans, all potentially contributing to the promotion of mental health and well-being. The role of the Healthy Ireland Co-ordinators in having a good understanding of the potential of mental health promotion and advocating for its inclusion within Local Authorities is important. In fact, the Healthy Ireland Strategic Action Plan 2021-2025 (p24) includes an action to be led by the Department of Rural and Community Development to 'Ensure that mental health and well-being is an integral part of the guidelines for LECPs'. At a policy level, the Dept. of Housing, Local Government and Heritage has an important influence in the promotion of mental health at community level.

The Sláintecare Healthy Communities Programme provides a further strengthening of shared goals in relation to a number of health and well-being priorities between the health service and Local Authorities targeting areas of social and economic disadvantage.

Social Prescribing is a national programme delivered and supported by the Sláintecare Healthy Communities Programme provides and the HSE in partnership with Community

Organisations. The reach of this programme could be extended to members of the farming community in partnership with the Department of Agriculture and to recipients of social welfare through the Department of Social Protection and to those in the Justice system through the Department of Justice. This is an excellent example of the added value that is possible through increased interdepartmental collaboration. A priority of the Healthy Ireland is to; 'Develop an implementation plan to deliver on the objectives of tackling loneliness and isolation' and this will necessarily involve a cross-sectoral approach and include the Community and Voluntary and NGO sector. This is supported by an action in the programme for Government which states 'Develop a plan aimed at tackling loneliness and isolation, particularly among older people, as outlined in the Roadmap for Social Inclusion' (Our Shared Future- Programme for Government p. 51).

Social isolation is a particular issue impacting the mental health and well-being of older people. The campaign 'Hello Again World' led by the Department of Health aims to encourage older people back out into the community and reconnect with hobbies and interests following the pandemic. However, as many informal and community led initiatives closed during the pandemic, many have not re-opened. The LECPs in development could prompt and support the renewal of locally based hobby and interest groups in partnership with older people. An action in the Programme for Government to 'Promote more physical exercise among all sections of the community, young and old, for the long-term health and benefit of society' (Our Shared Future- Programme for Government p.48) has the potential to make a significant impact on positive mental health for all age groups.

The contribution to health promotion and mental health and well-being of the creative arts sector has been strengthened since the publication of the WHO scoping review 'What is the evidence on the role of the arts in improving health and well-being?' (WHO, 2019). However, there is a need to put the spotlight on the value that creativity and arts can being to mental health promotion. Creative Ireland, in partnership with the Dept of Health, HSE and the Arts Council, has established a cross sectoral partnership which is driving a number of creative arts initiatives across sectors. However, within the HSE and other key partners there is a need for further capacity building to understand the contribution that is possible so that ats and creativity become more mainstream.

HSE Action	Potential actions by key Gov depts	Key Government Departments
11. Integrate social prescribing across the HSE in partnership with the community and voluntary sector as outlined in the HSE Social Prescribing Framework	Extend the reach of social prescribing through the development of cross departmental funding and increased referral pathways.	Department of Social Protection, Department of Agriculture, Department of Justice
12. Support the implementation of community wide mental health promotion initiatives based on the principles of empowerment, inclusion and co-production.	Support local communities to develop mental health and well-being programmes through provision of sustainable funding.	Dept of Health (Healthy Ireland, Mental Health Unit) Dept Rural and Community Development
13. Support the implementation of initiatives to address the impact of loneliness and social isolation across the life cycle.	Influence the development of Local Economic and Community Plans and highlight the importance of 'places and spaces' and sustainable structural initiatives addressing social isolation and rurality.	Dept of Health (Healthy Ireland) Dept of Housing, Local Government and Heritage.
14. Strengthen the role of arts and creativity in the promotion of mental health and well-being within the HSE and funded agencies	Strengthen the potential of arts and creativity in promoting mental health and well-being and support the integration of arts and creativity as a valuable contribution in mental health and well-being.	Dept of Health, (Healthy Ireland, Mental Health) Dept Tourism, Culture, Arts, Gaeltacht, Sport and Media (Creative Ireland)

Working Well

The workplace is a key setting for promoting the mental health of the population and the HSE, as the largest employer in the State with over 110,000 employees, has supported many initiatives under the 'Staff Health and Well-being Programme'. The HSE's Workplace Health and Well-being Unit' offers a range of supports and services to support the mental health and well-being of employees. The *Healthy Ireland at Work: A National Framework for Healthy Workplaces in Ireland (2021 -2025)* provides strategic direction for all workplaces on enhancing the health and well-being of employees.

However, many programmes aimed at mental health and well-being in the workplace are focused at the individual level and not at the broader structural and organisational issues that impact on mental health in the workplace.

'Workplace flexibility' is the term used to describe the change in workplace practice that has resulted from the Covid pandemic. Working from home and hybrid working has meant that the office workplace has changed forever. This is true for many employees of the HSE as well. However, issues of fairness, changes in work practices, health and safety issues, work-home boundaries, work life balance, management and support systems all emerge as organisational issues which can impact on mental health and well-being. The enactment of the Right to Request Remote Work Bill 2021 offers choice to individuals to request remote working but the decision rests with management. The objective of Making Remote Work; National Remote Work Strategy launched in 2021 is to ensure that remote working is a permanent feature in the Irish workplace in a way that maximises economic, social and environmental benefits (p. 9). There is a need for further research to determine best practice in supporting the mental health and well-being of all employees, including HSE employees, in this new era of hybrid and remote working.

HSE Action	Potential actions by key Gov depts	Key Government Departments
16. Under HSE Healthy Workplace Framework implement range of evidence informed programmes to promote mental health & well-being of staff of HSE and funded agencies	Extend the reach of the *Healthy Ireland at Work National Framework* to deliver evidence-based mental health promotion interventions in all workplaces. Design and implement initiatives that will address the organisational level determinants of mental health in the workplace with a particular focus on hybrid or remote working.	Dept of Health, Dept of Social Protection, Dept of Enterprise, Trade & Employment

Equally Well

A key goal in the NMHP Plan and Stronger Together is to reduce mental health inequities. Although the HSE has a role, the realisation of this action goes beyond the scope of any health service which is why a cross sectoral approach is crucial. The simple reality is that those who face the most disadvantages in life also face the greatest risks to their mental health. Although in Stronger Together priority groups are defined as in Connecting for Life (Department of Health, 2015), the list is not exhaustive. Tackling mental health inequities within the health service revolves around access – to mental health promotion programmes and to services more widely, and education and awareness training for those working with priority groups.

The Roadmap for Social Inclusion 2020 – 2025 (Dept Employment Affairs and Social Protection) addresses financial and poverty issues experienced by disadvantaged populations. It also includes an action to 'Develop and publish a new Further Education and Training Strategy for the next five year period from 2020, ensuring that it includes specific provisions to support socially excluded groups access training and education support'. The National Sports Policy, 2018-2027 contains a particular focus on addressing specific inequalities in participation (i.e., ethnic minority groups, people with a disability, etc.).

Most importantly, the experience of discrimination and racism can have profound impacts on mental health and well-being and a whole of society approach is needed.

The HSE published National Traveller Health Action Plan (2022-2027) includes aims to 'address the social determinants of Traveller's health through targeted and mainstream measures 'and to 'Improve Travellers equality of access to services' (p13). The HSE Social Inclusion Service in partnership with Exchange House offers a dedicated Travellers Mental Health Service with a focus on suicide prevention and mental health promotion as well as access to mental health assessment, support and intervention. The development of national action plans need to respond to the particular mental health inequities faced by Travellers and deliver actions to address the social determinants of mental health through a process that is owned and led by members of the Traveller community and supported by national and local agencies.

HSE Actions	**Extended action from key Gov depts**	**Key Government Departments**
18. Facilitate access to mainstream mental health promotion programmes for socially excluded groups.	Highlight the impact of discrimination and social exclusion on mental health and potential role of various Government Departments	Dept of Health DCEDIY Dept Education Dept Social Welfare Dept Justice Dept Housing
20.Develop and implement mental health promotion training for those working with priority groups.	Develop a national training programme in mental health promotion with a particular focus on mental health inequities.	Dept of Health
22. Scale up and further strengthen existing Traveller mental health promotion initiatives within the existing Traveller health infrastructure.	Advocate for the integration of mental health promotion in the implementation of the National Traveller Health Action Plan.	Dept of Health

Integrating Well

The mainstreaming and integration of mental health promotion across HSE services is a key ambition of Stronger Together. If realised this would mean that 'the promotion of mental health and well-being would be a core part of all health and well-being strategies, initiatives and grant agreements, giving particular priority to interventions capable of improving mental and physical health together' (Stronger Together, The HSE Mental Health Promotion Plan 2022-2027, p.37). Building the capacity of health care staff to integrate mental health promotion into their practice and re-orientating the delivery of services to focus on mental health promotion and prevention will yield better mental health outcomes for service users. Stronger Together recognises that the partnerships between the HSE and the many and varied community and voluntary organisations that receive funding from the HSE presents an important opportunity to integrate a focus on mental health promotion in contractual arrangements. The National Mental Health Promotion Plan has the potential to further the integration and mainstreaming of mental health promotion across key Government Departments through adopting a 'mental health in all policies' approach.

HSE Actions	**Extended action from key Gov depts**	**Key Government Departments**
23. Mainstream and integrate mental health promotion within the HSE and national and local plans that impact on health and well-being.	Develop a national training programme in mental health promotion for key staff across Government departments, HSE, Community and Voluntary partner organisations.	Dept of Health
25. Embed mental health promotion messaging into the forthcoming national communications campaign aimed at improving the mental health literacy of the population.	Ensure that national communications campaigns include messaging on positive mental health targeted at specific population groups.	Dept of Health

26. Integrate and align the actions in this plan with the forthcoming Department of Health National Mental Health Promotion Plan.	Ensure strong alignment between the National Mental Health Promotion Plan and Stronger Together.	Dept of Health & members of NMHP Plan Oversight Group
27. Advocate and provide guidance for an enhanced focus on mental health and well-being through grant aid agreements and local interagency structures.	Influence national funding streams to prioritise evidence-based mental health promotion initiatives.	Dept of Health, Dept Tourism, Culture, Arts, Gaeltacht, Sport and Media (Creative Ireland)

Conclusion

Stronger Together, the HSE Mental Health Promotion Plan was developed in the knowledge that a National Mental Health Promotion plan would be developed which could further strengthen its mandate and implementation. The focus in Stronger Together is a series of evidence-based mental health promotion actions which are within the scope of the Health Service and funded agencies to deliver. Fundamental to the plan is the principle of partnership and intersectoral action and the recognition that to address the social, physical, economic and environmental determinants of mental health and mental health inequities requires a broader cross Government approach. Although there are examples of cross sectoral working between the HSE and key Government Departments in mental health promotion, these could be further mandated and strengthened through the NMHP Plan. The establishment of structures and processes to support the implementation of a NMHPP will also strengthen the monitoring and implementation of Stronger Together.

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Chapter 6
Recommendations for Priority Actions

Drawing on the findings from this report, this chapter outlines draft priority actions, together with recommendations for enabling policy structures and processes, for the implementation of the National Mental Health Promotion (NMHP) Plan. Building on existing national policy frameworks and implementation structures, including *Healthy Ireland Strategic Action Plan 2021-2025* (Government of Ireland, 2021), *Sharing the Vision: A mental health policy for everyone* (Department of Health, 2020), *Connecting for Life: Ireland's National Strategy to Reduce Suicide* (Department of Health, 2015), the *Well-being Framework for Ireland* (Government of Ireland, 2021) and the HSE *Stronger Together: Mental Health Promotion Plan 2022-2027* (HSE, 2022), a conceptual framework, vision and core principles for the NMHP Plan are proposed.

Conceptual Framework

Based on a review of current theoretical frameworks, and in line with national and international policy frameworks, a population approach to promoting mental health is outlined, underpinned by the core concepts and principles of health promotion, and delivered within an overarching well-being framework integrating cross-sectoral policy actions that can address the structural determinants of mental health and well-being. A graphic, adapting the following figure (Figure 2.5), could be developed to illustrate this framework – placing Promoting Population Mental Health and Well-being in the inner circle surrounded by the dimensions of well-being on the outside.

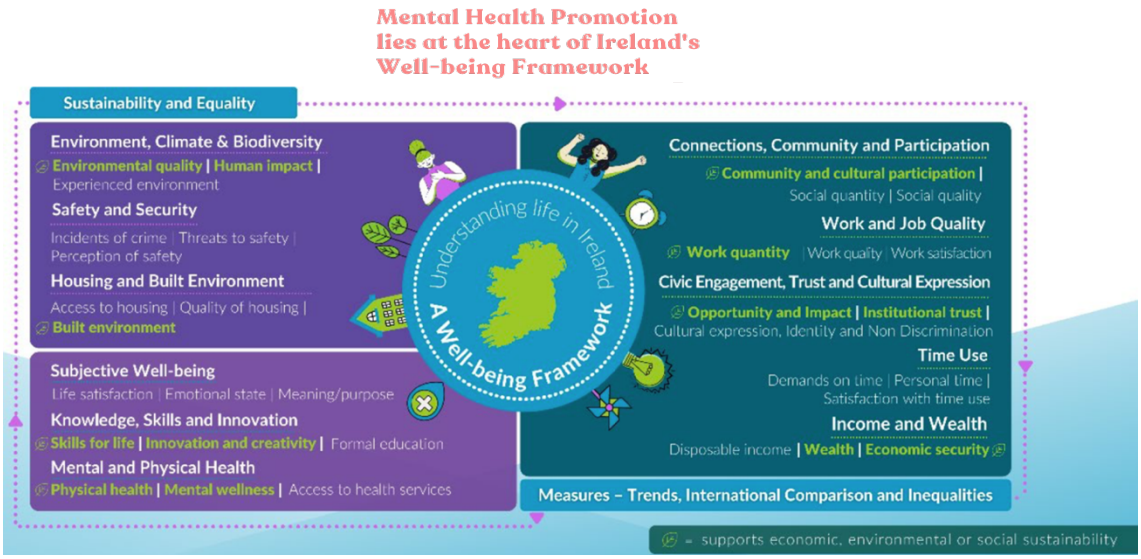

Figure 2.5: Adapted from Government of Ireland (2022), Understanding Life in Ireland: The Well-being Dashboard 2022

Vision

Building on the vision outlined in *Healthy Ireland* (Department of Health, 2013) and the HSE *Stronger Together: Mental Health Promotion Plan 2022-2027*, the following vision is proposed:

A healthy Ireland where positive mental health and well-being is actively promoted, supported and valued across society and whole of Government.

High-Level Goals

The NMHP Plan aims to support the sustainable delivery of comprehensive cross-sectoral mental health promotion actions across the lifecourse and in everyday settings, with a particular focus on reducing mental health inequities for disadvantaged, marginalised and vulnerable groups.

The following high-level goals, adapted from the HSE *Stronger Together* plan, are proposed:

- Increase the proportion of people who are mentally healthy at all life stages.
- Reduce inequities in population mental health and well-being.
- Mainstream the promotion of mental health and well-being across sectors through the development of an integrated whole systems, cross-government approach.

- Strengthen capacity, structures and processes at a policy, practice and research level to support implementation of comprehensive evidence-based mental health promotion interventions at the national and local level.

Principles that will guide implementation of the NMHP Plan:

- A whole-system approach whereby all sectors, not solely the health sector, play their part in protecting and promoting population mental health and well-being
- Partnership and intersectoral action across settings and sectors
- A population-based life course approach
- Universal and targeted interventions and supports delivered in everyday settings in an empowering and participatory manner
- A determinants of mental health approach addressing the social, physical, economic and environmental determinants of mental health, well-being and equity
- Evidence-based and evidence-informed actions.

Draft Priority Areas for Action

Building on Chapter 5, which outlines actions to complement and strengthen implementation of the *HSE Stronger Together* plan, and drawing on the findings from the mental health promotion evidence synthesis (Kuosmanen et al., 2022), the following high-level actions are identified for inclusion in the National Mental Health Promotion Plan.

Starting Well

Strengthening the foundations for positive mental health and well-being in the early years is a priority area for action, given the critical importance of the early years for positive development across the life course and in addressing the social determinants of mental health and well-being. A number of actions are identified for promoting the mental health of pregnant women, infants and their families, empowering parents and enhancing emotional well-being in parents and infants in the home and through health services.

- Increase access to universal and targeted evidence-based perinatal interventions for promoting infant and maternal mental health.

- Scale up and integrate evidence-based interventions to improve infant and maternal mental health into standard antenatal and postnatal health care services, through embedding mental health promotion in the implementation of existing policies and programmes, working in collaboration with primary care, midwifery and public health nursing services.

- Deliver targeted perinatal interventions for pregnant women at higher risk, including teenage pregnant women, single mothers, families living in poverty, women exposed to intimate partner violence and social exclusion, and women at risk of postpartum depression, working in collaboration with health services, relevant NGOs and women's groups.

- Scale up interventions to support social and emotional development in early childhood through the implementation of both universal and targeted home visiting and parenting programmes.

    - Embed an explicit focus on children's social and emotional development into existing early childhood services, including the delivery of home visiting programmes that are proportionate to need.

    - Implement both universal and targeted parenting programmes that will support social and emotional development in infancy and early childhood, through embedding a focus on mental health promotion in the implementation of parenting support services, working in partnership with DCEDIY, health services, Family Resource Centres, relevant NGOs and parent groups.

    - Implement targeted family support interventions for families at higher risk, including families living in emergency accommodation, in direct provision, in poverty and exposed to adverse living conditions and childhood experiences, parents with mental health difficulties, and parents of children with behavioural problems and disabilities, working in collaboration with health services, Family Resource Centres, relevant NGOs and parent support groups.

- Strengthen workforce capacity for integrating the delivery of mental health promotion in early childhood programmes and services at all levels across the system, building on current HSE and DCEDIY initiatives.

Growing and Learning Well

Promoting mental health and well-being enables young people to develop positively and learn critical life skills across the lifecourse. Actions for integrating the development of social and emotional well-being within learning environments are outlined for children, young people and students in preschool, school and higher education settings.

- Integrate social and emotional learning into early learning and preschool curricula in collaboration with the Departments of Education, DCEDIY and Social Inclusion.
    - Increase access to universal social and emotional learning programmes that will improve social and emotional competences and reduce behavioural and affective problems in preschool-aged children.
    - Deliver targeted early learning supports for young children who are homeless, from low-income, ethnic and minority backgrounds, including Traveller & Roma children, refugees and migrants, children with disabilities, children in care, and children of parents who have mental health difficulties.

- Scale up the delivery of universal social and emotional learning, including anti-bullying programmes, in primary and post-primary schools.

    - Strengthen implementation support to schools for embedding the delivery of skill-based social and emotional learning within a whole school approach, working in collaboration with the Department of Education.

    - Ensure pre-service and in-service training in mental health literacy and social and emotional skills development for educational staff, working in collaboration with the Department of Education.

- Increase access to targeted school-based programmes, including anxiety and depression prevention, and additional supports for children and young people at higher risk.

    - Deliver tailored and culturally appropriate social and emotional learning supports for young children from disadvantaged ethnic and minority backgrounds, including Traveller & Roma children, refugees and migrants, children with disabilities, behavioural problems and children of parents who have mental health difficulties, in collaboration with the Departments of Education, DCEDIY and Social Inclusion.

    - Increase access to tailored trauma-informed support for school children and young people who have experienced adverse childhood experiences, including sexual, physical and psychological abuse, domestic violence, intergenerational trauma, humanitarian crises, war and conflict.

- Implement a whole campus approach to the promotion of mental health and well-being of students in further and higher education settings in collaboration with the Department of Further and Higher Education, Research, Innovation and Science, and the Education and Training Boards Ireland.
    - Increase access to interventions promoting students' social and emotional well-being and sense of connectedness, aligned to the Healthy Campus Charter and Framework, the Higher Education Authority National Student Mental Health and Suicide Prevention Framework, and the Further Education and Training Learner Mental Health Framework (2023).

- Enhance access across age groups to lifelong learning opportunities that will enhance mental health and well-being.
    - Integrate personal, social and emotional skills development into current lifelong learning initiatives, such as the National Skills Strategy 2013-2025, especially for disadvantaged and socially excluded population groups such as Travellers & Roma, migrants/refugees, older people, those not in education or employment, ex-prisoners, and people living in disadvantaged and isolated

areas, working in partnership with the Departments of Education, Enterprise, Trade and Employment, Social Protection and HSE.

Belonging Well

Engaging the wider community through community empowerment programmes provides an important platform through which mental health and well-being can be promoted across the life course. A particular focus is needed on interventions that can reach community members who are more vulnerable, under stress, and hard-to-reach, including those who are socially excluded, marginalised, not in education or employment, and minority populations such as homeless people, refugees and asylum seekers, migrant populations, people with disabilities, enduring mental health difficulties, and members of the LGBTQI+, Traveller & Roma and ethnic minority communities.

Building on existing strategies, such as the National Social Inclusion Strategy and the National Roadmap for Social Inclusion, these actions will be delivered in collaboration with relevant government departments, NGOs and community organisations, including the Departments of Education, DCEDIY, Social Inclusion, Rural and Community Development, Tourism, Culture, Arts, Gaeltacht, Social Protection, Agriculture, Justice, HSE, youth and community organisations.

- Promote social and emotional well-being across the life course through community engagement and empowerment programmes, especially for those who are disadvantaged, socially isolated and excluded.

    - Scale up the delivery of community empowerment programmes for young people, especially those not in education or employment, from disadvantaged and minority backgrounds (including young Travellers & Roma, migrants, asylum seekers, sexual and gender minority youth/LGBTQI+, homeless youth, young people in the justice system etc.), working in collaboration with the Departments of Education, DCEDIY, Social Inclusion, Justice, youth and community organizations.

- Strengthen the implementation of mental health promotion in youth settings through mentoring programmes, social action, cultural participation and nature-based interventions, including outdoor adventures and sports, working in collaboration with the Departments of Education, DCEDIY, Social Inclusion, Sports Partnerships and youth and community organizations.

- Increase access to targeted anxiety and depression prevention and early intervention approaches for young people at higher risk, including CBT, supported education and employment, and combined modalities delivered in community settings through group, individual and online formats, building on HSE and DCEDIY initiatives and in partnership with organisations such as Jigsaw, National Youth Council of Ireland and Spun Out.

- Strengthen community participation for older people and those who are socially excluded through volunteering, befriending, intergenerational programmes, bereavement support, and community-based initiatives such as community gardening, creative arts, Men's Sheds, and online interventions designed to promote social connectedness, in collaboration with the Departments of Social Inclusion, Rural and Community Development, Tourism, Culture, Arts, Gaeltacht, Sport and Media, HSE, NGOs and community organisations.

- Increase access to mental health promotion within the criminal justice and prison system, strengthening the incorporation of personal, social and emotional skills development into crime prevention and rehabilitation services, building on the recommendations of the High Level Task Force report to consider the mental health and addiction challenges of those who interact with the criminal justice system, published in August 2022 by the Department of Health and the Department of Justice (Government of Ireland, 2022).

- Strengthen community empowerment programmes to promote the mental health and well-being of individuals and families living in poverty and in debt.

- Increase access to community microfinance and debt management combined with mental health support for individuals and families who are struggling financially and on the threshold of homelessness, working in collaboration with the Departments of Social Protection, Housing, Rural and Community Development, Money Advice & Budgeting service, Children and Young People's Services Committees, Local Authorities and Local Partnership Companies.

- Extend the reach of social prescribing (education, creative arts, nature-based approaches, physical activity, gardening, literacy, health promotion, stress management etc.) for marginalised and vulnerable groups in the community.

    - Increase access to social prescribing for priority groups, including refugees and asylum seekers, migrant populations and members of the Traveller, Roma and ethnic minority communities, homeless people, those in the criminal justice system (ex-prisoners), and people living in rurally isolated areas in collaboration with the Departments of Social Protection, Agriculture, Justice, Rural and Community Development, HSE and community organisations.

    - Increase access to social prescribing for informal carers, people living with a disability, including dementia, and severe and enduring physical and mental health conditions.

- Implement, in collaboration with local community organisations and Local Economic and Community Plans, a range of social networking and social capital interventions that support cross-community engagement, participation in local decision-making and community projects.

    - Increase delivery of social support interventions for people experiencing social isolation and exclusion through the development of support groups, peer support, social activities, befriending schemes and digital interventions to counteract loneliness and social isolation, in partnership with Departments of

DCEDIY, Social Protection, Rural and Community Development, Tourism, Culture, Arts, Gaeltacht, Sport and Media, NGOs and HSE.

- Scale up the integration of arts and creativity as a means of promoting mental health and well-being in community settings, especially for disadvantaged and socially marginalised population groups, and people of diverse ethnic backgrounds, working in collaboration with the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media (Creative Ireland), Rural and Community Development, Social Protection, and HSE.

- Embed a focus on population mental health and well-being in local planning, housing and living environment improvement schemes, including the development of green spaces and transport infrastructure for local communities and dedicated spaces for social interaction and community activities, in collaboration with the Departments of Housing, Transport, Rural & Community Development, Environment, Climate & Communications, Social Protection, Local Authorities etc.

Working Well

The implementation of the *Healthy Ireland at Work: A National Framework for Healthy Workplaces in Ireland 2021–20251*(Department of Health, 2021), provides a unique opportunity to strengthen the delivery of workplace mental health promotion initiatives that will promote the mental health and well-being of Ireland's workers. Working in collaboration with the Department of Enterprise, Trade and Employment, Social Protection, trade unions, employers' groups, and professional representative organisations and HSE, the following priority actions are identified to support the implementation of effective approaches to enhancing mental health and well-being in the workplace setting:

- Support mentally healthy workplaces through integrating mental health promotion into the delivery of workplace health and safety policies and workplace health promotion interventions outlined in the *Healthy Ireland at Work* national framework, including the implementation of management standards and policies for addressing the sources of work-related stress.

- Strengthen the delivery of interventions to raise mental health awareness in the workplace for both managers and employees, in order promote positive workplace practices, increase help-seeking and reduce stigma.

- Strengthen the delivery of evidence-based individual and organisational level interventions, tailored to the needs of diverse workplaces, including SMEs and blue-collar worksites.

- Promote workers' positive mental health and well-being by designing work processes and management practices that promote and protect the mental health and well-being of employees.

- Introduce a mentally healthy workplace initiative, through the development of national guidelines, training and incentives for the creation of work environments that are supportive of the psychosocial aspects of work, recognising the potential of the workplace to promote workers' mental health and well-being, and reduce the negative impacts of work-related stress.

    - Incentivise the implementation of supportive organizational structures and management practices, including a focus on flexible work-arrangements, employee participation in decision-making and managerial support.

    - Strengthen job security safeguards through supportive workplace policies and legislation.

- Increase access to mental health support at work for employees experiencing mental health problems and their retention in the workforce, through the delivery of effective interventions for depression, anxiety and stress, including evidence-based talk therapies such as CBT, mindfulness, stress management, through individual, group and digital formats, in partnership with statutory and voluntary agencies.

    - Strengthen legislation and regulations in protecting and supporting the rights of workers with mental health difficulties and disabilities and their access to employment.

- Mainstream supported employment work schemes, including individual placement and support initiatives, for people with mental health difficulties and other disabilities.

- Enhance social protection policies and Active Labour Market programmes for people who are unemployed.

    - Embed evidence-based mental health promotion interventions into statutory training and employment schemes that will promote and protect the mental health and well-being of those who are unemployed, preventing the negative mental health impacts of unemployment and improving re-employment opportunities.

Equally Well

Reducing mental health inequities and enabling all people to optimise their mental health and well-being is a critical policy imperative. Alongside the delivery of targeted actions for priority population groups, such as those outlined in the National Traveller Health Action Plan (Department of Health 2022-2027), and actions already outlined in previous sections above, a number of priority upstream actions are identified for reducing structural inequities in mental health and well-being for disadvantaged, socially excluded and vulnerable population groups.

- Scale up and further strengthen existing mental health promotion initiatives for disadvantaged, marginalised and vulnerable population groups across the lifecourse, working in collaboration with the Departments of Social Protection, Housing, Justice, Education, DCEDIY, Rural and Community Development, Tourism, Culture, Arts, Gaeltacht, Sport and Media, NGOs and HSE.

    - Strengthen the active engagement of marginalised and vulnerable groups in identifying policy priorities and the co-design of processes and programmes for promoting culturally safe, tailored and community-led mental health and well-being promotion initiatives for their communities, including Traveller & Roma and minority ethnic communities, prisoners, sex workers, individuals

exposed to gender-based violence, vulnerable and socially marginalised population groups.

  - Increase access to linguistically appropriate mental health promotion resources and supports for speakers of Irish and other languages.

- Counter the negative impact of discrimination, racism, and social exclusion on population mental health and well-being through strengthening legislation, regulation and policies across relevant Government Departments.

- Support the delivery of policies and interventions aimed at improving housing stability and reducing homelessness, including rental assistance and high-intensity case management, supported transition to stable and secure housing.

  - Increase access to integrated services and a continuum of supports for protecting the mental health and well-being of homeless people, working in collaboration with the Departments of Housing, Social Protection, Local Authorities, NGOs, housing associations and homeless services etc.

- Strengthen social protection and welfare measures to support population groups living in poverty and increase access to a continuum of supports that will promote and protect the mental health and well-being of low-income individuals and families.

  - Strengthen child poverty measures with a focus on giving every child the foundations for good mental health and well-being, enabling positive development and flourishing.

- Develop a national training programme in mental health promotion for statutory and voluntary agencies working with disadvantaged and marginalised population groups.

  - Deliver accessible mental health promotion training supported by tailored resources, with a particular focus on mental health inequities and the wider determinants of mental health and well-being, working in collaboration with cross government departments and voluntary agencies (e.g., the Departments

of Justice, DCEDIY, Education, Social Protection, Housing, Enterprise, Trade and Employment, Rural and Community Development, Agriculture, Tourism)

Integrating Well

A 'mental health in all policies approach' supports the creation of supportive environments for population mental health and well-being, through enhancing equity and social justice and reducing structural barriers to mental health through intersectoral policies and actions. Priority actions for the integration of population mental health promotion into all public policies and programmes include the following:

- Establish a coordinating mechanism for cross-governmental and cross-sectoral integration of mental health promotion in all policies working through the Office of the Taoiseach and the Cabinet Committee structure.

    - Apply the Well-being Framework for Ireland as an overarching structure for inter-governmental policy development and the alignment of policy priorities in promoting population mental health and well-being, creating more effective policy coordination and co-operation across and between government departments and agencies.
    - Establish policy structures and processes across national and local partnerships in the delivery of integrated mental health promotion actions across sectors.

- Strengthen the mainstreaming of mental health promotion within the HSE *Stronger Together* Plan and national and local plans that impact on health and well-being.

    - Integrate mental health promotion into routine primary care, mental health services and health services, ensuring parity of esteem for mental and physical health and the training of health care staff in mental health promotion and primary prevention.
    - Reorient health services to focus on mental health promotion and prevention across primary care, hospital care and the recovery movement.

- Enhance public awareness of positive mental health and well-being and how it can be promoted and protected through the national communications campaigns and tailored strategies and initiatives for population groups in local community settings.

Enabling Structures and Processes to Support Cross-Sectoral Implementation of the NMHP Plan

Building on the findings from the international scoping review of current policies and practices, and insights from experts in the field, it is recommended that the NMHP Plan is supported by the development of the necessary cross-sectoral structures and processes for promoting population mental health and advancing mental health equity. Given the comprehensive and wide-ranging nature of the actions needed for promoting population mental health and well-being, cross-sectoral engagement will be critical in terms of getting the necessary buy-in from across government departments and other sectors to address the determinants of mental health. In order to support effective implementation, it will be essential to ensure that the necessary structures, coordinating mechanisms and capacity are in place for effective cross-sectoral actions at a whole system level.

The review findings highlight a number of structures and processes that need to be put in place for the delivery of cross-sectoral actions and priorities. These include establishing coordination mechanisms at the national and local level to enable the delivery of priority actions identified in the Plan. Engaging with a wider group of key stakeholders, including civil society, will be critical for advancing effective intersectoral actions into the future.

An overview of existing policy priorities across government departments shows that there is already a wide range of activities in place across departments that has relevance for, and will impact on, population mental health and well-being. The Plan will seek to identify the added value that a mental health promotion focus or lens can bring to this existing work, identifying a shared agenda and articulating the co-benefits that can derive from a more collaborative approach at a whole systems level.

The NMHP Plan will need to be a living document that evolves over time and is responsive to new developments, whereby new and emerging issues can be incorporated into the Plan as it identifies priorities each year.

It is proposed that consideration be given to developing a 10 year plan, to run in parallel with *Healthy Ireland*, *Sharing the Vision* and *Connecting for Life* implementation frameworks, with a focus on long-term outcomes and policy change that can be operationalized in both short-term and long-term goals and measurable indicators delivered through sustainable intersectoral structures that last beyond electoral mandates and political changes. The inclusion of three yearly implementation planning periods with staged reviews would facilitate a structured and phased approach to implementation based on strengthening cross-sectoral support for delivery.

The following specific actions are recommended based on the findings from this project:

Engagement in Cross-Sectoral Policy Development

- **Establish a high-level mandate and commitment** to work across government departments for cross-sectoral action, using the Well-being Framework as an integrative policy tool for collaborative action, driven out of the Office of the Taoiseach. This mandate could also clearly define roles and responsibilities across departments and identify intersectoral mental health promotion actions to be undertaken at both the national and local level in collaboration with key sectors and agencies. Additionally, mandating the use of Mental Health and Well-being Assessments in all larger proposals across sectors could be helpful.

- **Create a dedicated staff resource** to lead the engagement process and develop cross-sectoral working, building relationships, trust, commitment and shared understanding across government departments, especially of equity and the social determinants of mental health. This dedicated team could be anchored within the health sector, but must have the capacity and competencies needed to navigate the policy context, negotiate across sectors and policymakers, and translate and frame the evidence in a targeted manner in order to increase mental health literacy and gain genuine

commitment from all sectors. Identifying policy influencers that can formally act as champions at the national and local levels could be helpful.

- **Establish a shared language and common understanding**, drawing on the conceptual framework outlined in this report, to advocate for, and communicate clearly, across government the importance and relevance of promoting mental health and well-being and what actions can be taken together across different sectors. This may include a reframing of terminology currently used in the health sector to include the language of well-being and framing messages in terms of broader policy agendas. While shared and consistent understanding of mental health and well-being is essential, negotiations should be tailored to each sector in order to reflect specific goals and address unique challenges.

- **Build on existing governmental policy priorities and processes**, demonstrating added value, i.e., how a focus on promoting positive mental health and well-being can contribute to existing priorities and lead to co-benefits. A thorough understanding of the policy context across the whole-of-government and a mapping of policies will be required. Systems modelling may be needed in order to make complex links across priority areas within sector systems.

- **Make the case for promoting population mental health and well-being** through highlighting the impact of mental health on our economy and productivity and its central importance for well-being, social and economic development. Closer links with research and effective knowledge brokership will be essential in this regard in addition to using economic modelling.

- **Enable civil society participation** through public consultations, media involvement, and national conversations to raise public awareness and engagement in the development of the Plan. Consider establishing a Citizen's Assembly on well-being, with a particular focus on promoting mental well-being at a population level. Social media campaigns and other awareness initiatives could also be prioritised.

Development of Cross-Sectoral Policy Implementation Structures

- **Build on existing cross-governmental structures** for the implementation of the cross-sectoral actions, based on a high-level mandate and the engagement of relevant departments across government. A mapping of existing structures across government will help identify windows of opportunity for shared goals and collaboration.

- **Establishing co-ordination mechanisms at national and local level** to oversee the effective implementation of the Plan across sectors (including NGOs and the community sector). At the national level, high-level committees should meet regularly to engage in cross-sector conversations in order to encourage a more holistic and synergistic approach to policy implementation and develop innovative ways to collaborate, problem-solve and achieve mutual cross-sectoral objectives. Regional reference groups could also be established to serve as an intermediary for ensuring that local and national objectives are joined up.

- **Develop specific actions,** drawing on the priority areas identified, that can be prioritised for delivery across each year of the Plan. The NMHP Plan could call for action plans to be developed in a phased approach, prioritising sectors that are already familiar with working together (such as Education and Children and Young People) or sectors that can act as levers for the greatest impact (such as bringing together sectors that can address social exclusion and poverty).

- **Establish a dedicated core team** to provide 'backbone support' for implementation of the Plan and with a mandate to work across departments. Ensure that there is a cadre of mental health promotion specialists with the required technical and advocacy skills to work across sectors in supporting implementation at all levels.

- **Strengthen leadership through appointing a dedicated policy lead for mental health promotion** at the Department of Health and consider establishing a unit or centre for Mental Health and Well-being Promotion to lead on this work nationally. Leadership should be guided by formal policy process research and underpinned by

evidence-based theory in order to systematize the cross-sectoral mental health literacy process and add to the international mental health in all policies knowledge base.

- **Secure dedicated funding to support implementation** of the intersectoral work outlined in the Plan. Sustainable core funding mechanisms will need to be established for the long-term delivery of the NMHP Plan. Funding streams could be developed to incentivise joint budgeting across sectors for specific initiatives and joint actions. While the health sector will need additional funding for their lead role in gaining cross-sectoral commitment, other sectors will also need to be encouraged, with financial commitment, to address the social determinants of mental health within their remit.

- **Outline a capacity development plan** to ensure that the necessary technical guidance and expertise in mental health promotion is available at the level of policy, practice and research, with the time, resources, and knowledge of working in partnership across sectors. Alongside a team of mental health promotion specialists, a wider group of first-contact workforce staff (such as teachers, health and community workers, staff in the emergency services, housing, welfare, justice, and employment sectors) should be prioritised. Special consideration should also be given to key actors at the local level, as implementation will be driven at this level. This includes engagement and capacity building of the community and voluntary sector (and particularly NGOs) and the private sector.

- **Upskill the workforce for mental health promotion** implementation nationally, working in collaboration with the HSE and the academic sector. This entails supporting the education, training and professional development of mental health promotion practitioners through dedicated academic and CPD programmes, as well as the inclusion of mental health promotion in the educational curricula of health professionals. The further creation of dedicated roles for mental health promotion practitioners will be critical in coordinating the effective implementation of cross-sectoral actions at both the national and local level.

- **Establish independent oversight for implementation of the Plan** through creating independent boards or boards with independent chairs and cross-sector representation, to hold the system to account.

- **Create cross-governmental accountability mechanisms** for monitoring and reporting of progress across departments. Reporting can be updated to include cross-sector collaboration targets and specific indicators that reflect the overall vision of the Plan (e.g., population-level mental health, well-being and equity outcomes), along with sector-specific outcomes that include assessments of the impact of actions on the social determinants of mental health.

Monitoring and Evaluation

- **Establish a national dataset on indicators of positive mental health and well-being** at a population level. Ensure the inclusion of positive indicators of population mental health and well-being in the development of a National Population Mental Health and Mental Health Services Research and Evaluation Strategy, aligned with *Sharing the Vision,* currently being developed by the Health Research Board. National indicators, that also reflect Ireland's Well-being Framework outcomes, can be incorporated into existing surveillance mechanisms. There are existing developments internationally that can inform the process of developing indicators, such as the OECD's Benchmark and the Positive Mental Health Surveillance Indicator Framework developed by the Public Health Agency of Canada. There is also scope to collaborate in indicator development with other countries that have prioritised mental health in all policies, as this is a shared challenge internationally.

- **Develop innovative indicators** to account for the social determinants of mental health and well-being. These high-level indicators will be critical in capturing the impact of upstream policy interventions across sectors on population mental health and well-being outcomes. Connecting with broader datasets will also help determine the collective impact of cross-sectoral mental health promotion actions, including the impact on other policy priority areas.

- **Establish dedicated mental health promotion research support** to inform implementation monitoring, evaluation and knowledge translation for evidence-informed policy and practice. This includes a greater focus on evaluating complex multilevel interventions, implementation research and the scaling up of evidence-based mental health promotion approaches in the local context. Establishing a dedicated knowledge translation function and network for mental health promotion research nationally would help to foster knowledge sharing and provide a range of tools, methods and knowledge translation services to support best practice and policy, with an emphasis on reducing inequities in population mental health and well-being.

Appendices

Appendix 1. Scoping Review Protocol

Context

The review aimed to identify current international best practice with regard to implementing a 'whole system' (whole-of-government and whole-of-society) or population approach to mental health promotion and the experience internationally of developing and delivering intersectoral mental health promotion policy at a country level. The review builds upon the findings of studies of similar nature (GermAnn & Ardiles, 2009; McDaid et al., 2020) using Arksey & O'Malley's (2005) scoping framework.

Types of Policies

This review aimed to scope international best practice in developing mental health promotion policies, with special regard to implementing intersectoral approaches (identification of cross-sectoral collaboration mechanisms). Information from international studies, journal articles, policy documents, international agencies (e.g., WHO, UNICEF, OECD) and mental health associations or organisations were included. Studies were eligible for inclusion if they focused on mental health promotion policies aiming to:

1. Implement population-level mental health promotion and at the country level
2. Implement cross-governmental policy coordination or Health in all Policies initiatives
3. Address other health promotion concerns such as addressing mental health inequities and strengthening protective factors of good mental health.

Reviews of policies focused on primary prevention of mental health problems were included in the review. Healthcare strategies focused on secondary or tertiary prevention or treatment for people with a diagnosed disorder were excluded. Studies published in English between 2011 and 2022 were included in the review, with particular importance given to policies that could be feasibly implemented in Ireland, such as those of developed nations of comparable population. Significance was also placed on countries that are considered to be leaders in government-led mental health promotion.

Factors of Interest

Particular interest was given to state-of-the-art examples or models of international best practice in developing and implementing mental health promotion policies. Factors of particular interest included:

- Policy development factors:
  - Conceptual frameworks that underpin country-level mental health promotion strategies; particularly those that align with health promotion principles such as addressing mental health inequity, collaboration, population-level strategies, and ecological strategies (multisectoral and multi-component approaches) etc.
  - National policy priorities and key principles that cover population groups across the life course and including actions that can be delivered across different settings and delivery platforms
  - Evidence of synergy of mental health promotion policy with existing inter-government policy structures and processes
- Policy implementation factors:
  - Facilitators/enablers of 'whole of government' engagement and coordination (e.g., particular policy coordination mechanisms and/or structures to support intersectoral actions across government departments and other sectors and policy processes that support implementation), including inter-governmental actions and responsibilities, or governance structures (i.e., who is leading intersectoral coordination?)
  - Barriers/challenges to implementing mental health promotion policies and potential solutions in theory and practice
  - The extent to which mental health promotion policies address the social and structural determinants of health and how this occurs in practice
  - Indicators of policy success (what outcomes are used and how they are being monitored) including assessment of a whole system approach (how government synergy is assessed)
  - Indicators of implementation success (e.g., are there implementation committees etc. establishing what actions are being delivered and how they are being monitored?)
  - Evaluation of policy investments and demonstration of strategy successes.

Types of Evidence

International studies and journal articles were included as well as national policies, strategies, and action plans. Additionally, mental health association/organisation reports were included. Grey literature was also consulted, including relevant global, national and regional sources of policy documents.

Search Strategy

Peer reviewed and grey literature were included in the review. The searched databases included:

1. Academic databases: PubMed, Scopus, EBSCO/CINAHL/PsycINFO, Applied Social Sciences Index & Abstracts (ASSIA), Web of Science and Embase/MEDLINE
2. Public health databases: Center for Reviews and Dissemination/Databases of Abstracts of Reviews of Effectiveness (DARE)/NHS EED/HTA and Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre)

Additional sources included Google Scholar and reference lists for relevant articles, book chapters and reviews. Grey literature (reports, conference papers, policy documents, dissertations and committee reports) were identified by:

- Searching Google Scholar using the search terms outlined in Table 1.3
- Searching grey literature databases: Ethos (search terms in Table 1.2) and ProQuest (search terms in Table 1.1)
- Searching relevant global, national or regional sources: WHO, UNICEF, OECD, World Bank, the European Commission, Publications Office of the European Union, and Ministries of Health or Departments of Health in comparable countries or at the state/territory level who are considered to be leaders in mental health promotion (e.g., Finland, New Zealand, Northern Ireland, Scotland, Wales, states/territories of Australia and Canada etc.)
- Searching mental health associations/organisations: International Initiative for Mental Health Leaders (IIMHL), the Mental Health Innovation Network (MHIN), European Community based Mental Health Service Providers (EUCOMS) Network and the European Public Health Association (EUPHA)

Search Terms

Abstracts and titles of international studies, journal articles, policies, strategies, and action plans were searched using combinations of the search words in Table 1.1. In certain cases, key words and summaries were also included. All search terms in all columns were used in each search of the peer-reviewed electronic databases (PubMed, Scopus, EBSCO/CINAHL/PsycINFO, ASSIA, Web of Science and Embase/MEDLINE) as well as the ProQuest electronic database for grey literature. Search words in Table 1.2 within any field were used for the Center for Reviews and Dissemination/DARE/NHS EED/HTA database and targeted topic areas were consulted in the Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre) database. The remaining grey literature databases (Ethos and Google Scholar) were searched using combinations of search terms as indicated in Table 1.2 and Table 1.3 respectively. The websites of global, national and regional sources and mental health associations/organisations were searched using the search terms in Table 1.2 one-at-a-time.

Inclusion-Exclusion Criteria

Policy information was included in the review if it:

- Was published from 2011 to 2022
- Was published in English
- Addresses population-level mental health promotion and at the country level
- Included strategies to promote mental health and well-being and the primary prevention of mental health problems at the population level

Information was NOT included if it:

- Focused on strategies to address the treatment of mental, emotional or behavioural problems.

Table 1.1. Search terms for electronic databases with advanced search options (PubMed, Scopus, EBSCO/CINAHL/PsycINFO, ASSIA, Web of Science, Embase/MEDLINE and ProQuest)

A **Policy terms**	B **Type of policy**	C **Context**	D **Information terms**
Polic*	"Mental Health Promo*"	"Health in all policies"	Implementation
OR	OR	OR	OR
"Action Plan"	"Mental Health"	HiAP	Delivery
Strategy	"Mental Well-being"	"Health for All"	Development
Strategic Plan	"Mental Well being"	Whole-of-government	"Best practice"
Report	"Mental Well-being"	"Whole of government"	Effectiveness
Approach	"Primary Preven*"	Whole-of-society	
Framework*		"Whole of society"	
Guideline*		Whole-of-population	
Model*		"Whole of population"	
"Discussion Paper"		Population-level	
		"Population level"	
		Country-level	
		"Country level"	
		National-level	
		"National level"	
		Intersectoral	
		Inter-sectoral	
		Multisectoral	
		Multi-sectoral	
		Cross-sectoral	
		"Cross sectoral"	
		Cross-departmental	
		"Cross departmental"	
		Cross-governmental	
		"Cross governmental"	

		Cross-government “Cross government”

** denotes multiple word endings including singular and plural*

“ ” denotes only the full term will be searched for

Table 1.2. Search terms for Ethos and Center for Reviews and Dissemination/Databases of Abstracts of Reviews of Effectiveness (DARE)/NHS EED/HTA electronic databases

	“Mental Health” AND	“Mental Well-being” AND	“Mental Well being” AND	“Primary Prevention” AND	“Mental Health Promotion” AND
Policy implementation					
Strategy implementation					
Framework					
Health in all policies					
Hiap					
“Health for all”					
Whole of government					
Whole of society					
Whole of population					
Population level					
Country level					
National level					
Sectoral					
Cross government					
Green shading denotes search terms that were combined					

Red shading denotes search terms that were not combined *Each of the search terms above were searched one-at-a-time in each global, national and regional source and mental health association/organisation*

Table 1.3. Search terms for Google Scholar

Find articles…	
With the exact phrase:	Mental Health Promotion
With all of the words:	Implementation
With at least one of the words:	"cross government" OR "whole of government" OR "whole of population" OR "whole of society" OR "health in all policies" OR hiap OR sectoral
Unlike all other searches, Google Scholar was limited to articles from 2017-2022	

Appendix 2. Protocol for Roundtable Discussions with International Experts in Mental Health Promotion

- **Welcome and introductions**

- **Background** to the development of the National Mental Health Promotion Plan in Ireland and overview of current work.

- **Updates** from experts on current policy developments in mental health promotion in their respective countries.

- **Discussion:** Proposed questions for discussion with the group:

  Policy development: What in your experience are the key enablers and barriers in getting buy-in from across government departments and other sectors for cross-sectoral actions for inclusion in the strategy?

  - Are there any specific strategies that you found to be effective in engaging other government departments?
  - Which departments were actively involved in driving the mental health promotion elements of your respective strategies?
  - Which department/sector lead on the development of the mental health promotion actions in the strategy?

  Policy Implementation: What coordinating mechanism are used to ensure the delivery of cross-sectoral mental health actions identified in the strategies?

- What structures have been put in place to support implementation of the cross-sectoral actions and enable coordination across government departments and other sectors?
- What policy processes have been put in place to support effective delivery and accountability across government departments for cross-sectoral actions?
- What reporting mechanisms are used?
- Who leads on monitoring policy implementation with regard to mental health promotion?

Monitoring & Evaluation: What processes are in place to monitor the implementation and outcomes of the mental health promotion actions?

- What implementation indicators are employed and how are these reported?
- What evaluation outcomes have been identified for the mental health promotion actions?
- Are there national-level datasets for positive mental health and well-being at a population level being used to track impact at a country level?

Leadership: What are the most effective strategies for ensuring sustained leadership and oversight of implementation across a five-year plan?

- How can the engagement of key stakeholders across sectors be sustained in terms of implementation?

- **Wrap-up and final take-away points.**