CANADIAN PUBLIC HEALTH ASSOCIATION
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Health Equity Impact Assessment (HEIA) - A Public Health Approach to Population Mental Wellness Position Statement

Submitted November 16, 2020

SCOPING *Does the initiative acknowledge that different individuals or groups are affected?*	
Population	**Effect**
Perinatal, Infant, Child	Yes, addressed in the recommendations.
Pregnant Women & Postpartum Period	**Not in recommendations:** pregnant women and postpartum period are NOT included and reflected in the recommendations, despite this being a group with increased vulnerability and specific needs from a population mental wellness perspective A 2014 Public Health Agency of Canada publication outlines the unique needs of this population, noting history of physical or sexual abuse heightens mental health risks https://www.canada.ca/en/public-health/services/publications/healthy-living/pregnancy-women-mental-health-canada.html
Youth	Yes, addressed in the recommendations. This document discusses the health priorities for youth aged 14-17; It also highlighted suicidal risks and related statistics. It does not cover settings-based recommendations for youth (school, university, training programs), which is notable given that early childhood & workplace are specifically addressed in the recommendations.
Older adults	Yes, addressed in the recommendations, but specific mental wellness considerations of older populations living in care homes and in social isolation have not been addressed.
Homeless	**Not in recommendations:** Homeless population is mentioned briefly (one word in the "A Public Health Approach to Population Mental Wellness - Canadian Perspective" section) but not addressed in the recommendations. According to the Homeless Hub, the State of Homelessness in Canada 2016 report estimated that at least 235,000 Canadians experience homelessness each year. In general, 30-35% of those experiencing homelessness, and up to 75% of women experiencing homelessness, have mental illnesses. 20-25% of people experiencing homelessness suffer from concurrent disorders (severe mental illness and addictions). Determinants of Health: • Income and Social Status – this can affect the living conditions, which also impacts individual health • Employment and working conditions – unemployment and the associated stress can be linked to lower health outcomes https://www.homelesshub.ca/about-homelessness/topics/mental-health#:~:text=In%20general%2C%2030%2D35%25,severe%20mental%20illness%20and%20addictions
Newcomers/Immigrants	Yes, addressed in the recommendations, but no recognition of the different approaches required for different ethno-cultural groups; a universal approach for all will not be useful
Refugees	**Not in recommendations:** There is no mention of refugees in the overall statement. While some of the recommendations may seem applicable to them, a universal approach may exclude this group. As noted by the Mental Health Commission of Canada in the 'Supporting the Mental Health of Refugees to Canada' report (January 2016), "A systematic review by Hansson et al. (2010) indicates increased rates of post-traumatic stress disorder and depression in refugees to Canada. The work of Rousseau et al. (2013) identifies increased rates of mental health problems in refugee children and Anderson et al. (2015) report that being a refugee is a risk factor for psychosis. Although a minority of refugees will develop

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	problems, they are a high-risk group for mental health problems or illnesses, which can be complex." https://ontario.cmha.ca/wp-content/files/2016/02/Refugee-Mental-Health-backgrounder.pdf The *Mental health and well-being of recent immigrants in Canada: Evidence from the Longitudinal Survey of Immigrants to Canada* report by Citizenship and Immigration Canada (November 2012) include lots of insightful mental health recommendations regarding refugee/newcomer mental health and wellness that could be beneficial to consider in this policy statement: https://www.canada.ca/content/dam/ircc/migration/ircc/english/pdf/research-stats/mental-health.pdf A targeted, trauma informed, culturally sensitive approach could help to address unique challenges in achieving population mental wellness for refugee groups.
Workforce, including Low-income, under-employed or unemployed	Workforce programs have been mentioned in the recommendations, but no mention of either new mental health empowerment norms in light of rapid transitions in the work-from-home environment (isolation, employment precarity, family stressors) or unique stressors of 'essential workers' and those who are unable to work from home. Poverty reduction programs are references in the recommendations, but no mention of job-skilling/re-skilling or other employment programs.
People with disabilities, chronic health conditions and people who use substances	'Differently-abled people' has been referenced in the recommendations, but there is no clarity on whether this includes all the conditions noted to the left (e.g. substance use, chronic health conditions). It should be clarified what this term covers, and there should be additional considerations of the unique program and policy needs of these different groups of people. We provide further recommendations on this in the sections below.
Indigenous	Yes, addressed in recommendations
Racialized and Vulnerable	Yes, addressed in recommendations
Women and female-identifying persons	The increased mental health-related issues in women is discussed in the policy statement, but no mention of sexual and intimate partner violence or taking a trauma-informed approach anywhere in recommendations, or as noted above, during pregnancy & postpartum.
LGBT2SQ communities	Yes, addressed in the recommendations.
Intersectionality of the above populations	An acknowledgement of Intersectionality (the interconnected nature of social categorizations and identities such as race, class, and gender) has not been mentioned in the document, despite the impact of these categorizations on the experiences of relative disadvantage or discrimination experienced by different populations. Acknowledgement of intersectionality in priority populations will help prevent tokenism or a 'one-size-fits-all' approach.

POTENTIAL IMPACT *Does the initiative acknowledge that inequities exist in the opportunities or outcomes that are presented to different individuals or groups?*		
Unintended Positive Effect	**Unintended Negative Effect**	**More information needed**
By mentioning many different populations, there may be increased awareness among organizations (NGOs, cultural organizations, different workplace and educational settings) and agencies (federal bodies etc.) who have not been a part of this initiative and may not have considered population health as part of their mandate before.	All vulnerable populations continuing to be excluded (i.e. refugees, homeless, postpartum women; refer up to scoping section for further details) from initiatives and the national conversation around population mental wellness are exposed to potential long-and short-term impacts ranging from poor mental wellness, as well as poor physical health and economic impacts (exclusion from workforce) etc.	More information is needed on the groups that are excluded, including advocating for up-to-date statistics on mental wellness in these populations (for example, the Maternal Experiences Survey referenced on the Health Canada site was conducted in 2006-2007)
Increased acknowledgement of (and advocacy for) public health approach to population mental wellness by audiences not targeted by these recommendations.	Lack of acknowledgement of the many precipitating factors for population mental health issues: economic factors (financial crashes, widespread loss of employment in a sector), health threats (access to clean water and food as well as pandemics & opioid crisis), geopolitical instability, and environmental factors (natural disasters such as fires, floods as well as climate change) - may lead to audiences not seeing this document as relevant to them/ their current priorities.	
Though the position statement does not call for more research funding, Increased research efforts by academia (universities, research institutions, etc.) and non-governmental organizations on population mental wellness could occur.	Being overly prescriptive/overly reliant on indicators and approaches (i.e. life-course approaches) may impair further research/minimize the use of other valid methodologies, including ones that may be more culturally appropriate in some settings	
Positive portrayal of population mental wellness approach in print and online media.	Increase stigma and discrimination against vulnerable groups identified in the position statement	

MITIGATION *Are the cause(s) of the inequities recognized and are attempts made to address them?*	
Factor Considered	**Proposed steps to reduce or eliminate barrier**
Factors related to trauma (including sexual abuse)	Presently this topic is addressed only within the Indigenous section and requires pulling out/ discussion in other sections more comprehensively. **The current inclusion only under Indigenous populations is inaccurate, and risks causing offense and stigmatization.** In particular, the impact of sexual abuse and trauma on the life-course for women, children, and refugees should be considered.
Factors relating to stigma & representation	Ensure a commitment to include advocates and people with lived experience as stakeholders in the policy development process. If possible, note which stakeholders have been involved in each position statement to make sure that this is publicly acknowledged.
Factors related to research approaches & ensuring accuracy and up-to-date content	Rolling predetermined timeline (e.g. every 5 years) review of position statements for accuracy given new research & understandings, and stigmatizing or out-of-date language. This is particularly relevant given mentions to highly current priorities (i.e. COVID-19) in this document
Factors relating to social and economic inequalities	Reducing income, housing and food insecurity are referenced, as well as general references to poverty reduction, but these need to be more clearly drawn out (see points in the potential impacts section regarding economic considerations, expanding to include access to education, workforce and other economic opportunities, alongside supportive poverty reduction and social programs).
Factors related to accessibility/ disability	Differently abled populations are identified as a priority, but no meaningful impact/ mitigating factors are discussed, and so should be expanded.
Factors related to culturally sensitive programming	Culturally sensitive programming is included with reference to early childhood care, but nowhere else. This should be an underpinning principle of all recommendations.
Factors related to digital environments	Digital environments and their considerations, such as impacts on child and youth mental health or advances within workplaces, are not included at all. They must be included to understand both the impacts on mental wellness and the potential mechanisms for interventions. The role of federal decision-makers in regulating digital spaces should also be considered within this discussion.
Factors related to specific settings and environments	The current reflection of life-course approach doesn't offer enough consideration of the unique challenges and needs of different settings. Inclusion of terminology related to settings-based approaches (e.g. schools, housing, long-term care) will enable more targeted programming development and promote a universal yet proportionate response, and intersectionality, by supporting individuals' needs in the different environments where they interact with society (including digital spaces).