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Final Report Focus Testing of Positive Mental Health Messages Mental Health Promotion - Public Education Project

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Statement of Political Neutrality

I hereby certify as Senior Officer of *The Strategic Counsel* that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the *Communications Policy* of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed:

Donna Nixon, Partner



I. Executive Summary



Executive Summary

The Strategic Counsel is pleased to present this report to the Public Health Agency of Canada (PHAC)¹ on the results of qualitative research to test messaging on the topic of positive mental health. As detailed in this report, the research program included a series of triads or small focus groups (no more than four participants total in each group), in three locations among Canadians of different age groups.

The Strategic Counsel certifies that this report and all final deliverables associated with this research project comply with the political neutrality requirement in Section 6.2.4 of the Communications Policy Public Opinion Research (POR) Procedures (June 2009). The total cost of this research study is \$42,683.84, excluding HST.

A. Research Objectives and Methodology

1. Background and Research Objectives

Although there is a growing body of research and evidence focusing on issues related to mental health disorders and illness, to date, there has been very little focus on the topic or concept of positive mental health. Mental health is more than just the absence of mental illness and involves fostering people's positive mental health development, as well as creating environments that support resilience and well-being. Positive mental health is defined as "the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity."²

Positive mental health can be a protective factor in the prevention of mental illness. There are quantifiable benefits associated with high levels of positive mental health including reduced chronic illness, disability and lower costs to the health care system during adult years. PHAC, through its Mental Health Promotion – Public Education project, is taking a leadership role in promoting positive mental health and is developing messages on the topic in order to increase awareness of the concept of positive mental health and its importance to overall health and well-being, weaving in the importance of healthy communities and shared action in positive mental health.

PHAC commissioned *The Strategic Counsel* to test positive mental health messages developed by the Agency and the Mental Health Promotion – Public Education Advisory Committee to ensure they are effective and resonate with target audiences. The research will be used to refine messages that will be

¹ Please note this report uses 'PHAC' or 'Agency' interchangeably to represent the Public Health Agency of Canada

² Keyes, Corey L. M. 2005. "Chronic Physical Disease and Aging: Is Mental Health a Potential Protective Factor?" *Ageing International* 30:88-114.



shared with provinces and territories, non-government organizations and stakeholders to encourage common language when talking to Canadians about positive mental health.

The specific objectives of this study were:

- To evaluate positive mental health messages and determine if they are:
 - clear, credible, relevant and of value to the audience;
 - appealing and appropriate to the cultural and emotional sensitivities of the audience;
 - memorable in the minds of the audience;
 - utilizing the right tone; and
 - motivating, in terms of encouraging audiences to take personal actions.
- To elicit suggestions for potential changes that would enhance message effectiveness and impact with the target audiences.
- To gather information on how best to inform Canadians about positive mental health (where do they go for information; best methods/media to provide information).

2. Methodology

A total of 14 triads or small groups were conducted, each an hour in length with no more than four individuals in each group. Triads or small group discussions (usually limited to three or four participants) were deemed to be the most suitable approach given the range of age groups that PHAC wished to hear from as well as the nature of the discussions themselves. Given that the research aimed to provide input into communications and messaging, it was felt that smaller groups would permit a more in-depth discussion among participants and ensure that all participants had an opportunity to weigh in. While traditional focus groups would also have been a workable format, they may not have yielded the depth of commentary as was obtained through the triads as a result of the larger number of participants (usually eight to 10) around the table.

Triads were conducted in three centres across Canada (six in Toronto, four in Vancouver and four in Montreal (in French)). These discussion groups were held from March 21, 2012 to March 26, 2012. The groups were segmented by age (16-19, 20-29, 30-54, 55-65 and 65 years or older) in order to capture any differences in awareness and understanding of positive mental health as well as positive mental health messaging, on this basis. The total number of participants attending across all groups was 50. For more details on the recruiting specifications and the moderator's guide, outlining the structure and flow of the discussion, please see the Appendices to this document.



It should be noted that respondents were not made aware of the topic to be discussed, in advance of the groups. They were simply told that the project was being conducted by PHAC and Health Canada. This ensured that participants with a particular view on the topic were neither over nor under-represented and facilitated a more representative selection of participants.

3. A Note on Interpreting Findings from Qualitative Research

The reader should note that the findings from small group discussions and focus groups are not statistically reliable and, unlike national surveys, the results cannot be extrapolated to the population at large. The exact proportion of participants holding any given view should not be seen to represent the proportion of those holding the same view in the target population.

Nevertheless, small group discussions and focus groups are considered to be a highly effective methodology for detecting and exploring the subtleties in and nuance of views and attitudes. In particular, the opportunity to hear participants expressing their views and opinions in their own words is of great value. For communications professionals developing key messages or a narrative on a particular topic, a qualitative approach such as the one employed for this research study provides useful feedback on the target public's understanding of and reaction to terms, concepts and ideas.

Overall this format is less restrictive, as compared to more structured surveys, with respect to allowing participants to articulate their reactions and perceptions. By providing a semi-structured format within a relatively open discussion forum, participants are able to engage in an interchange with other participants simulating the way in which the public is likely to debate and discuss issues among their friends, family and others. The range of socio-economic backgrounds around the table often yields varying perspectives on issues which adds to the researcher's and clients' understanding of the degree to which there is a consensus or a divergence of views.

The findings that follow provide a summary of the discussions that took place during the fourteen (14) small group discussions.

B. Key Findings

In general, participants are not familiar with the term “positive mental health” and many tend not to see themselves encompassed in any public discussion which would address this topic. This reaction is primarily a result of negative associations with the term “mental health.” For the most part, mental health continues to be strongly associated with mental illness. It is more precisely the term “mental” which was the key hurdle for most participants. Thus, when speaking of positive mental health, most would likely feel the conversation was targeting those with a mental disability or illness of some sort, with the perceived objective being to move these individuals from their existing negative state to one which is more positive. In this respect, mental health is viewed in a very linear fashion – seen as a continuum where most of those in the groups would have placed themselves on the far right (i.e., having “normal” mental health – the absence



of any mental illness). Thus, many participants would tend to automatically exclude themselves from a discussion of anything broaching the subject of mental health.



However, a considerable body of scientific research now supports the idea that mental health and mental illness are not on opposite ends of a single continuum with mental health increasing only as mental illness decreases. Rather mental health and mental illness are best conceived as existing on two separate but related continua, therefore, mental health is more than the absence of mental illnesses. Positive mental health consists of attributes such as having a purpose in life, positive relations with others, experiencing personal growth, social acceptance, social coherence and making contributions to society. Consequently, it is very possible for people to have good levels of positive mental health that allow them to live meaningful and productive lives regardless of having a mental illness or mental health problem.

In participants' own words and upon considered reflection, positive mental health was thought to be some sort of balance of emotional and social well-being, permitting an individual to function normally within society, to accept and deal with life's challenges.

Notably, participants reacted positively to linking mental and physical health under the over-arching umbrella of "well-being" and saw the two as interconnected. Participants acknowledged that, in general, we do not pay the same attention to our mental health as we do to our physical health. A key barrier in this respect is the lack of information and tips on what we can do for our mental health, as well as a reminder to take the time for our mental health. While there is a vast amount of information available on what one can do to improve one's physical health, the same is not necessarily true on the subject of improving one's mental health. Moreover, much of the latter information tends to be perceived as principally geared to people who have been diagnosed with a mental illness, rather than the general public. Additionally, there was some sense among many participants that one's mental health is directly attributable to genetic, biological and/or intrinsic factors (i.e., personal traits and characteristics).

Communities³ are uniquely situated to play a key role in fostering positive mental health. Healthy communities are based on community involvement, intersectoral partnerships, local government

³ For participants, communities can take many different forms, such as communities of place, as well as communities based on identity, culture, ethnicity, and faith.



commitment, sustainable and green communities, safe and viable communities, healthy public policy, and human development⁴. At the outset of discussions, participants were not strongly inclined to clearly see the links between communities and positive mental health as mutually reinforcing and beneficial, although by the end of discussions most felt that messaging of this nature should be a prominent part of any public education messages.

Not surprisingly, family and friends were identified as the most important types of communities and networks. It is within these groups that participants indicated they feel a sense of belonging and acceptance. For younger participants, social media was identified as playing an important role as both a connector and a venue in which they receive affirmation.

C. Recommendations

Findings from the qualitative research suggest a number of recommendations and/or considerations with respect to the development of public education messages on positive mental health:

1. Recognition that current thinking on the topic is relatively negative – messaging needs to transition the public toward a more positive notion of mental health. This will take some time and may require multiple strategies and tactics.
2. Messages on the topic of positive mental health should incorporate several key concepts, including balance, belonging, acceptance and caring. These are words often used by participants on an unprompted basis and suggest they relate to these notions. Further, the use of these terms tends to re-orient the discussion in a way which is more inclusive.
3. Positioning mental health in the context of physical health and overall well-being could prove useful as another means of transitioning current thinking on the topic from negative to more positive. Employing the term “mental fitness” would be a stretch for many, given that participants’ natural instinct was not to view positive mental health in this way, but the notion of exercising one’s mind did resonate (setting goals, seeking ways to inspire oneself and learning new things).
4. In addition, positioning this notion of achieving positive mental health as a journey rather than a destination would further reinforce the notion that working towards this state is an ongoing process, one which shouldn’t be neglected, and that can have significant benefits for individuals and those around us.
5. The messages must answer the questions “why?” and “how?” Providing the public with tips that can help them to nurture and improve their mental health and well-being would be desirable and should focus on simple, doable activities that could fit within an individual’s busy routine. Targeted communications should be considered as younger and older groups exist within very different networks and

⁴ “Social Wellbeing-Regional Sustainability Strategy Policy Options Series”, Capital Regional District, Fall 2010



partake of a wide range of different activities. The goal of enjoying life to its fullest, improving the overall quality of our lives, and feeling connected, or a part of something larger should also be explicitly and implicitly embedded within the messages. The benefits of safer and more secure communities would also be an important message to relay.

6. All messaging should be put through a filter of “plain language” to ensure that concepts and terms are not overly-technical. Where possible, using common jargon will resonate more strongly with the public. For example, one of the tips offered could suggest taking more “me-time” and acknowledging that it is okay to take time for yourself.

7. Finally, crafting a tagline around the idea that positive mental health, good mental health or mental health and well-being is something for everyone, or something everyone is entitled to, would serve to engage a broader segment of the public.

During the final portion of the discussion participants were asked to think about how they would open a conversation or initial communications on the topic of positive mental health aimed at raising general public awareness, including the best ways of communicating the idea and how individuals can achieve it.

Possible messaging could be as follows. Note that what is shown here reflects a summary of the ideas and concepts that most resonated across the groups and not necessarily the exact wording used by participants. Participants were not asked to wordsmith the messaging, but rather to identify the key ideas or notions that should be underscored in any messaging intended to educate Canadians about positive mental health.

It is important to take care of your mental well-being, just like you do your physical health, throughout your life from childhood through to later life. The two – your physical and mental health – are interconnected. Good physical health can lead to good mental health, and vice versa. We could all be doing more to care for our minds in the same we do our bodies.

Life’s full of challenges – even the stresses of everyday life can get us down from time to time. It’s all about finding the right balance and feeling good about yourself, within a healthy and supportive community.

Everyone deserves it ... to feel, think and act in ways that help you to enjoy life to its fullest ... ultimately, to improve the quality of your life. And, it’s not just about you ... when you feel better about yourself, it rubs off on others and contributes to the well-being and health of your community, neighbourhood and society as a whole.



What can you do for yourself? There are things all of us can do – they are not complicated ...

- *Look after yourself mentally and physically – a proper diet, exercise and good sleep are important to your overall health and can help to reduce stress*
- *Find ways to inspire yourself and stretch your mind – learn and try new things, set goals for yourself, find a purpose in your life*
- *Create and cultivate good, trusting relationships with people who accept and support you – care for others and you'll find that this gesture is often returned*
- *Know yourself better – find time to really know who you are ... recognize your strengths and weaknesses, accept yourself (and others)*
- *So, join a club, volunteer, exercise, meditate, read a book, listen to some music ... just find time to do the things that make you happy.*

What can we do for each other and our communities? It is important to lay the foundations ...

- *Get involved – it feels great to belong, to share and give back to your community*
- *Understand and acknowledge the challenges that others face – everyone needs to feel like they belong*
- *The various communities where we live, work and play have a role – creating safe and secure spaces that value diversity and promote freedom of expression will reinforce a sense of belonging and acceptance*

MORE INFORMATION

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To obtain more information on this study, please e-mail por-rop@hc-sc.gc.ca



II. Sommaire



Sommaire

Le *Strategic Counsel* a le plaisir de présenter à l'Agence de la santé publique du Canada (ASPC)⁵ les résultats d'une étude qualitative qui visait à évaluer des messages sur le thème de la santé mentale positive. Comme le décrit plus en détail le rapport qui suit, le projet de recherche a compris la tenue d'une série de petits groupes de discussion (maximum de quatre participants) recrutés parmi différents groupes d'âge dans trois villes du pays.

Le *Strategic Counsel* certifie que le présent rapport et tous les produits livrables finaux associés à ce projet de recherche sont conformes à l'exigence de neutralité politique décrite à la section 6.2.4 des procédures relatives à la recherche sur l'opinion publique (ROP) de la Politique de communication du gouvernement fédéral (juin 2009). Le coût total de cette étude de recherche s'établit à 42 683,84 \$, TVH non comprise.

A. Objectifs de recherche et méthodologie

1. Contexte et objectifs de recherche

Bien qu'il existe un nombre croissant d'études et de données probantes sur les questions liées aux maladies et troubles mentaux, le sujet ou la notion de santé mentale positive a jusqu'à présent peu retenu l'attention. La santé mentale ne se résume pas à l'absence de maladie mentale; elle suppose d'encourager chez les gens le développement d'une santé mentale positive, et de créer des milieux favorables à la résilience et au bien-être. On entend par santé mentale positive « la capacité que nous avons tous de ressentir, de penser et d'agir de manière à améliorer notre aptitude à profiter de la vie et à relever les défis auxquels nous sommes confrontés. Il s'agit d'un sentiment positif de bien-être affectif et spirituel qui reconnaît l'importance de la culture, de l'équité, de la justice sociale, des interactions entre individus et de la dignité personnelle. »⁶

La santé mentale positive peut être un facteur de protection dans la prévention des maladies mentales. En effet, les bons scores à ce chapitre sont associés à des avantages quantifiables, notamment la diminution des maladies chroniques, des incapacités et des coûts au système de soins de santé à l'âge adulte. Par l'entremise de son projet Promotion de la santé mentale – Information du public, l'ASPC joue un rôle de premier plan dans la promotion de la santé mentale positive et formule des messages qui visent à sensibiliser l'opinion à ce sujet, en soulignant la contribution de la santé mentale positive à la santé et au bien-être en général ainsi que l'importance de créer des collectivités saines et de mener une action commune dans le dossier de la santé mentale positive.

⁵ Nous utiliserons indifféremment ci-après le sigle « ASPC » ou le terme « Agence » pour désigner l'Agence de la santé publique du Canada.

⁶ Keyes, Corey L. M. 2005. Maladies physiques chroniques et vieillissement : La santé mentale est-elle un facteur de protection potentiel?. *Ageing International*, vol. 30, pp. 88-114.



L'ASPC a confié au Strategic Counsel la tâche de mettre à l'essai les messages sur la santé mentale positive élaborés par l'Agence et le Comité consultatif sur la promotion de la santé mentale et l'éducation du public afin de vérifier s'ils sont efficaces et s'ils interpellent leurs publics cibles. La recherche servira à peaufiner des messages que nous mettrons ensuite à la disposition des provinces et territoires, des organisations non gouvernementales et des intervenants afin d'encourager l'emploi d'un langage commun dans les communications sur la santé mentale positive destinées aux Canadiennes et aux Canadiens.

Les objectifs particuliers de notre étude étaient les suivants :

- Évaluer les messages sur la santé mentale positive en vue de déterminer s'ils sont :
 - clairs, crédibles, pertinents et intéressants pour le public;
 - attrayants et adaptés aux sensibilités culturelles et affectives du public;
 - susceptibles d'être gardés en mémoire par le public;
 - rédigés dans le ton qui convient;
 - motivants, c.-à-d. s'ils incitent les membres du public à prendre des mesures personnelles.
- Obtenir des suggestions de changements permettant d'améliorer l'efficacité des messages et leurs impacts auprès des publics cibles.
- Réunir de l'information sur la meilleure manière de renseigner les Canadiens sur la santé mentale positive (où les Canadiens s'informent-ils? Quels médias et quelles méthodes faut-il privilégier pour l'éducation du public?).

2. Méthodologie

Au total, nous avons mis sur pied 14 triades ou petits groupes de discussion; dans chaque cas, la rencontre a duré une heure et nous avons limité le nombre de participants à quatre. Les triades ou petits groupes de discussion (comptant trois ou quatre personnes) nous ont paru être la formule idéale étant donné l'éventail de tranches d'âge que l'ASPC souhaitait consulter et la nature même des discussions. L'étude visait à éclairer les communications et la formulation des messages, et il nous a semblé que les groupes de petite taille permettraient une discussion plus approfondie et donneraient à tous les participants l'occasion de faire valoir leur point de vue. Le recours à des groupes de discussion « classiques », sans être impraticable, n'aurait peut-être pas suscité des commentaires aussi étoffés en raison du nombre plus important de participants (huit à dix en règle générale).



Les réunions en petits groupes ont eu lieu dans trois grands centres canadiens (six à Toronto, quatre à Vancouver et quatre à Montréal – en français) entre les 21 et 26 mars 2012. Nous avons formé les groupes en tenant compte de l'âge (participants de 16 à 19 ans, 20 à 29 ans, 30 à 54 ans, 55 à 65 ans, 65 ans ou plus) afin de cerner les différences dans la connaissance ou la compréhension du sujet, ou dans les messages sur la santé mentale positive, selon le groupe d'âge. En tout, 50 participants ont pris part aux groupes de discussion. Pour de plus amples détails sur le recrutement et pour consulter le guide de l'animateur, qui contient le plan de discussion, veuillez vous reporter aux annexes.

À noter que nous n'avons pas informé les répondants du thème de la discussion avant la tenue des groupes, indiquant simplement que le projet était sous la direction de l'ASPC et de Santé Canada. Nous avons ainsi évité de surreprésenter ou de sous-représenter les personnes ayant un point de vue particulier sur la santé mentale positive, ce qui nous a permis d'obtenir une sélection plus représentative.

3. Remarques sur l'interprétation des résultats de la recherche qualitative

Rappelons au lecteur que les résultats provenant de petits groupes de discussion ne sont pas fiables statistiquement et que, contrairement aux résultats des enquêtes nationales, on ne peut les appliquer par extrapolation à l'ensemble de la population. La proportion de participants exprimant un point de vue particulier n'est donc pas forcément représentative de la proportion d'individus partageant ce même point de vue dans la population cible.

Cela dit, les petits groupes de discussion sont reconnus comme un moyen très efficace de déceler et d'explorer les nuances dans les points de vue et les attitudes. La possibilité d'entendre les participants exprimer leurs opinions dans leurs propres mots est particulièrement utile. Pour les professionnels des communications qui créent des messages clés ou un exposé sur un sujet donné, une démarche qualitative comme celle que nous avons retenue fournit une mine de renseignements sur la compréhension du public et sur sa réaction à certains termes, concepts ou idées.

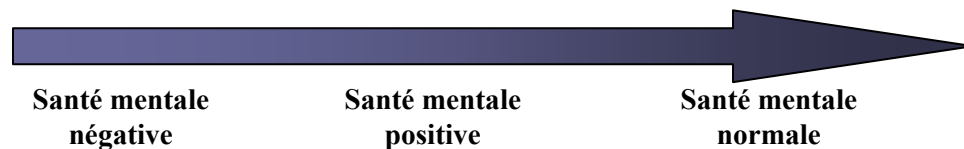
De manière générale, la formule des petits groupes est moins contraignante que les enquêtes structurées, dans la mesure où elle permet aux participants de communiquer plus librement leurs réactions et leurs perceptions. Le cadre semi-structuré de la rencontre fait en sorte que les participants ont une discussion proche de celle que pourraient avoir des membres du public débattant d'une question avec des amis, des parents ou d'autres interlocuteurs. La diversité des profils socio-économiques donne souvent lieu à des opinions elles-mêmes variées, ce qui renseigne un peu plus les chercheurs et les clients sur le degré de convergence ou de divergence des points de vue sur la question.

Les résultats qui suivent sont un résumé des discussions qui ont eu lieu dans les 14 petits groupes.



B. Principaux résultats

En général, l'expression « santé mentale positive » n'est pas familière aux participants, et bon nombre d'entre eux ne se sentiraient pas concernés par une discussion publique sur le sujet. Leur réaction s'explique principalement par les associations d'idées négatives que suscite le terme « santé mentale ». En effet, la santé mentale reste encore fortement associée à la maladie mentale. C'est plus précisément le terme « mental » qui pose problème. La plupart des participants supposeraient, en entendant parler de santé mentale positive, que la conversation s'adresse à des personnes ayant une incapacité ou une maladie mentale, l'objectif étant d'aider ces personnes à progresser d'un état négatif à un état positif. À cet égard, la santé mentale est comprise de façon linéaire, soit comme un continuum sur lequel les participants se placeraient pour la plupart à droite (du côté des personnes ayant une santé mentale « normale », c'est-à-dire n'étant pas atteintes d'une maladie mentale). Maints répondants auraient ainsi tendance à automatiquement s'exclure de toute discussion abordant la santé mentale.



Pourtant, une foule de travaux scientifiques démentent l'idée que santé mentale et maladie mentale forment les deux pôles d'un continuum unique sur lequel la santé mentale ne pourrait augmenter qu'à mesure que la maladie mentale diminue.

Selon les chercheurs, il convient plutôt de considérer ces deux réalités comme se situant sur deux continums distincts mais liés, ce qui laisse entendre que la santé mentale est davantage que l'absence de maladie mentale. La santé mentale positive a de multiples facettes; elle comprend les objectifs de vie que se fixe une personne, la qualité des relations qu'elle entretient avec les autres, son sentiment de développement personnel, d'acceptation sociale et de cohérence sociale, et sa contribution à la société. Il est donc possible pour une personne de bénéficier d'une santé mentale positive qui lui permet de mener une vie gratifiante et productive même si par ailleurs elle est atteinte d'une maladie mentale ou d'un problème de santé mentale.

Dans leurs propres mots et après mûre réflexion, les participants en sont venus à décrire la santé mentale positive comme un bien-être à la fois affectif et social qui permet de fonctionner normalement dans la société, d'accepter les défis de la vie et d'y faire face.



Fait intéressant, les répondants ont bien accueilli l'idée de regrouper santé mentale et santé physique sous le terme général de « bien-être » et considèrent ces deux réalités comme interdépendantes. Ils reconnaissent qu'en général, on ne prête pas la même attention à sa santé mentale qu'à sa santé physique. L'un des grands obstacles à cet égard est le manque d'information et de conseils ainsi que le manque de messages rappelant l'importance de consacrer du temps à sa santé mentale. Alors qu'on trouve de l'information à profusion sur les moyens d'améliorer sa santé physique, il n'en va pas forcément de même pour la santé mentale. Au demeurant, l'information sur le sujet tend à être perçue comme s'adressant aux personnes atteintes d'une maladie mentale plutôt qu'au grand public. Nombre de participants estiment également que la santé mentale d'une personne dépend de facteurs génétiques, biologiques ou intrinsèques (ex. traits et caractéristiques personnels).

Les collectivités⁷ occupent une place de choix pour ce qui est de favoriser la santé mentale positive. La santé des collectivités repose sur la participation communautaire, les partenariats intersectoriels, l'engagement de l'administration municipale, les collectivités durables et écologiques, les collectivités sécuritaires et viables, les politiques publiques favorables à la santé, et le développement humain⁸. Au début des discussions, les participants étaient peu enclins à considérer que les collectivités et la santé mentale positive sont unies par des liens mutuellement avantageux qui tendent à se renforcer, mais vers la fin la plupart étaient d'avis que les messages de cette nature devraient faire partie intégrante de toute campagne d'intérêt public sur la question de la santé mentale positive.

Sans surprise, les participants rapportent que les communautés et réseaux les plus importants sont la famille et les amis. C'est au sein de ces groupes qu'ils trouvent un sentiment d'appartenance et se sentent acceptés. Chez les répondants plus jeunes, les médias sociaux jouent un rôle important à titre de rassembleurs et de tribunes où les jeunes se sentent valorisés.

C. Recommandations

Les résultats de notre étude qualitative permettent de dégager un certain nombre de recommandations et de réflexions en ce qui concerne la formulation de messages d'intérêt public sur la santé mentale positive :

1. Force est de reconnaître que la réflexion sur le sujet est encore relativement négative. Les messages devront donc amener le public à faire la transition vers une perception plus positive de la santé mentale. Cette évolution prendra du temps et exigera peut-être la mise en œuvre de plusieurs stratégies et tactiques.
2. Les messages sur la santé mentale positive devraient intégrer plusieurs notions fondamentales, notamment l'équilibre, l'appartenance, l'acceptation et la bienveillance. Les participants ont souvent utilisé

⁷ Pour les participants, les collectivités prennent différentes formes : il peut s'agir de la collectivité dans laquelle ils vivent mais aussi de communautés fondées sur l'identité, la culture, l'ethnicité et la foi.

⁸ Le bien-être collectif, Série des possibilités d'action stratégique en faveur de la durabilité régionale, District régional de la capitale, automne 2010.



ces mots de manière spontanée, ce qui porte à croire que ces notions les interpellent. Par ailleurs, le recours à ces termes présente l'avantage de réorienter la discussion et de rendre sa portée plus générale.

3. Le fait d'aborder la santé mentale dans le contexte de la santé physique et du bien-être en général pourrait s'avérer un autre moyen efficace de faire évoluer la perception actuelle de la question vers un pôle plus positif. L'expression « bonne forme mentale » laisse sceptiques de nombreux participants qui ne sont pas instinctivement portés à voir la santé mentale positive sous cet angle; toutefois, ils accueillent favorablement l'idée d'exercer leurs aptitudes mentales (en se fixant des buts, en cherchant des sources d'inspiration et en continuant à apprendre).

4. Le fait d'indiquer que la santé mentale positive est affaire de cheminement plutôt qu'un but absolu à atteindre renforcerait l'idée que la recherche de cet état est un processus continu, qui ne doit pas être négligé et qui peut avoir des avantages appréciables pour les principaux intéressés et leur entourage.

5. Les messages doivent expliquer le pourquoi et le comment de la santé mentale positive. Il serait utile de donner des conseils et de suggérer des activités simples, adaptées à un emploi du temps chargé, qui permettent de cultiver sa santé mentale et son bien-être. Il faudrait aussi envisager de créer des communications ciblées, car les jeunes et les personnes plus âgées n'ont pas les mêmes réseaux et ni les mêmes gammes d'activités. L'objectif de pleinement profiter de la vie, d'améliorer sa qualité de vie générale et de se sentir relié aux autres ou de sentir qu'on fait partie de quelque chose de plus vaste, devrait également trouver sa place dans les messages, de façon explicite ou implicite. Enfin, il serait important de communiquer les avantages associés à des collectivités plus sécuritaires.

6. Il faudrait passer au crible tous les messages pour vérifier qu'ils ne comportent pas de notions ou de termes trop techniques et qu'ils sont formulés dans un langage clair et simple. Le recours à des expressions courantes rejoindra davantage le public. Par exemple, l'un des conseils pourrait être de « prendre du temps pour soi », en soulignant qu'il s'agit d'une bonne chose.

7. Enfin, la création d'un slogan évoquant l'idée que la santé mentale positive, une bonne santé mentale, ou la santé mentale et le bien-être concernent tout le monde, ou que tout le monde y a droit, permettrait d'interpeller un public plus large.

Dans la dernière partie de la rencontre, nous avons demandé aux participants de réfléchir à ce qu'ils diraient pour entamer une discussion ou un exposé sur la santé mentale positive ayant pour but de sensibiliser le public. Ils devaient indiquer quels sont les meilleurs moyens de communiquer cette notion et quels conseils donner pour améliorer sa santé mentale.

Des exemples de messages figurent ci-dessous. À noter qu'ils ne reprennent pas mot pour mot les réponses des participants, mais résument les idées et notions qui ont eu le plus de succès dans les groupes. Il ne s'agissait pas de créer des messages parfaits, mais plutôt de cerner les idées ou les notions clés à inclure dans tout message destiné à informer les Canadiens sur la santé mentale positive.



Il est important de s'occuper de son bien-être mental, tout comme on s'occupe de sa santé physique. Il faut le faire tout au long de sa vie, depuis l'enfance jusqu'au troisième âge. Santé physique et santé mentale sont étroitement liées. Une bonne santé physique peut contribuer à une bonne santé mentale, et l'inverse est également vrai. Nous pourrions tous en faire davantage pour prendre soin de notre esprit comme nous prenons soin de notre corps.

La vie est faite de défis – même les stress du quotidien peuvent parfois nous ébranler. Le tout est de trouver un juste équilibre et de se sentir bien dans sa peau, au sein d'une communauté saine et solidaire.

Tout le monde le mérite... Tout le monde mérite de ressentir, penser et agir de manière à pleinement profiter de la vie... En fin de compte, d'améliorer sa qualité de vie. Mais il y a plus... Lorsqu'on a une meilleure estime de soi, on fait du bien aux autres, on contribue au bien-être et à la santé de sa communauté, de son quartier et de la société dans son ensemble.

Comment se faire du bien? Voici des idées toutes simples que chacun peut appliquer...

- *Prendre soin de soi, mentalement et physiquement – Une saine alimentation, de l'exercice et un sommeil réparateur favorisent un bon état de santé générale et aident à réduire le stress.*
- *Trouver des sources d'inspiration et élargir ses horizons – Par exemple, en continuant à apprendre, en essayant de nouvelles activités, en se fixant des buts ou en donnant un nouveau sens à sa vie.*
- *Créer et entretenir de bonnes relations avec des personnes en qui l'on a confiance, qui nous acceptent et nous appuient – Lorsqu'on prend soin des autres, bien souvent ils nous rendent la pareille.*
- *Apprendre à mieux se connaître – Prendre le temps de découvrir qui l'on est vraiment ... Reconnaître ses points forts et ses points faibles, mieux s'accepter (et accepter les autres).*
- *Les possibilités sont nombreuses : se joindre à un club, faire du bénévolat, pratiquer une activité physique, méditer, lire un livre, écouter de la musique... Il suffit de prendre le temps de faire ce qui nous rend heureux.*

Comment faire du bien aux autres et à sa communauté? Il est important de poser les fondements...

- *S'impliquer – Il y a une grande satisfaction à faire partie d'un groupe, à partager et à rendre quelque chose à sa communauté.*
- *Comprendre et reconnaître les difficultés auxquelles les autres sont confrontés – Tout le monde a besoin d'éprouver un sentiment d'appartenance.*
- *Les diverses communautés dans lesquelles nous vivons, travaillons et jouons remplissent chacune un rôle – En créant des milieux sécuritaires, qui valorisent la diversité et encouragent la liberté d'expression, on renforce le sentiment d'appartenance et l'acceptation.*



The Strategic Counsel

RENSEIGNEMENTS

Nom du fournisseur : *The Strategic Counsel*
Numéro de contrat de TPSGC : **HT372-112716/001/CY**
Date d'octroi du contrat : 2012-03-02

Pour obtenir de plus amples renseignements sur cette étude, veuillez écrire à l'adresse suivante : por-rop@hc-sc.gc.ca



III. Research Objectives and Methodology



Research Objectives and Methodology

A. Research Background and Objectives

1. Background

Mental health is more than just the absence of mental illness and involves fostering people's positive mental health development, as well as creating environments that support resilience and well-being. Mental health is a crucial component of overall health and a resource for people to tackle everyday life's challenges. "Positive mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity."⁹

Research indicates that gains in positive mental health decrease the risk of future mental illness, while the loss of positive mental health increases the risk of mental illnesses. Positive mental health increases the quality of our lives as individuals. Research also shows that the absence of positive mental health poses significant costs to society, families and individuals with implications for economic prosperity and an increased burden on the health care system. Studies on the topic have shown that anything less than the highest level of positive mental health results in increases in the risk of chronic physical illness, cardiovascular disease, disability and increased health care use during the adult years.^{10 11 12}

Internationally, there is a growing awareness of the social and economic benefits of positive mental health at the population level.¹³ Governments in other countries and jurisdictions such as Western Australia, England, and Ireland are using a variety of strategies to promote positive mental health among the whole population, including public education campaigns.

Although there is a growing body of reliable information available to the public on mental health problems and disorders, there is very little focus on positive mental health. Provinces/territories, non-governmental organizations (NGOs) and other stakeholders working in mental health promotion and the health sector have

⁹ Keyes, Corey L. M. 2005. "Chronic Physical Disease and Aging: Is Mental Health a Potential Protective Factor?" *Ageing International* 30: 88-114.

¹⁰ Keyes, Corey L. M. 2005. "Chronic Physical Disease and Aging: Is Mental Health a Potential Protective Factor?" *Ageing International* 30:88-114.

¹¹ Keyes, Corey L.M. 2004. "The Nexus of Cardiovascular Disease and Depression Revisited: The Complete Mental Health Perspective and the Moderating Role of Age and Gender." *Aging and Mental Health* 8:267-275.

¹² Keyes, Corey L.M. 2002. "The Mental Health Continuum: From Languishing to Flourishing in Life." *Journal of Health and Social Behaviour* 43:207-222.

¹³ Department of Health, England and Wales. 2009. *New Horizons: A Shared Vision for Mental Health*. See also The Scottish Government. 2009. *Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-2011*.



identified a strong need for common language and public education messages on positive mental health for the general population. In this context, it becomes important to conduct research that tests positive mental health messages designed to increase awareness of the importance of positive mental health in overall health and well-being, and to capture the importance of healthy communities and shared action in positive mental health.

In Canada, however, there is no coordinated national effort to promote positive mental health messages among the population. The Mental Health Promotion Public Education Project (MHP-PE project) was envisaged to develop a set of tested messages on positive mental health to encourage common language and share with the provinces, territories and non-governmental agencies (NGOs). The MHP-PE project allows PHAC to fulfill this gap through its leadership role in promoting mental health and by bringing together representatives from the provinces, territories and NGOs to form a bilingual advisory committee to share expertise and collaborate on the development of key messages promoting positive mental health. Specifically, these messages seek to:

- increase awareness of the concept and importance of positive mental health (psychological, social and emotional well-being) in overall health and well-being; and
- capture the importance of healthy communities and shared action in positive mental health.

2. Objectives

PHAC commissioned *The Strategic Counsel* to test the positive mental health messages that it developed with members from the Mental Health Promotion – Public Education Advisory Committee to ensure they are effective and resonate with the target audiences. Specific objectives of the research were:

- To evaluate positive mental health messages and determine if they are:
 - clear, credible, relevant and of value to the audience;
 - appealing and appropriate to the cultural and emotional sensitivities of the audience;
 - memorable in the minds of the audience;
 - utilizing the right tone; and
 - motivating, in terms of encouraging audiences to take personal actions.
- To elicit suggestions for potential changes that would enhance message effectiveness and impact with the target audiences.



- To gather information on how best to inform Canadians about positive mental health (where do they go for information; and, best methods/media to provide information).

B. Methodology

A total of 14 triads (groups of three or four) were conducted in three locations, as follows:

- There were six triads in one centre (Toronto) and four triads in each of the other two centres (Montreal, Vancouver)
- In each centre, triads were conducted based on age and other considerations, such as gender, race etc., as detailed in the table below and in the “recruiting protocols” section
- Participants were recruited based on five age groups: 16-19, 20-29, 30-54, 55-65, and 65+. Please see diagram below for complete breakdown.
 - The 55 and older age group were broken up accordingly:
 - Two groups were held among those aged 65 and older in Toronto
 - Two groups among those aged 55 and older in Vancouver and Montreal
 - One group was held in Toronto for those between the ages of 55 and 64
- Four participants were recruited for each triad to make sure a minimum of three participants would show up in each group
- Total participants recruited = 56. Total participants attending = 50

Age Group	TORONTO (English) March 21, 2012	VANCOUVER (English) March 26, 2012	MONTREAL (French) March 22, 2012
16-19	1 Triad = 3	1 Triad = 4	1 Triad = 4
20-29	1 Triad = 4	1 Triad = 2	1 Triad = 3
30-54	1 Triad = 4	1 Triad = 4	1 Triad = 3
55-64	1 Triad = 4		
55+		1 Triad = 4	1 Triad = 3
65+	2 Triads = 8		



Total # Triads	6	4	4
Total # Recruited	24	16	16
Total # Participants	23	14	13

All triads were one hour in length. The moderator’s guide can be found in Appendix B.

1. Recruiting Protocols

The procedure for recruiting/screening participants adhered to Public Works and Government Services Canada (PWGSC) and Marketing Research and Intelligence Association (MRIA) requirements. Recruiting was undertaken based on telephone numbers obtained from up-to-date telephone books for each of the target locations. A list of numbers was randomly selected from the telephone book. To increase the randomization, the list of numbers that recruiters were provided with was adjusted by increasing or decreasing the last digit of the number by 1 or 2 (i.e. if the number selected from the telephone book was 236-0296, the number given to a recruiter was either 236-0295 or 236-0297).

The target audience for this study was the general population of Canadians, 16 years and older. The recruiting script contained a series of standard screening questions in order to obtain participants of varying age, socio-economic status and backgrounds. The recruiting script can be found in Appendix A.

All groups comprised a reasonable cross section by:

- *Gender* (the goal while recruiting was to get a 50/50 split across all groups/triads);
- *Age* (mix of ages in each group/triad and in each location, with no more than one of each age per triad, as per the parameters outlined in the table above);
- *Education* (mix of completed educational status for all groups/triads in all three locations, with the exception of age group 16-19);
- *Cultural representation* (consistent with each city’s demographics);
- *Occupation* (also a good mix of “not working”/“retired”, “working”, where applicable)
- *Household income* (mix of triads comprising participants deemed to reside in lower income households as based on their annual household income, and participants from medium to higher income households; income level for all triads was under \$100,000).

Participants were not made aware of the topic for discussion in advance of the groups, but they were informed of all protocols related to confidentiality. All participants were informed at the recruiting stage that they would receive an \$80 incentive if they attend the discussion session.

All participants were requested to sign a document, prior to conducting the groups, giving their permission to video/audio-tape the groups, for purposes of review and analysis in the preparation of this report.



C. A Note on Interpreting Findings from Qualitative Research

The reader should note that the findings from qualitative research are not statistically reliable and as such, unlike national surveys, the results cannot be extrapolated to the population at large. While the randomly-recruited participants in all triads comprised a good mix of age, backgrounds and socio-economic status as per the recruiting criteria explained above, the exact proportion of participants holding any given view should not be seen to represent the proportion of those holding the same view in the target population.

Nevertheless, qualitative research is considered to be a highly effective methodology for detecting and exploring the subtleties in, and nuance of, views and attitudes. In particular, the opportunity to hear participants expressing their views and opinions in their own words is of great value. Overall this format is less restrictive, as compared to more structured surveys, with respect to allowing participants to articulate their reactions and perceptions. By providing a semi-structured format within a relatively open discussion forum, participants are able to engage in an interchange with other participants simulating the way in which the public is likely to debate and discuss issues as well as process messages related to positive mental health. The range of socio-economic backgrounds around the table often yields varying perspectives on issues which adds to the researcher's and clients' understanding of the degree to which there is a consensus or a divergence of views.

The findings that follow provide a summary of the discussions that took place during the 14 triads. In addition, the report follows the sequencing of the Moderator's Guide (see Appendix B). Please note that when required the moderator prompted participants to stimulate discussion.



IV. Mental Health: Associations and Connotations



Mental Health: Associations and Connotations

A principle challenge in re-orienting Canadians' thinking toward the idea that one can have or work toward positive mental health is overcoming the existing negative imagery which tends to be associated with the term "mental health" itself. At the beginning of each session the moderator began with a series of questions on mental health. Questions included asking participants what image comes to mind when they think of positive mental health, as well as the definition of positive mental health (see Appendix B for moderator's guide). Participants' comments at the outset of the discussion clearly underscored the ongoing stigma connected to the topic of mental health and discussion of mental health issues. According to a number of participants, mental health is not a theme that is commonly or frequently discussed. Much of what they do hear or see on the subject is media-driven and typically the stories and images portrayed through the media tend to focus on the struggles of those afflicted with a mental illness. Some, albeit very few, across all the groups did mention public health advertising on this topic as one of the few ways in which they have an opportunity to put a face to individuals who have a mental illness.

A. Key Imagery and Descriptions

1. An Emotional State of Mind

When asked to describe the mental picture or visual image which begins to take shape upon hearing the term "mental health," a number of participants felt the term referred to a state of mind: confused, combative, lacking a sense of right and wrong, or simply unhappy.

"Mental health has a lot to do with happiness."

2. Mental Health System and Infrastructure

For some participants, the term directed their thoughts toward the institutions and care facilities that care for those with mental illness. In Toronto, mention was made of the Centre for Addiction and Mental Health (CAMH) which provides mental health research and treatment.

In a very few instances, this discussion elicited more positive imagery, including feelings of compassion and caring. The work of caregivers was also cited.

3. Inability to Function "Normally"

Other participants conjured up images of individuals, typically relatives or others whom they know, struggling with a mental illness which leaves them unable to cope or function effectively in society.

"People who cannot live within society."

"Somebody not able to cope with life."



“Individuals who don’t function well.”

“Une personne ayant un mauvais fonctionnement du cerveau.”

“Quelqu’un avec des problèmes de comportement...quelqu’un ayant un problème mental.”

4. Mental Health = Mental Illness

For many, the term mental health directly equates with mental illness or disease. This finding is interesting given that, although the term itself explicitly incorporates the notion of “health,” the majority of participants launched into a discussion of illness and, in some cases, treatment. In one instance, among a group of participants aged 65 and older, a participant equated mental health with confusion (i.e., a condition or illness), and confusion with Alzheimer’s (i.e., a disease).

“It’s an illness.”

“Someone who is confused ... who doesn’t know what is right or what is wrong.”

“Mental health is a disease.”

“It is a sickness that is curable.”

“It can be treated.”

“On peut définir la santé mentale comme une sorte de maladie psychologique.”

5. A Chemical Imbalance or Physiological Condition

With few exceptions, the term “mental health” prompted descriptions of individuals unable to control their emotions or without the ability to function effectively in “normal” society, as noted above. On several occasions, participants labeled mental health or mental illness as a physiological condition, having to do with improper or abnormal functioning of the brain, beyond the control of the individual.

“It’s a genetic condition ... a chemical imbalance.”

“It’s a biological thing.”

“Il s’agit d’un manque d’équilibre psychologique.”

6. Mental Health as a Continuum

The notion of stability was raised a number of times, suggesting that mental health is perceived as a state of being which exists along a continuum from “unstable” to “stable.”

“Someone who is emotionally unstable.”



“An unstable person who could do harm to themselves and others.”

Notably participants frequently talked about balance, stability and normalcy as the yardsticks by which they might subjectively or objectively measure an individual who does or does not suffer from a mental health issue.

“People who are abnormal.”

“Personnes ayant des troubles d'apprentissage.”

In doing so, however, there is a tendency to create a false dichotomy with respect to mental health (i.e., balance versus unbalanced, stable versus unstable, and normal versus abnormal), rather than as described earlier mental health and mental illness as existing on two separate but related continua; therefore, mental health is more than the absence of mental illness. However, comments indicated that many participants hold a very simplistic understanding of mental health – being the absence of mental illness.

7. Links to Addictions and Substance Abuse

A number of participants suggested that mental illness was frequently linked to addiction or substance abuse, thereby suggesting that the key strategies to overcome mental illness often require addiction counselling and treatment for dependencies.

The above-noted types of associations may not be unusual or unexpected, given that much of the current coverage and public discussion of mental health continues to center on the treatment of mental illness rather than on active preventive measures or the promotion of mental health as a positive state of mind and being that can be maintained or enhanced. The recent advertising campaign sponsored by Bell Canada¹⁴ and featuring Clara Hughes, former Olympian speed skater, although attempting to shed a more positive light on mental illness and bring the conversation and condition out of the shadows, nevertheless does allude to Ms. Hughes' personal story dealing with mental illness and depression. In this respect, the campaign may be effectively helping to remove the stigma around mental illness, but it does little to re-orient Canadians' thinking about mental health in terms of maintaining and enhancing psychological and emotional well-being (albeit this was clearly not a primary campaign objective). To date, Canadians have been exposed to very little public education or awareness raising initiatives focusing on how to maintain and improve good mental health or mental wellness.

¹⁴ Bell 2011 Face Mental Illness Campaign and the Bell Let's Talk Initiative, www.letstalk.bell.ca



B. Defining Mental Health

Understandably, participants did not define mental health in highly technical terms. Picking up on the earlier imagery, when asked to define mental health, responses generally depicted an individual who exhibits unhealthy emotions and/or anti-social behaviours (i.e., angry, sad, depressed).

“Someone who is depressed, despondent.”

“Somebody who needs help.”

Others took a step back and suggested that mental health has to do with one’s *“overall state of well-being”*, *“their overall capacity/ability to function on their own and in the world”*, or in the words of one Francophone participant, *“la capacité de notre corps de penser... de réfléchir”*.

These few participants focused on mental health as an ability to cope, although this did not necessarily extend to the ability to handle challenging and difficult situations. In the same vein, a number of participants referred to an inability to function within mainstream society or within a typical “9 to 5” lifestyle.

From the standpoint of developing public education messages, the above findings point to the following recommendation:

Recommendation:

It is clear that, for many, any discussion on the topic of mental health, at both an intellectual and emotional level, will start from a negative position. Transitioning toward the positive, or attempting to situate a public discussion within a more positive context, at least in the early stages of public education messaging, will require creating a new frame of reference which refocuses the conversation to one about health and healthy living, within which nurturing one’s mental health is an important, and often neglected, component.



V. Positive Mental Health: Awareness and Understanding



“Positive Mental Health”: Awareness and Understanding

After participants spent some time discussing the term mental health and the images that were associated with it, the moderator then asked a number of questions regarding the term positive mental health. Questions probed for the participant’s awareness, understanding, typecasting and terminology, as well as the link between physical health and mental health. Please see Appendix B for moderator’s guide.

A. Awareness of the Term

Given the negative backdrop around the term “mental health,” it is unsurprising that almost all participants said they were unfamiliar with the term “positive mental health.” Participants view the term as an “oxymoron” and it is the combination of the word “positive” in the context of “mental” which creates this disconnect for many. It was clear from the early discussion of positive mental health that, as an idea, it is somewhat problematic and confusing, although over the course of the hour-long discussions they generally came to understand what this term meant.

“It doesn’t seem that “mental” works with “positive.” “Mental” has a negative connotation.”

Some felt that positive mental health simply referred to attempts at treating or helping those suffering from a mental health issue. In this respect, the term is still seen to apply to that group of individuals suffering from a mental illness, rather than a condition or goal with implications for the broader general public.

“It is somebody with controllable mental issues ... now they have it under control and they are able to enjoy life.”

“Il s’agit de pouvoir aider les gens à se sortir du négatif, d’identifier avec eux la source de leurs problèmes.”

And, in keeping with the tendency to look at the issue of mental health and mental illness in starkly black and white or very linear terms as described in Section IV.A.6, and not within a two continua framework, one participant viewed positive mental health as the mid-point on a spectrum from insane to sane. In general, most participants saw positive mental health as a state of being somewhere in between being mentally ill (i.e., negative mental health) and normal (i.e., not mentally ill), as depicted by the diagram below.



B. Defining Positive Mental Health

Unprompted definitions of positive mental health were quite varied, but could be grouped into seven broad categories or themes: functioning/coping skills, ability to achieve a state of balance, transitioning from illness to health, an emotional or intellectual state of mind, self-image and independence or self-motivation.

The definitions produced as a result of this discussion more often described what having positive mental health might feel like or what someone with positive mental health might be able to do, rather than what positive mental health is or how it is achieved.

Notably, a number of participants intuitively defined positive mental health as achieving or striking some degree of balance. This notion came out more strongly among those aged 20 to 29 years in Toronto, keeping in mind that this group consisted of four participants only. By contrast, those 65 years of age and older were more inclined to view positive mental health as a state of being which permitted individuals to be more self-reliant and independent.,

Ways in Which Participants Defined Positive Mental Health	Illustrative Quotes
Ability to function and/or succeed day-to-day	<p><i>“Being able to function without medication.”</i></p> <p><i>“Being able to focus.”</i></p> <p><i>“Someone who can go about their day-to-day business.”</i></p> <p><i>“Reacting in a socially responsible manner.”</i></p> <p><i>“Possessing good coping skills.”</i></p> <p><i>“Possessing a positive mental outlook to be able to cope with everyday stresses in life.”</i></p> <p><i>“Sociable.”</i></p>
Striking a balance	<p><i>“Able to find balance in everyday life, by being aware of good and bad influences.”</i></p> <p><i>“A balanced mental state. A healthy lifestyle.”</i></p> <p><i>“Being centred – emotionally and spiritually.”</i></p> <p><i>“A balance of physical, emotional and spiritual continuity.”</i></p> <p><i>“To be in a balanced and harmonious state of mind.”</i></p>



	<i>“La santé mentale positive, c’est l’entretien d’un équilibre sain au niveau psychologique et en quelque sorte spirituel.”</i>
Moving from a state of illness to health	<i>“The opposite of depression.”</i> <i>“Not necessarily being ill.”</i> <i>“Someone who is in group therapy.”</i> <i>“On the road to recovery.”</i>
Achieving a certain emotional state of mind or attitude	<i>“Feeling stable, happy and joyful.”</i> <i>“Balanced, confident, calm.”</i> <i>“The power of positive thinking.”</i> <i>“Well-adjusted.”</i> <i>“Content.”</i> <i>“Having a positive attitude.”</i> <i>“Radiating positive energy.”</i> <i>“Garder la tête haute et rester positif.”</i> <i>“Rejeter le négatif.”</i>
Achieving a certain intellectual capability/Improving intellectual capability	<i>“No problems remembering.”</i> <i>“Thinking logically.”</i> <i>“Having a good mind.”</i> <i>“Une amélioration du développement du cerveau.”</i>
A healthy self-image and self-awareness	<i>“Having a positive self-image.”</i> <i>“Being able to accept my current position in life.”</i> <i>“Un esprit sain dans un corps sain.”</i>
Being independent and self-motivated	<i>“Ability to motivate yourself.”</i> <i>“Being self-reliant.”</i> <i>“Living your own way.”</i>

In the early stages of this discussion, participants frequently referred to positive mental health as a goal or target for someone who may be suffering from a mental illness or depression. This is an important finding in that it suggests that the term – positive mental health – is not seen to be inclusive of the whole population (i.e., a goal for everyone and not just those who may be challenged in terms of their mental health).

“Positive mental health means being proactive with your disability. It shouldn’t hold you back no matter what it is. I know a lot of people who have overcome disabilities.”

A number of participants equated positive mental health with “being in the right state of mind.” For some, this notion had moralistic overtones (i.e., being able to fit into mainstream society and abide by generally accepted codes of conduct and values), while for others, the term “right” was simply a reference to a very simplistic notion of mental health as something one has or does not.



Once participants had an opportunity, individually, to consider what positive mental health was, they were asked to work collaboratively to create a common definition. This was an easier task in some groups relative to others where the ideas generated were too disparate to be able to narrow in on the essence of a definition. For those who were able to complete this exercise, their “consensus-styled” definitions follow. Participants completed the following sentence: “For me, positive mental health means ... “

“... being whole, and being able to function effectively with or without medication.”

“... being of sound mind, optimistic, having something to look forward to, and to allow you to deal with life’s problems.”

“... healthy and joyful, emotionally stable and busy.”

“... in control, being your own person, being self-reliant, self-actualized, and making peace with other people and society.”

“... able to find balance in everyday life, by being aware of good and bad influences.”

“... fitting into society, being in control of your mental state and proactive about seeking help.”

“... a balance of the physical, emotional and spiritual within oneself and with your environment.”

“C’est être bien mentalement, psychologiquement et en paix avec soi-même.”

This discussion is revealing in a number of ways. Participants own words and reactions to the term suggest that, while not completely clear on the concept, positive mental health is much more than the absence of depression, anxiety or other psychological issues, although this is certainly one aspect of it. They see it more as the presence of a range of positive characteristics involving abilities such as coping skills, attitudes including resilience, in addition to a state of mind or being that encompasses spiritual, emotional and physical well-being. There is some recognition that striking some sort of balance is important to attaining positive mental health and that the existence of these positive characteristics allows one to cope better with life’s challenges and stresses.

C. Possible Alternative Typecasting and Terminology

Thus, implicitly, even though participants displayed a limited awareness and understanding of the concept of positive mental health, when asked to spend some time considering what it might mean, the groups did generally incorporate the notion of a balance among the three key elements of emotional, psychological and social well-being.



At the same time, many comments indicated that participants struggle with the word “mental” and would prefer to find a substitute without the associated stereotyping, stigma and negative connotations, although they have tremendous difficulty generating alternative wording or phrasing (see bullets on pg. 28). In addition to the existing stigmatization around this issue, developing public education messages on positive mental health and employing that specific terminology could be ignored by a large percentage of the population who simply do not see themselves as the target for this conversation. In fact, comments from participants suggest that those who might benefit most from more information on the topic of positive mental health may be the very same individuals who do not see themselves reflected in or a part of this dialogue or conversation. Thus, developing a more inclusive vocabulary is critical to engaging the broader public.

“I personally think I’m ok. I don’t need mental assistance. I’m capable of handling my own affairs.”

Possible substitute terminology, based on unprompted vocabulary and discussion generated by participants, could include the following:

- Your state of mind
- Being more aware of your state of mind
- Positive state of mind/ État d'esprit positif
- Positive mental attitude/Un esprit sain
- Mental health and well-being/ Être bien avec soi-même et dans l'âme
- Good mental health
- Being mentally healthy/En bonne santé mentale
- Working toward good mental health

Employing the term positive mental health on its own or even in an appropriate context with additional clarifying information is risky from a communications perspective. Many participants are inclined to feel that a conversation on this topic is aimed at other people, not at them. Although many admit that they do not consciously nurture their mental health, and acknowledge that they could and should make time to do so, it appears that the likely reaction to any attempts to educate Canadians on this topic could be overlooked by a large percentage of the population. This is because of the tendency to feel that such messaging would be targeting those individuals who are suffering from mental health issues or are, at the time, not feeling positive about or comfortable with themselves. In this sense, the term “positive” is viewed as a destination, rather than a journey.



Moreover, messaging will need to underscore that there may be almost as many ways to work on this as there are individuals – each person is unique, therefore each journey toward positive mental health is unique or individualized. When asked what one would have to do to work toward positive mental health, participants identified a range of activities that underscored the personalized nature of this journey. As one participant commented – “do what you like to do.” Additional feedback on this topic is provided in Section VI.C.

D. Physical Health and Mental Health

Linking mental health with physical health may be another way of overcoming the stigma related to the term mental health on its own, or to positive mental health, the latter term often being interpreted through the lens of illness. When the conversation about mental health was placed within the context of our overall well-being, including our physical health, participants generally came around to seeing the term positive mental health more as an ongoing, continuous goal which requires daily or regular attention.

Indeed, most participants felt there was a clear link between physical and mental health and that nurturing one would certainly have a positive effect on the other. However, it was also thought that there could be instances where one might be in very good physical health, but not necessarily good mental health. In any case, physical activity was often mentioned as a means of reducing stress, letting go of one’s worries and refocusing on pursuits that bring a sense of satisfaction and pleasure to the individual, thereby improving their overall state of mind and body.

While a number of participants did say that they strive to look after their mental health in the same way that they do their physical health, a larger proportion acknowledged that they pay much more attention to their physical health. When asked why this was the case, the common response was that it is simply easier to see the progress with respect to improvements in one’s physical health. In addition, some participants commented that it is more obvious what one can do to enhance one’s physical health, but less clear what the steps are to improving one’s mental health. In the same vein, a few participants commented that they felt it was more urgent or imperative that they look after their physical health, but perhaps less critical to spend the same time and commitment to nurturing their mental health.

“Physical health is easier to talk about ... easier to fix. There are a lot more methods that are commercialized and easier ways to keep physically fit.”

Still others commented that their mental health is not something about which they typically think very consciously. Indeed, this was the view held by most participants in each of the groups. Only under conditions which lead to feelings of sadness, anxiety or stress might they then take some action to counter the emotion.



“I would only think of my mental health if I were unhappy. Without knowing, I do things so that I can have positive mental health. You do it innately ... A lot of people might be mentally healthy, but they just don’t think about it. Physical health is brought more to your attention.”

There is also a tendency to view mental health as something which is more complex and difficult to understand because it has to do with the brain, rather than the body. In this respect, participants’ comments indicate a greater level of comfort in understanding how to improve their physical health versus their mental health.

“We know more about the physical side than the mind.”

“The brain is pretty complex.”

From the standpoint of developing public education messages, the above findings point to three key recommendations:

Recommendations:

Making a direct link between physical and mental health or well-being – doing so will have the effect of re-orienting the discussion in a way that the public will generally understand, given the vast amount of information and advertising related to physical health, fitness and well-being. Messaging which positions mental health as just as important to our overall well-being as physical health will start to break down the current negative lens through which most tend to filter information on the topic of mental health.

“Pour moi, la santé mentale positive signifie aussi entretenir le corps. Par exemple, quand on fait du sport, notre corps est en forme mais aussi le cerveau...la santé mentale est importante pour être bien avec soi-même.”

The “how” is as important as “the why” – many participants also made comments that indicate they not only do not give a lot of thought to their mental state of mind, or at least are less inclined in comparison to the attention they give to their physical condition, but that they do not necessarily know off hand what they could do to enhance their mental health. Thus, providing some simple tips – steps and activities that one could do every day and that most everyone could relate to – would be important to include in any messaging.

Simplifying the concept – communications on this topic should aim to incorporate plain language and, in style and tone, should portray the topic as approachable and inclusive. Doing so will raise the general public’s overall ease in engaging on the topic and address concerns or feelings that mental health is a complicated, highly technical topic that is beyond the level of understanding of the average person.



The Strategic Counsel

“Comparing it to physical health is really effective. We’re so concerned about our physical health. It’s important to take care of your overall well-being. Like your physical health, it’s important to maintain your mental health.”



VI. Benefits and Components of Positive Mental Health



Benefits and Components of Positive Mental Health

After discussing the definition of positive mental health, the moderator led the participants in a discussion on the benefits and various components of positive mental health. The questions focused on the benefits both at the personal and community level, how to achieve it, as well as the role of external factors and influencers, such as family, communities and government. See Appendix B for moderator's guide.

On considered reflection, participants see a number of benefits, perhaps more so to the individual than to the community around them, to developing and nurturing a stronger degree of positive mental health among the general public.

A. The Benefits of Positive Mental Health

1. Personal

In general, individuals who have positive mental health are viewed as having the skills, abilities and mindset to achieve their goals.

“La santé mentale positive nous permet de réaliser nos rêves et nos objectifs.”

Interestingly, for a number of participants, the stated benefits were viewed in relatively modest terms, including the ability to lead a normal life, to manage one's affairs, to accept oneself, understand one's own shortcomings, be more tolerant of others, reduce anxiety, confront and cope with life's daily stresses.

“Connaître ses points forts et ses faiblesses et avoir confiance en soi.”

For these participants, the key benefit centered on allowing the individual to take more responsibility for him or herself and to be able to participate more effectively in society. They were also premised on the assumption that the current state for such persons meant they were not effectively integrating into mainstream society (i.e., reclusive) as a result of a mental condition.

“Being able to participate in society and not hide away from the rest of the world.”

For others, the benefits were seen as allowing individuals to excel or improve themselves. Some felt that having positive mental health would lead to better employment prospects, extend their social networks and generally enhance the quality of their lives.

A number of participants saw positive mental health as a self-fulfilling or continuous cycle of improvement. This view stems from the belief that positive mental health generates positive energy, allowing a person to reach for higher goals.

“Having the energy to allow you to do whatever you want.”



“If you feel better about yourself, you live a better life. This gives you a good feeling of achieving things, gives you self-satisfaction and a better disposition.”

“Accomplissement de moi-même...me permet d'être moi.”

“La santé mentale positive permet à quelqu'un de se sentir bien dans sa peau, d'être confiant.”

An individual with positive mental health is also seen to be able to better deal with life's disappointments and difficult moments – a necessary skill at a time when participants feel they are particularly pressured.

“Des gens qui savent surmonter des épreuves, qui repoussent le négatif et considèrent la vie comme précieuse.”

As noted in the previous section, a positive mental attitude or positive mental health is seen to have positive effects on one's physical health and vice versa. Several participants suggested that a more positive disposition will reduce illness and ultimately extend one's lifespan.

2. At the Community Level

At a broader level, a few participants felt that a “domino or exponential effect” would come into play as one individual, with a more positive mental attitude, influences others, creating a viral effect which would extend and distribute positive energy to a broader group.

“There is a domino effect. If they are happy, I am happy. People are more empathetic.”

Similarly, participants felt that those who have achieved or exist in a state of positive mental health have a greater tendency to be both more productive and caring. In this respect, a likely outcome at the community level is a higher incidence of volunteering and/or helping others. One participant described this as the “pay it forward” effect, emphasizing the notions of giving back and of third-party beneficiaries.

Beyond this, comments also suggested that a real benefit of focusing on even one individual's positive mental health is the self-propagating nature of it. In this sense, it could be seen as a virtuous circle, with the benefits being felt by others and coming back to one's own self.

“I've always believed in good karma. If you do good for others, you feel good yourself..”

It was somewhat challenging for some participants to specifically identify what the broad community or societal effects might be, although many recognized the overriding importance of community to avoid isolation, a key factor which is seen as leading to poor mental health.

Some had difficulty understanding what “community” meant given that communities operate at various levels – their group of friends, their neighbourhood, or the region, province in which they live. And, of



course, a number of participants noted that they belong to numerous communities through school, recreational activities and work. The types of communities that participants related to was age dependent in some respects: younger people cited school, friends, teachers, social media as their principal communities, while older people were more inclined to identify workplaces and clubs, in addition to friends and family.

Networks developed via social media are a key community which should be recognized in any targeted communications, particularly among the younger age demographic (i.e., approximately 40 years and younger). Examples of the way in which younger people use Facebook to connect with friends and acquaintances were offered by way of demonstrating the key role that social media play as a “connector.” Social media is a vital space in which people feel a sense of community and receive affirmation.

Regardless, the ideas of greater social interaction, sharing, participating, belonging and acceptance came out in this part of the discussion. Participants generally felt that positive mental health would benefit communities through a sharing of those individuals’ experiences with others in the community who might need help. A number of participants also identified safer communities as an important benefit, with the idea being that positive mental health will create communities that will have a lower incidence of crime, particularly violent crime.

“There will be less violence, because people who aren’t mentally healthy are violent.”

B. How to Achieve Positive Mental Health

Most participants were of the view that individuals themselves have a greater role to play in maintaining and enhancing their own positive mental health, compared to the impact of any external factors or influences. Attaining positive mental health is seen as linked to inner strength, and other traits and characteristics that are inherent in the individual.

“I think it’s mostly intrinsic. If you don’t have support, you can still motivate yourself.”

Of note, the comments made by younger participants (aged 16 to 19) indicate that they may rely more on extrinsic factors and that the environment has a strong impact on their overall disposition. Friends are particularly important as is the pursuit of materialistic goals. As one participant noted, shopping and the act of purchasing something contributed to a sense of satisfaction that had, if only fleetingly, a beneficial effect on their overall psyche.

1. Internal Factors: Attributes, Actions and Emotions Associated with “Positive Mental Health”

Participants mentioned a range of factors that contribute to positive mental health. In their own words, they talked about:

- having a sense of purpose or meaning



- displaying a sense of humour
- accepting yourself
- understanding your shortcomings

Most commonly, participants indicated that “*doing what makes you happy*” is fundamental. Others referred to a similar notion – carving out some “*me time*” as part of their day or their regular routine. A number of participants, across all age groups, underscored the importance of personal pursuits as a means of stepping away from the pressures and stresses of everyday life. Many participants spoke about being stressed and the impact of stress on their overall well-being. Based on participants’ comments, feeling some amount of stress is not uncommon and it can lead to negative emotions, even among those who consider themselves generally positive and mentally healthy.

The key attributes, actions or behaviours and emotions associated with someone who displays positive mental health are summarized in the table below, based on comments across all groups.

Personal Attributes, Actions and Emotions Associated with Positive Mental Health

Attributes	Emotions	Actions
<ul style="list-style-type: none">• Optimistic/Hopeful• Relaxed/De-stressed• Sense of inner peace• Self-aware/Self-esteem/Self-respect• Accepting• Confident• Energetic• Resilient• Self-motivated	<ul style="list-style-type: none">• Happy• Joyful• Inspired• Content• Satisfied• Calm• Free	<ul style="list-style-type: none">• Organized• Productive/Busy• Outgoing• Generates “good vibes”• Goal-oriented• Participates/Engages



2. External Factors and Influencers: Role and Impact

Supportive and Affirming Relationships with Friends and Family

The most significant external factors were seen to be family and friends – developing positive and supportive relationships. These are viewed as the key networks, providing an individual with needed support and a sense of belonging, which in turn contribute to positive mental health.

“Un entourage positif est important... avoir des gens positifs autour de moi, qui me soutiennent, ou un mentor.”

Most often, participants noted the importance of good, strong, trusting, relationships with others as critical to positive mental health. These relationships provide inspiration, which is seen by some as foundational to positive mental health and affirmation which continues to nurture one’s sense of self. Young people in particular spoke about the influence of their friends, teachers, coaches, team members and others with whom they interact on a daily basis, as illustrated by the following quote:

“Keeping friendships ... if a friendship were to die off, it would mentally drain me.”

The Role of Government and Communities

In all locations a small number of participants spoke, on an unprompted basis, about the role of governments, and in particular the health care system, in creating an appropriate environment which offers the kinds of social and medical supports necessary to sustain a mentally healthy society. As noted above, while participants generally pointed to the quality of their home life and relationships with family and friends as having the most immediate and significant impact on their mental health, a number of participants did raise the importance of a stable socio-economic and political environment. These are viewed as vital conditions for the promotion of positive mental health. Governments and communities were not mentioned on a top-of-mind basis by many of the participants. This could be the result of many Canadians tending to take Canada’s social safety net and programs (such as health care, employment insurance, etc.) as a given. At a later stage in the discussion groups, when the moderator prompted participants to think about the role of governments and communities, participants were able to articulate a more direct link to positive mental health.

Nevertheless, some participants did speak about the need for financial stability, safe neighbourhoods and communities, and the implementation of rules and regulations that support and promote positive health outcomes – healthy diets and generally healthier lifestyles. Others mentioned healthy environments in general – “a clean environment, no pollution” – as being an essential condition for positive mental health.



In further parsing participants' comments and suggestions on what is required to achieve positive mental health, it is clear that participants do feel there is a key role for government and for public policy measures in fostering the appropriate conditions by addressing the following:

- Poverty and financial stability
- Housing and accommodation
- Safe communities
- Healthy foods, diets, lifestyles
- Community resources and facilities – recreational facilities, community groups
- Environmental degradation

All of the above are viewed as contributing in a positive way to society and to an individual's state of mental well-being by addressing both subsistence requirements and the need for social interaction.

Participants were also vocal on the benefits to communities of a more mentally healthy society. As noted earlier in Section VI.A.2, it is evident to participants that communities have a dual role, both as contributors to positive mental health and as beneficiaries.

C. Portrait of an Individual with Positive Mental Health

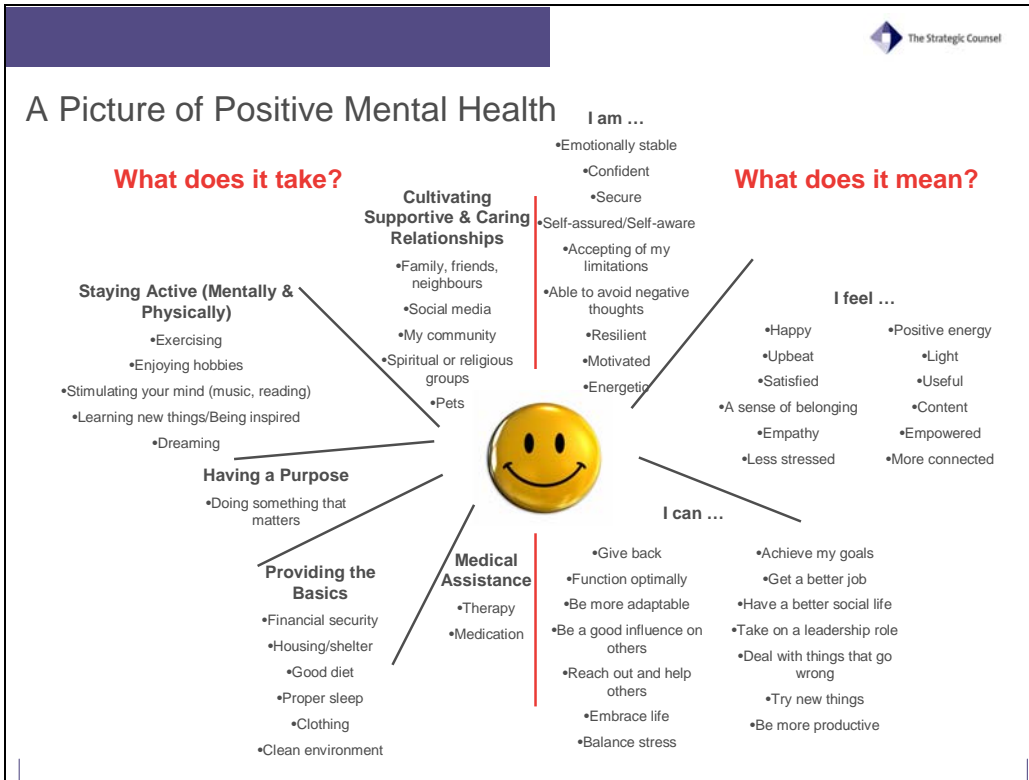
The discussion on positive mental health aimed to have participants identify the associated benefits, and consider the inputs or contributing factors by responding to several key questions:

- What does it take to get positive mental health? What does a person need? Who or what has the most impact on mental health?
- How does a person with positive mental health feel?
- What can or should a person do to maintain or enhance their positive mental health?
- What does having positive mental health allow you as a person to do (which you otherwise may not have been able to accomplish)?
- What are the benefits to themselves and their society of being mentally healthy?

The discussion around these questions yielded a fairly comprehensive portrait of what participants believe is required to attain positive mental health, as well as what positive health might mean for individuals and



society. These conversations are summarized in the following diagram which reflects the combined feedback across all groups.



D. Key Components

Participants identified a number of inputs or requirements in order to be able to work towards and attain a state of positive mental health. Typically, they felt the most vital components of good mental health included:

- Good physical health;
- A sense of belonging or acceptance by others;
- Engagement with others;
- A healthy and safe environment;
- Financial security; and
- Striking a balance.



Recommendations:

From the standpoint of developing public education messages, this portion of the discussion offers some direction regarding how to connect with and engage the public on the topic of mental health, particularly by echoing some of the vocabulary and concepts generated by the groups. For example:

Stress is a common denominator – As noted earlier, virtually everyone can relate to feeling varying degrees of stress, whether as a result of the pressures of school or careers, or just the need to balance the various demands on our time. The fact that we may feel stressed, doesn't mean we are suffering from a mental illness, but it can generate negative emotions sometimes even leading to adverse physiological effects. Consciously learning and finding ways to overcome this negative emotional state, to maintain and promote a more positive outlook and a mentally healthy attitude, will lessen the impact of stressful life events and allow us to respond more effectively. What can we do? Do what makes you most happy and relaxed whether it's physical exercise, relaxation techniques like meditation or yoga, or spend some time with friends and family who care about and support you.

The notion of belonging is a powerful stepping stone to positive mental health – Without necessarily explicitly saying so, it is clear from the discussions that most participants keenly want to feel a sense of belonging. This is not only a requirement for positive mental health, but an outcome as well, for those who work towards this goal. Feeling a part of some larger community of shared interest, be it family, friends, sports organizations, etc., has an affirmational effect on individuals, making individuals feel important, accepted and cared for. Encouraging both the creation of communities, online and otherwise, as well as underscoring the importance of engaging with others, should be core elements of any public education messages focused on promoting positive mental health.

Balance is a concept that resonates and is understandable – Over the course of these discussions, many participants often, unprompted, described positive mental health as a balance. Without necessarily being familiar with the operational definition (i.e., a balance of emotional, psychological and social well-being), participants intuitively felt that the notions of balance and harmony were integral to attaining positive mental health. Picking up and playing on this theme of balance through both verbal and visual communications would be an effective way to begin a conversation promoting greater awareness of the concept of positive mental health.



VII. Messaging



Messaging

A. Building the Message Framework

During the final portion of the discussion participants were asked to think about how they would open a conversation or initial communications on the topic of positive mental health aimed at raising general public awareness, including the best ways of communicating the idea and how we can achieve it. The intention was to have participants come to a general level of agreement on the following:

- Positive mental health – an alternate term or phrase and the meaning or an acceptable way of defining positive mental health; and
- Additional elements that should be included in a description of positive mental health (i.e., notions of social, emotional and psychological well-being and the benefits to/role of various communities) which would help people to understand the importance of attaining and sustaining positive mental health, ways of nurturing it and the role of communities.

Specific ideas or concepts (i.e., words and phrases) created by PHAC in collaboration with its advisory committee were typed onto cards. The moderator showed participants the cards and asked them, as a group, to think about selecting those that were most meaningful, relevant or important to include within the context of the two objectives of this exercise as stated above. A summary of this “card sorting” exercise is shown in the following table reflecting the output from a selection of the groups, by age group.

The reader should note that, in some cases, participants did recommend a way of stringing phrases or words together to create a more complete thought or sentence, sometimes substituting those on the cards with others that they felt were either easier to understand or helped to better explain the ideas. Where this occurred, it has been noted in the table. In other cases, participants focused more on the ideas contained on each of the cards, simply selecting those they felt should be incorporated into communications on the topic and discarding others they felt were either redundant or of less value by way of explaining the notion of positive mental health.

Due to time constraints within the groups participants did not have sufficient time to take a second pass through the messaging and consider how it could be simplified in order to produce a more fluid narrative that held together in an orderly fashion.



Key Messages on Positive Mental Health

How best to describe it? (Comment la décrire?)	What does it mean for us? (Que signifie-t-elle pour nous?)	How do we get it? (Comment l'atteindre?)	Additional components of each area that should be included			
			Emotional well-being (Bien-être émotionnel)	Psychological well-being (Bien-être psychologique)	Social well-being (Bien-être social)	Communities (Communautés)
Participants aged 65 years and older (Toronto, first group 65+)						
<ul style="list-style-type: none"> • Mentally healthy • Nurture • Like your physical health • Encompasses a balance of emotional, social and psychological well-being 	<ul style="list-style-type: none"> • Improves the quality of your life • Perform better from day to day • Something that everyone deserves 	<ul style="list-style-type: none"> • Recognizing the strengths and weaknesses in yourself and others • Having supportive relationships with friends, family and colleagues who you trust • Participating in your community • Finding ways to deal with the stresses of ordinary life • Caring about the people in your life 	<ul style="list-style-type: none"> • Being able to relate to others emotionally • Recognizing and understanding good and bad feelings in yourself and others 	<ul style="list-style-type: none"> • A sense of meaning in your life 	<ul style="list-style-type: none"> • Having supportive relationships with friends, family and colleagues who you trust 	<ul style="list-style-type: none"> • A healthy and supportive community makes you feel like you belong • Communities where you live work and play are an important part • Feeling safe and secure • Helping everyone feel accepted • Believing in and supporting lifelong learning • Supporting and including all people throughout life, including children and older adults • For all, no matter their income, language, ability, race, gender or age
Participants aged 65 years and older (Toronto, second group 65+)						
<ul style="list-style-type: none"> • It's important to take care of your well being throughout your life • Good mental health - a healthy mind - is a balance of emotional, social and psychological well-being • Within a healthy and supportive community 	<ul style="list-style-type: none"> • Something that everyone deserves • Handle everyday stresses • Improves the quality of your life 	<ul style="list-style-type: none"> • Caring about the people in your life • Recognizing and understanding good and bad feelings in yourself and others • Learning and trying new things • Recognizing the strengths and weaknesses in yourself and others • Participating in your community • Having relationships 		<ul style="list-style-type: none"> • Having ways of coping with the stresses of everyday life • Knowing and accepting that life can be challenging 		<ul style="list-style-type: none"> • Providing safe, accessible places for gathering, living, visiting and playing • A healthy and supportive community makes you feel like you belong • Free to express your thoughts and feelings on issues that are important to you • Feeling safe and secure



		with friends, family and colleagues who you trust				
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How best to describe it? (Comment la décrire?)	What does it mean for us? (Que signifie-t-elle pour nous?)	How do we get it? (Comment l'atteindre?)	Additional components of each area that should be included			
			Emotional well-being (Bien-être émotionnel)	Psychological well-being (Bien-être psychologique)	Social well-being (Bien-être social)	Communities (Communautés)
Participants aged 55 years and older (Vancouver)						
<ul style="list-style-type: none"> It's important to take care of your well-being – both physical and mental – throughout your life Within a healthy and supportive community Like your physical health It's an approach to life – it's inside you! 	<ul style="list-style-type: none"> Handle everyday stresses Contributes to the health and well-being of your community and your society as a whole You feel better ... life is better 	<ul style="list-style-type: none"> Recognizing the strengths and weaknesses in yourself and others Staying positive Setting and reaching goals Caring about the people in your life 				<ul style="list-style-type: none"> Free to express your thoughts and feelings on issues that are important to you A healthy and supportive community makes you feel like you belong Helping everyone feel accepted
Participants aged 55 years and older (Montreal)						
<ul style="list-style-type: none"> L'équilibre entre votre bien-être émotionnel, social et psychologique Au sein d'une communauté saine et collaborative Votre bien-être Dès votre <u>jeune âge</u> et jusque tard dans votre vie* Il est important de prendre soin de 	<ul style="list-style-type: none"> Permet de profiter pleinement de la vie Se sentir, penser et agir de manière à mieux profiter de la vie Faire face aux stress quotidiens Mieux performer au quotidien Améliore votre qualité de vie Contribue 	<ul style="list-style-type: none"> Vous acceptez, vous-même et les autres Vous fixez des objectifs et les atteignez Entretenir <u>des liens avec des amis, des membres de votre famille et des collègues</u> en qui vous avez confiance En entretenant des relations avec <u>des</u> 	<ul style="list-style-type: none"> Reconnaissez et comprenez les sentiments négatifs et positifs, tant les vôtres que ceux d'autrui 	<ul style="list-style-type: none"> Vous trouvez des moyens de surmonter les stress de la vie quotidienne Vous comprenez vos forces et vos faiblesses Vous vous acceptez et acceptez les autres 	<ul style="list-style-type: none"> Entretenir des liens avec des amis, des membres de votre famille et des collègues en qui vous avez confiance En entretenant des relations avec des gens qui vous acceptent et vous appuient 	<ul style="list-style-type: none"> Une collectivité saine et collaborative vous invite à vous sentir chez vous Libre d'exprimer vos pensées et vos sentiments sur les sujets qui vous préoccupent <u>Apporter un soutien à tous</u>, tout au long de la vie, y compris aux enfants et aux aînés Aider les gens à avoir un but et un sentiment d'appartenance par le biais du travail, d'activités bénévoles et d'occasions d'éducation



	à la santé et au bien-être de votre collectivité et de l'ensemble de la société	<u>gens qui vous acceptent</u> et vous appuient				<ul style="list-style-type: none"> • <u>Pour tous</u>, sans égard au revenu, à la langue, aux capacités, à la race, au sexe ou à l'âge
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**Words that are underlined represent those messages that French participants (Montreal focus groups) felt were extremely important, and therefore needed to be emphasized*

How best to describe it? (Comment la décrire?)	What does it mean for us? (Que signifie-t-elle pour nous?)	How do we get it? (Comment l'atteindre?)	Additional components of each area that should be included			
			Emotional well-being (Bien-être émotionnel)	Psychological well-being (Bien-être psychologique)	Social well-being (Bien-être social)	Communities (Communautés)

Participants aged 55-64 years (Toronto)						
<ul style="list-style-type: none"> • Like your physical health, it's important to take care of your mental health • Balance of emotional, social and psychological well-being 	<ul style="list-style-type: none"> • Allows you to get the most out of life • Something that everyone deserves 	<ul style="list-style-type: none"> • Having relationships with people who accept and support you • Learning and trying new things • Accepting yourself and others 	<ul style="list-style-type: none"> • Recognizing and understanding the good and bad feelings in yourself and others • Being able to relate to others emotionally 	<ul style="list-style-type: none"> • Being more accepting of the challenges other people face • Knowing and accepting that life can be challenging 		<ul style="list-style-type: none"> • Places such as your home, school or work that recognize and value diversity • Free to express your thoughts and feelings on issues that are important to you • Supporting and including all people throughout life, including children and older adults

Participants aged 30-54 years (Toronto)						
<ul style="list-style-type: none"> • Like your physical health, your mental well-being is important to take care of throughout your life • Balance of emotional, social and psychological well-being 	<ul style="list-style-type: none"> • Improves the quality of your life • Something that everyone deserves 	<ul style="list-style-type: none"> • Setting and reaching goals • Learning and trying new things • Caring about the people in your life • Recognizing the strengths and weaknesses in yourself 	<ul style="list-style-type: none"> • Recognizing and understanding good and bad feelings in yourself and others 	<ul style="list-style-type: none"> • A sense of meaning in your life • Knowing and accepting that life can be challenging • Being more accepting of the challenges other people face 		<ul style="list-style-type: none"> • Free to express your thoughts and feelings on issues that are important to you • Feeling safe and secure • Enjoying good health, while also participating in their community • Places such as your home, school or work that recognize and value diversity • For all, no matter their



		and others <ul style="list-style-type: none">• Having relationships with people who accept and support you				income, language, ability, race, gender or age
--	--	---	--	--	--	--



How best to describe it? (Comment la décrire?)	What does it mean for us? (Que signifie-t-elle pour nous?)	How do we get it? (Comment l'atteindre?)	Additional components of each area that should be included			
			Emotional well-being (Bien-être émotionnel)	Psychological well-being (Bien-être psychologique)	Social well-being (Bien-être social)	Communities (Communautés)
Participants aged 30-54 years (Vancouver)						
<ul style="list-style-type: none"> • It's important to take care of • Starting in childhood and continuing into late life • Throughout your life • Balance of emotional, social and psychological well-being 	<ul style="list-style-type: none"> • A sense of meaning in your life • Contributes to the health and well-being of your community and society as a whole • Improves the quality of your life 	<ul style="list-style-type: none"> • Learning and trying new things • Setting and reaching goals • Caring about the people in your life • Having relationships with people who accept and support you • Recognizing the strengths and weaknesses in yourself and others • Having relationships with friends, family and colleagues who you trust 		<ul style="list-style-type: none"> • Being more accepting of the challenges other people face 		<ul style="list-style-type: none"> • Everyone has a role to play • Places such as your home, school or work that recognize and value diversity • Creating workplaces that are flexible, healthy and safe • Providing safe, accessible places for gathering, living, visiting and playing • For all, no matter their income, language, ability, race, gender or age • Supporting and including all people throughout life, including children and older adults
Participants aged 30-54 years (Montreal)						
<ul style="list-style-type: none"> • Il est important de prendre soin de... soi • Dès votre jeune âge et jusque tard dans votre vie • À l'instar de votre santé physique • L'équilibre entre votre bien-être émotionnel, social et psychologique 	<ul style="list-style-type: none"> • Contribue à la santé et au bien-être de votre collectivité et de l'ensemble de la société • Faire face aux stress quotidiens • Se sentir, penser et agir de manière à mieux 	<ul style="list-style-type: none"> • En entretenant <u>des relations avec</u> des gens qui vous acceptent et vous appuient • Entretenir <u>des liens avec</u> des amis, des membres de votre famille et des collègues 	<ul style="list-style-type: none"> • Reconnaître et comprendre les sentiments négatifs et positifs, tant les vôtres que ceux d'autrui 	<ul style="list-style-type: none"> • Vous vous acceptez et acceptez les autres • Vous donnez un sens à votre vie • Vous comprenez vos forces et vos faiblesses • Vous êtes plus ouvert aux défis auxquels les autres sont confrontés 	<ul style="list-style-type: none"> • Entretenir des liens avec des amis, des membres de votre famille et des collègues en qui vous avez confiance 	<ul style="list-style-type: none"> • Aider chacun à se sentir accepté • Pour tous, sans égard au revenu, à la langue, aux capacités, à la race, au sexe ou à l'âge...aussi, orientation sexuelle, apparence physique, religion • La collectivité dans laquelle vous vivez, travaillez et vous amusez tient une



	<p>profiter de la vie</p> <ul style="list-style-type: none"> • Diminuer (pas le mot 'Éviter') les risques de développer des maladies chroniques • Mieux performer au quotidien 	<p>en qui vous avez confiance</p> <ul style="list-style-type: none"> • Vous accepter, vous-même et les autres • Reconnaître vos forces et vos faiblesses ainsi que celles d'autrui • Trouver des façons de composer avec les stress de la vie quotidienne • Vous fixer des objectifs et les atteindre 				place importante
How best to describe it? (Comment la décrire?)	What does it mean for us? (Que signifie-t-elle pour nous?)	How do we get it? (Comment l'atteindre?)	Additional components of each area that should be included			
			Emotional well-being (Bien-être émotionnel)	Psychological well-being (Bien-être psychologique)	Social well-being (Bien-être social)	Communities (Communautés)
Participants aged 20-29 years (Toronto)						
<ul style="list-style-type: none"> • It's important to take care of your mental health, like your physical health • throughout your life • starting in childhood and continuing into late life 	<ul style="list-style-type: none"> • A sense of purpose in your life • Something that everyone deserves • Feel, think and act in ways that help you enjoy life 	<ul style="list-style-type: none"> • Caring about the people in your life Participating in your community • Learning and trying new things • Accepting yourself and others • Having relationships with people who accept and support you 				<ul style="list-style-type: none"> • Free to express your thoughts and feelings on issues that are important to you • Creating workplaces that are flexible, healthy and safe • Places such as your home, school or work that recognize and value diversity • A healthy and supportive community makes you feel like you belong



Participants aged 20-29 years (Vancouver)						
<ul style="list-style-type: none"> • It's important to take care of and maintain your well-being and mental health, like your physical health • throughout your life • It's about you! 	<ul style="list-style-type: none"> • Handle everyday stresses • Feel, think and act in ways that help you enjoy life • Improves the quality of your life 	<ul style="list-style-type: none"> • Having relationships with friends, family and colleagues who you trust • Accepting yourself and others • Learning and trying new things • Setting and reaching goals 				<ul style="list-style-type: none"> • A healthy and supportive community makes you feel like you belong • Communities where you live, work and play are an important part
Participants aged 20-29 years (Montreal)						
<ul style="list-style-type: none"> • Santé mentale • Toute votre vie 	<ul style="list-style-type: none"> • Faire face aux stress quotidiens • Éviter les risques de développer des maladies chroniques • Se sentir, penser et agir de manière à mieux profiter de la vie • Permet de profiter pleinement de la vie 	<ul style="list-style-type: none"> • Vous fixer des objectifs et les atteindre • Vous accepter, vous-même et les autres • Reconnaître vos forces et vos faiblesses ainsi que celles d'autrui • Entretenir des liens avec des amis, des membres de votre famille et des collègues en qui vous avez confiance • Entretenir des liens avec des gens en qui vous avez confiance 	<ul style="list-style-type: none"> • Reconnaître et comprendre les sentiments négatifs et positifs, tant les vôtres que ceux d'autrui 	<ul style="list-style-type: none"> • Vous donnez un sens à votre vie • Vous vous acceptez et acceptez les autres » • Vous trouvez des moyens de surmonter les stress de la vie quotidienne 	<ul style="list-style-type: none"> • Entretenir des liens avec des amis, des membres de votre famille et des collègues en qui vous avez confiance • Entretenir des liens avec des gens en qui vous avez confiance 	<ul style="list-style-type: none"> • Libre d'exprimer vos pensées et vos sentiments sur les sujets qui vous préoccupent • Acceptation sociale • Une collectivité saine et collaborative vous invite à vous sentir chez vous • Aider chacun à se sentir accepté • Pour tous, sans égard au revenu, à la langue, aux capacités, à la race, au sexe ou à l'âge



How best to describe it? (Comment la décrire?)	What does it mean for us? (Que signifie-t-elle pour nous?)	How do we get it? (Comment l'atteindre?)	Additional components of each area that should be included			
			Emotional well-being (Bien-être émotionnel)	Psychological well-being (Bien-être psychologique)	Social well-being (Bien-être social)	Communities (Communautés)
Participants aged 16-19 years (Toronto)						
<ul style="list-style-type: none"> • Good, positive mental health and your well-being is a balance of emotional, social and psychological well-being • Within a healthy and supportive community 	<ul style="list-style-type: none"> • Having ways of coping with the stresses of everyday life • Feel, think and act in ways that help you enjoy life • Allows you to get the most out of life • Avoid the risk of developing chronic diseases • Improves the quality of your life 	<ul style="list-style-type: none"> • Caring about the people in your life • Having relationships with people who accept and support you • Accepting yourself and others • Feeling connected to your community • Setting and reaching goals 		<ul style="list-style-type: none"> • Being more accepting of the challenges other people face • A sense of meaning in your life 		<ul style="list-style-type: none"> • Feeling safe and secure • For all, no matter their income, language, ability, race, gender or age • Helping everyone feel accepted
Participants aged 16-19 years (Vancouver)						
<ul style="list-style-type: none"> • Balance of emotional, social and psychological • It's important to take care of your well-being • throughout your life 	<ul style="list-style-type: none"> • Feel, think and act in ways that help you enjoy life • Something that everyone deserves • A happy, balanced life in a good environment and community (a healthy and supportive community) 	<ul style="list-style-type: none"> • Setting and reaching goals • Learning and trying new things • Having relationships with friends, family and colleagues who you trust • Caring about the people in your life 		<ul style="list-style-type: none"> • Accepting yourself and others • Knowing and accepting that life can be challenging 		<ul style="list-style-type: none"> • Helping everyone feel accepted • Feeling safe and secure
Participants aged 16-19 years (Montreal)						
<ul style="list-style-type: none"> • Votre bien-être • Toute votre vie • Il est important 	<ul style="list-style-type: none"> • Permet de profiter pleinement de la vie 	<ul style="list-style-type: none"> • Entretenir des liens avec des gens en qui vous avez 	<ul style="list-style-type: none"> • Reconnaître et comprendre les sentiments négatifs et 	<ul style="list-style-type: none"> • Vous donnez un sens à votre vie • Vous comprenez vos forces et vos 	<ul style="list-style-type: none"> • Entretenir des liens avec des gens en qui vous 	<ul style="list-style-type: none"> • Aider chacun à se sentir accepté



de prendre soin de • Dès votre jeune âge et jusque tard dans votre vie	<ul style="list-style-type: none"> • Améliore votre qualité de vie • Mieux performer au quotidien • Ce dont mérite chaque individu 	confiance <ul style="list-style-type: none"> • Entretenir des liens avec des amis, des membres de votre famille et des collègues en qui vous avez confiance • Apprendre et tenter de nouvelles choses 	positifs, tant les vôtres que ceux d'autrui	faiblesses	avez confiance	
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B. Beginning the Conversation on Positive Mental Health

While participants grappled with an appropriate and more acceptable substitute for the phrase “positive mental health,” many felt that making the analogy between mental health and physical health was a good starting point to both attract attention and engage a larger share of the public on this issue. Most agreed that initial messaging on this topic should reinforce several ideas:

- Focusing on one’s mental health is an ongoing and continuous pursuit – we need to be more conscious of this aspect of our being.
- Mental health, like our physical health, requires regular attention and care – the mind and the body are a single system. We’re conscientious about maintaining our bodies in good physical condition. Mental health is as important as physical health, so why do we not do the same for our minds?

“Comparing it to our physical health is really effective. We’re so concerned about our physical health. It’s important to take care of our well-being. Like your physical health, it’s important to maintain your mental health.”

- Positive mental health is a balance or a process of seeking to find/attain some state of harmony – with yourself, others around you and the environment.

“I like the word “balanced,” but the phrase on the card sounds very complicated.”

- The notion of inclusiveness – as stated earlier, there is a tendency to view the topic of mental health as something which applies to only those suffering from mental illness. Thus, any public education messages must state clearly at the outset that positive mental health (whether that term is employed or not) should be a goal we all pursue.



Taking into consideration the concepts that participants related to most and wished to include in messaging on the topic of mental health, as well as the discussion around the concepts and terminology, a possible opening statement incorporating some of these ideas could include the sentiments as indicated below in italics. It is important to underscore that these statements and key messages have been drafted to reflect participants' thoughts and ideas, if not necessarily their actual recommendations. Understandably, participants were not professional communicators and the groups were not intended to produce final messaging which had been fully edited and wordsmithed. Rather, the statements shown here and in the next two sections are a summary of the ideas with which participants generally connected and wanted to see reflected in communications on this topic. Moreover, given some issues with the terminology and the difficulty some participants had in grasping the technical or operational aspects of positive mental health, the statements have been edited for plain language.

It's important to take care of your mental well-being, just like you do your physical health, throughout your life from childhood through to later life. The two – your physical and mental health – are interconnected. Good physical health can lead to good mental health, and vice versa. We could all be doing more to care for our minds in the same way we do our bodies.

Life's full of challenges – even the stresses of everyday life can get us down from time to time. It's all about finding the right balance and feeling good about yourself, within a healthy and supportive community.

C. Why?

The reasons for wanting to attain a more positive state of mental health were relatively simple. Most participants agreed that being able to enjoy life more, be happy and have a better quality of life were the most important reasons. In addition, the aspect of entitlement also came out fairly strongly in the groups, in the sense that many participants believed that positive mental health was something everyone deserved.

Everyone deserves it ... to feel, think and act in ways that help you to enjoy life to its fullest ... ultimately, to improve the quality of your life. And, it's not just about you ... when you feel better about yourself, it rubs off on others and contributes to the well-being and health of your community, neighbourhood and society as a whole.

D. How?

Most agreed that people need tips or reminders on how to care for their mental health, especially as this aspect of our well-being is not something we tend to consciously think about.

What can you do for yourself? There are things all of us can do – they aren't complicated ...



- *Look after yourself mentally and physically – a proper diet, exercise and good sleep are important to your overall health and can help to reduce stress*
- *Find ways to inspire yourself and stretch your mind – learn and try new things, set goals for yourself, find a purpose in your life*
- *Create and cultivate good, trusting relationships with people who accept and support you – care for others and you’ll find that this gesture is often returned*
- *Know yourself better – find time to really know who you are ... recognize your strengths and weaknesses, accept yourself (and others)*
- *So, join a club, volunteer, exercise, read a book, listen to some music ... just find time to do the things that make you happy.*

E. Additional Advice on Messaging

Participants also wanted to include messages related to the items listed below, although they were uncertain as to how to weave them into the overall message framework:

- Safe and secure communities;
- Everyone has a role to play.
- Diversity;
- Freedom of expression; and
- Inclusiveness (i.e., regardless of age, language, ability, race or gender, etc.).

A possible approach is as follows:

What can we do for each other and our communities? It’s important to lay the foundations ...

- *Get involved – it feels great to belong, to share and give back to your community*
- *Understand and acknowledge the challenges that others face – everyone needs to feel like they belong*
- *The various communities where we live, work and play have a role – creating safe and secure spaces that value diversity and promote freedom of expression will reinforce a sense of belonging and acceptance*



VIII. Appendix A: Recruiting Scripts



Recruiting Scripts

**Recruitment Screener
Health Canada Focus Groups
Positive Mental Health
FINAL Recruiting Script – March 13, 2012**

Hello, my name is _____. I'm calling from *The Strategic Counsel*, on behalf of the Government of Canada. We are a national public opinion research firm organizing a series of discussion groups to explore various issues of importance to the country and Canadians.

Your participation is completely voluntary and all your answers are confidential. They will be used for research purposes only. We are simply interested in hearing your opinions. No attempt will be made to sell you anything or change your point of view. And, any personal information that you share with us will remain confidential. The report that is produced from the series of discussion groups we are holding will not contain comments that are attributed to specific individuals.

EXPLAIN TRIADS AS NECESSARY: Three -four people like you will be taking part, all of them randomly recruited just like you. The format is a “round table” discussion lead by a research professional. For their time, participants will receive an honorarium of \$80.

But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix/variety of people in each of the groups. May I ask you a few questions?

Yes **CONTINUE**
No **THANK AND TERMINATE**

Screening Questions:

S1) Do you or any member of your household work in or has retired from:

	YES	NO
Market Research or Marketing	1	2
Public Relations or Media (TV, Print)	1	2
Advertising and communications	1	2
An employee of a political party	1	2
An employee of a government department or agency, whether federal or provincial	1	2
An employee in a health-related line of work, such as a doctor, nurse, an employee of a pharmaceutical company or other	1	2

IF “YES” TO ANY OF THE ABOVE, THANK AND TERMINATE



S2) How old are you? _____ **Record age and then classify in group below.**

16-19	1	CONTINUE
20-29	2	CONTINUE
30-54	3	CONTINUE
55-65	4	CONTINUE
65+	5	CONTINUE

S3) Have you ever attended a consumer group discussion, an interview or survey which was arranged in advance and for which you received a sum of money?

Yes	1	MAX. 1/3 PER GROUP
No	2	GO TO QS7

S4) How long ago was it? _____

TERMINATE IF IN THE PAST 6 MONTHS

S5) How many consumer discussion groups have you attended in the past 5 years?

TERMINATE IF MORE THAN 4 DISCUSSION GROUPS

S6) And on what topics were they?

TERMINATE IF ANY ON HEALTH-RELATED TOPIC AREAS

Demographic Questions: ASK ALL

**ASK Q. S7 AND Q.S8 OF 16-29 YEAR OLDS ONLY
ALL THOSE 30+, GO TO Q.S9b**

S7) Are you still in school?

Yes	
No	GO TO Q. S9b if 20-29 GO TO Q. S9a if 16-19

**ENSURE 20-29 YEAR OLD
GROUPS HAVE A MIX OF
THOSE WHO ARE IN SCHOOL
AND WHO ARE EMPLOYED AT
Q. S10.**

**MAX ONE PERSON AGED 16-19
WHO IS NOT IN SCHOOL PER
GROUP**



S8) **ASK ONLY OF THOSE AGED 20-29:** Could you please tell me what level of school you are currently in? **DO NOT READ. CLARIFY AS NECESSARY TO CATEGORIZE BY THE GROUPS BELOW.**

- High school
 - Finishing high school equivalency
 - First or second year of college/university
 - Second or third year of college/university
 - Fourth year of university
 - Masters level
 - Doctorate level
 - Other
- } ENSURE A GOOD MIX IN 20-29 YEAR OLD GROUPS

S9a) **ASK ONLY THOSE AGED 16-19:** Which of the following statements describes your household best?

- We are extremely well off, financially
 - We are comfortable, but not extremely well off, financially
 - We are comfortable, but we do have to watch our spending
 - Sometimes we find it difficult to make ends meet
 - We struggle all the time to make ends meet
- } Group A
} Group B

S9b) **ASK ONLY THOSE WHO SAY “NO” AT Q.S7 OR THOSE AGED 30+:** Could you please tell me what is the last level of education that you have completed?

- | | | | | |
|------------------------------|---|---|---|---|
| Some high school | 1 | } | 1 | ENSURE A GOOD MIX IN GROUPS OF THOSE AGED 30+ |
| Completed high school | 2 | | | |
| Some College/University | 3 | | | |
| Completed College/University | 4 | | | |
| RF/DK | 9 | | | |

S10) **DO NOT ASK OF THOSE STILL IN SCHOOL:** What is your current employment status?

- Working full-time 1
- Working part-time 2
- Self-employed 3
- Retired 4
- Currently not working 5
- Other 6
- DK/RF 99

S11) **[IF EMPLOYED/RETIRED]** What is/was your current/past occupation?
_____ **(PLEASE SPECIFY) ENSURE A GOOD MIX**



ASK Q. S12a AND S12b ONLY OF THOSE AGED 20+:

S12a) Was your household's income for 2011 greater or less than 100 thousand dollars?

- | | | |
|-------------------|---|--|
| \$100K or greater | 1 | → Group C (TERMINATE) |
| Less than \$100K | 2 | |
| Refused | 9 | ALLOW NO MORE THAN 1 PER GROUP SKIP TO Q. S14 |
| Don't Know | | Ask S9A |

S12b) **[IF Q12 =2 ASK]** And would that be:

- | | | |
|-------------------------------|---|--------------------------------|
| Under \$20,000 | } | Group A – lower income |
| Between \$20,000 and \$29,999 | | |
| Between \$30,000 and \$39,999 | } | Group B – higher income |
| Between \$40,000 and \$49,999 | | |
| Between \$50,000 and \$59,999 | } | |
| Between \$60,000 and \$69,999 | | |
| Between \$70,000 and \$79,999 | } | |
| Between \$80,000 and \$89,999 | | |
| Between \$90,000 and \$99,999 | } | |
| | | |

S13a) Do you belong to an ethnic or cultural community?

- | | | |
|-----|---|------------------------|
| Yes | 1 | (GO TO Q.S14b) |
| No | 2 | (SKIP TO Q.S15) |

.13b) To which ethnic or cultural community do you belong? **[DO NOT READ LIST]**

Group A	<ul style="list-style-type: none"> a. Western European (e.g. British, Irish, Scottish, Welsh, French, German, Italian, Dutch, Portuguese, Spanish) b. Eastern European (e.g. Ukranian, Polish) c. French Canadian (ex. Quebecois, Franco-Ontarian, Franco-Manitoba, Acadian) d. Jewish e. Other European (e.g. Russian, Scandanavian, Greek) f. Canadian
Group B	<ul style="list-style-type: none"> g. Asian (e.g. Chinese, Japanese, Korean, Vietnamese, Cambodian, Thai, Malaysian, Filipino, East Indian, Sri Lankan, Pakistani) h. Middle Eastern (e.g. Palestinian, Iraqi, Iranian, Afghani, Kurdish) i. African (ex. Moroccan, Algerian, Tunisian, Libyan, Egyptian, Somali, Sudanese, Ethiopian, Ghanaian) j. Caribbean, West Indian, South or Latin American (e.g. Mexican, Salvadoran, Brazilian, Chilean, Haitian, Cuban, Dominican) k. Aboriginal (e.g. North American Indian, Metis, Inuit, Mohawk, Cree, etc.)



S14) **DO NOT ASK – NOTE GENDER**

Male	1
Female	2

S14) If you won a million dollars what would be the first two things you would do with the money? **(MUST HAVE TWO RESPONSES TO ACCEPT. TERMINATE IF FLIPPANT, REFUSES TO ANSWER OR EXHIBITS DIFFICULTY IN RESPONDING)**

S15) During the discussion, you could be asked to look at materials that are pinned up on a wall and to read handouts. You will also be asked to actively participate in a conversation about these materials. Can you think of any reason why you may have difficulty reading the materials or participating in the discussion?

TERMINATE IF RESPONDENT OFFERS ANY REASON SUCH AS SIGHT OR HEARING PROBLEM, A WRITTEN OR VERBAL LANGUAGE PROBLEM, A CONCERN WITH NOT BEING ABLE TO COMMUNICATE EFFECTIVELY OR IF YOU HAVE A CONCERN.

Invitation

As I mentioned earlier, the group discussion will take place the evening of, **DATE @ TIME for 1 hour** and participants will receive **\$80** for their time. Would you be willing to attend?

Yes	1	CONTINUE
No	2	THANK AND TERMINATE

If you require glasses for watching television or reading, please bring them to the discussion.

Toronto		
Opinion Search		
704-2345 Yonge Street		
Toronto, ON M4P 2E5		
Wednesday, March 21, 2012		
Group 1: 65+ Years Old	@ 2:00 pm	\$80
Group 2: 65+ Years Old	@ 3:30 pm	\$80
Group 3: 16-19 Years Old	@ 4:30 pm	\$80
Group 4: 55-64 Years Old	@ 5:30 pm	\$80
Group 5: 20-29 Years Old	@ 6:30 pm	\$80



Group 6: 30-54 Years Old	@7:30 pm	\$80
Vancouver		
CRC Research		
1398 West 7th Avenue		
Vancouver, BC, V6H 3W5		
Monday, March 26, 2012		
Group 1: 16-19 Years Old	@ 4:30 pm	\$80
Group 2: 20-29 Years Old	@ 5:30 pm	\$80
Group 3: 30-54 Years Old	@6:30 pm	\$80
Group 4: 55+ Years Old	@7:30 pm	\$80

This is a firm commitment. If you envision anything preventing you from attending (either home- or work-related), please let me know now and we will keep your name for a future study. If you wear reading glasses, please be sure to bring them to the group.

Recruiting Specifications

\$80 incentive for all participants

All participants under \$100K household income.

16-19	<ul style="list-style-type: none"> • 50/50 gender split across the 3 triads (S15) • mix of ages in each triad – no more than 1 of each age per triad (S2) • mix of ethnicity – 1 from Group B in each triad (S14b) • mix of household status – only 1 from group B in each triad (S9a) • limit to 1 per triad of those not in school
20-29	<ul style="list-style-type: none"> • 50/50 gender split across the 3 triads (S15) • mix of ages in each triad spanning the age range – no two the same age in each triad (S2) • mix of ethnicity – 1 from Group B in each triad (S14b) • no more than 1 student per group and mix of current educational standing (S8) • mix of income status (S9a) or (S12) – 1 per triad from Group A at S12b or Group B at S9a • mix of completed educational status (S9b) • no more than 1 “not working” per triad (S10)
30-54	<ul style="list-style-type: none"> • 50/50 gender split across the 3 triads (S15) • mix of ages in each triad spanning the age range – no two the same age in each triad (S2) • mix of ethnicity – 1 from Group B in each triad (S14b) • mix of income status (S12) – 2 per triad from Group A at S12b or S9A • mix of completed educational status (S9b) • no more than 1 “not working” per triad (S10)



55-64	<ul style="list-style-type: none">• Ensure mixed gender in triad (S15)• mix of ages spanning the age range – no two the same age (S2)• mix of ethnicity – 1 from Group B (S14b)• mix of income status (S12) – 1 from Group A at S12b• mix of completed educational status (S9b)• no more than 1 “not working” or “retired” (S10)
55+	<ul style="list-style-type: none">• 50/50 gender split across the 2 triads (S15)• mix of ages in each triad spanning the age range – no two the same age in each triad (S2)• mix of ethnicity – at least 1 from Group B in each triad (S14b)• mix of income status (S12) – 1 per triad from Group A at S12b• mix of completed educational status (S9b)• 1st triad – 2 working/1 retired or not working, 2nd triad – 1 working/2 retired or not working (S10)
65+	<ul style="list-style-type: none">• 50/50 gender split across the 2 triads (S15)• mix of ages in each triad spanning the age range – no two the same age in each triad (S2)• mix of ethnicity – at least 1 from Group B in each triad (S14b)• mix of income status (S12) – 1 per triad from Group A at S12b• mix of completed educational status (S9b)• no more than 2 “not working” or “retired” (S10)



**Questionnaire de recrutement
Discussion de groupe, Santé
Santé mentale positive
19 mars 2012**

Bonjour, mon nom est. _____. Je vous appelle de *The Strategic Counsel*, de la part du Gouvernement du Canada. Nous sommes une firme de recherche sur l'opinion publique nationale et organisons une série de groupes de discussion afin d'explorer diverses questions d'importance pour le pays et les Canadiens.

Votre participation est entièrement volontaire et toutes vos réponses sont confidentielles. Elles serviront uniquement à des fins de recherche. Nous sommes tout simplement intéressés à entendre vos opinions. Personne ne tentera de vous vendre quelque chose ou de changer votre point de vue. Et, les renseignements personnels que vous partagez avec nous demeureront confidentiels. Le rapport qui sera produit de ces séries de discussion de groupe ne contiendra aucun commentaires attribués à des répondants spécifiques.

EXPLIQUER LES TRIADES SI NÉCESSAIRE: 3-4 personnes comme vous prendront part à cette discussion, tous recrutés au hasard comme vous. Il y aura donc 'table ronde' et la discussion sera animée par un professionnel en recherche. Pour leur temps, les participants recevront des honoraires de 80 \$.

Mais avant de vous inviter à y participer, j'ai besoin de vous poser quelques questions pour m'assurer que nous obtenons un bon partage/mélange de personnes dans chacun des groupes. Puis-je vous poser quelques questions ?

- Oui **CONTINUER**
- Non **REMERCIER ET TERMINER**

Questions de recrutement:

S1) Est-ce que vous ou un membre de votre foyer travaille ou a déjà travaillé pour:

	OUI	NON
Marketing ou études de marché	1	2
Relations publiques ou médias (TV, journaux)	1	2
Publicité ou communications	1	2
Un employé d'un parti politique	1	2
Un employé d'un ministère ou d'une agence du gouvernement (fédéral ou provincial)	1	2
Un employé en soins de santé; ex. docteur, infirmière, compagnie pharmaceutique, ou autre	1	2

SI "OUI" À UN DES CHOIX, REMERCIER ET TERMINER

S2) Quel âge avez-vous? _____ **Inscrire l'âge et ensuite classier dans le groupe ci-dessous.**

- 16-19 1 **CONTINUER**
- 20-29 2 **CONTINUER**
- 30-54 3 **CONTINUER**
- 55-65 4 **CONTINUER**
- 65+ 5 **CONTINUER**



S3) Avez-vous déjà participé à un groupe de discussion, une entrevue ou un sondage arrangé d'avance et pour lequel vous avez reçu une somme d'argent?

- Oui 1 **MAX. 1/3 PAR GROUPE**
- Non 2 **ALLER À QS7**

S4) Quand était-ce? _____ **TERMINER SI DANS LES DERNIERS 6 MOIS**

S5) À combien de groupes de discussion avez-vous participé dans les 5 dernières années?
_____ **TERMINER SI PLUS DE 4 GROUPE**

S6) Et sur quel(s) sujet(s) était-ce?
_____ **TERMINER SI SUJET RELIÉ À LA SANTÉ**

Questions démographiques: DEMANDER À TOUS

**DEMANDER Q. S7 ET Q.S8 DE 16-29 ANS SEULEMENT
TOUS CEUX DE 30ANS+, ALLER À Q.S9b**

S7) Êtes-vous toujours aux études?

- Oui
- Non **ALLER À Q. S9b si 20-29**
ALLER À Q. S9a si 16-19

ASSUREZ-VOUS QUE LE GROUPE 20-29 ANS A UN BON PARTAGE DE GENS AUX ÉTUDES ET D'EMPLOYÉS À Q. S10.

MAX 1 DE 16-19 ANS QUI N'EST PAS AUX ÉTUDES PAR GROUPE.

S8) **DEMANDER SEULEMENT À CEUX AGÉS DE** _____ **el**
niveau de vos études en ce moment? **NE PAS LIRE. CLARIFIER SI NÉCESSAIRE**
POUR CATÉGORISER PAR LES GROUPE SUIVANTS.

- Secondaire
- Équivalence de secondaire
- 1ere ou 2e année cégep/université
- 2e ou 3e année cégep/université
- 4e année université
- Maîtrise
- Doctorat
- Autre

ASSURER UN BON PARTAGE DANS LES GROUPE DE 20-29 ANS

S9a) **DEMANDER SEULEMENT À CEUX ÂGÉS DE 16-19 ANS:** laquelle des affirmations suivantes décrit le mieux votre foyer?

- Nous somme extrêmement bien financièrement
- Nous somme confortables financièrement, mais pas à l'extrême
- Nous somme confortables mais vérifions nos dépenses
- Nous avons parfois de la difficulté en fin de mois
- Nous avons des difficultés à chaque fin de mois

Groupe A

Groupe B



S9b) **DEMANDER SEULEMENT À CEUX AYANT DIT ‘NON’ A Q.S7 OU CEUX ÂGÉS DE 30 ANS ET +:** Pourriez-vous me dire quel est le dernier niveau d’études que vous avez complété?

Secondaire partiel	1	}	1	ASSURER
Secondaire complet	2		UN BON	
Cégep/université partiel	3		PARTAGE	
Cégep/université complet	4		DANS LES	
			4	GROUPES
				DE 30 ANS +

S10) **NE PAS DEMANDER À CEUX ÉTANT TOUJOURS AUX ÉTUDES.** Quel est votre situation d’emploi en ce moment?

Travail temps-plein	1
Travail temps-partiel	2
Travailleur autonome	3
Retraité	4
Sans emploi	5
Autre	6

S11) **[SI EMPLOYÉ/RETRAITÉ]** Quelle est votre occupation actuelle/passée?
_____ (veuillez spécifier) **BON PARTAGE**

DEMANDER Q. S12a ET S12b SEULEMENT À CEUX DE 20 ANS OU PLUS:

S12a) Est-ce que votre revenu familial brut pour 2011 était supérieur ou inférieur à 100 000\$?

\$100K ou plus	1	→ (TERMINER)
Moins de \$100K	2	
Refuse	9	MAXIMUM 1 PAR GROUPE ALLER A Q. S14
Ne sait pas		DEMANDER S9A

S12b) **[SI Q12 =2 DEMANDER]** Et est-ce que ce serait:

Moins de \$20,000	}	Groupe A – revenu plus bas
Entre \$20,000 et \$29,999		
Entre \$30,000 et \$39,999		
Entre \$40,000 et \$49,999		
Entre \$50,000 et \$59,999	}	Groupe B – revenu plus haut
Entre \$60,000 et \$69,999		
Entre \$70,000 et \$79,999		
Entre \$80,000 et \$89,999		
Entre \$90,000 et \$99,999		

S13a) Faites-vous partie d’une communauté culturelle ou ethnique?

Oui	1 (aller à Q.S14b)
Non	2 (aller à Q.S15)



.13b) À quel groupe ethnique ou communauté culturelle appartenez-vous ? [NE PAS LIRE LA LISTE]

Groupe A	l. Européen de l'ouest (ex. breton, irlandais, écossais, Welsh, français, allemand, Italien, Néerlandais, Portugais, espagnol) m. Européen de l'est (ex. Ukrainien, polonais) n. Canadien français(ex. Québécois, Franco-Ontarien, Franco-Manitoba, Acadien) o. Juif p. Autre Européen (ex. Russe, Scandinave, Grecque) q. Canadien
Groupe B	r. Asiatique (ex. Chinois, Japonais, Coréen, Vietnamien, Cambodgien, Thaïlandais, Malaysien, Filipino, Indien, Sri Lankais, Pakistanais) s. moyen orient (ex. Palestinien, Irakien, Iranien, Afghan, Kurde) t. Africain (ex. Marocain, Algérien, Tunisien, Libyen, Égyptien, Somali, Soudan, Ethiopien, Ghanéen) u. Caribéen, Indien, latino-américain (ex. Mexicain, Salvadorien, Basilien, Chilien, Haïtien, Cubain, Dominicain) v. Autochtone (ex. Indien de l'Amérique du Nord, Métis, Inuit, Mohawk, Cri, etc.)

S14) **NE PAS DEMANDER – NOTER SEXE**

Homme	1
Femme	2

S14) Si vous gagniez un million de dollars quelles seraient les 2 premières choses que vous feriez avec cet argent? (**DOIT AVOIR 2 RÉPONSES POUR ACCEPTER. TERMINER SI HÉSITANT, REFUSE DE RÉPONDRE OU MONTRE DES DIFFICULTÉS À RÉPONDRE**)

S15) Durant la discussion, vous aurez à regarder du matériel au mur ou autre. Vous aurez également à participer à une conversation sur ce contenu visuel. Y a-t-il une raison pour laquelle vous pourriez avoir de la difficulté à lire ou à participer à cette discussion?

TERMINER SI LE REpondant OFFRE UNE RAISON COMME UN PROBLÈME DE VISION OU D'AUDITION, UN PROBLÈME VERBAL OU D'ÉCRITURE OU POURRAIT NE PAS ÊTRE EN MESURE DE COMMUNIQUER ADÉQUATEMENT.

Invitation

Comme je l'ai mentionné plus tôt, le groupe aura lieu le **DATE @ HEURE pour 1 heure** et les participants recevront **80 \$** pour leur temps. Acceptez-vous de participer?

Oui	1	CONTINUER
Non	2	REMERCIER ET TERMINER



Si vous avez besoin de lunettes pour lire ou regarder la télévision, s.v.p. prenez soin de les avoir en votre possession pour la discussion.

Montreal (FRANÇAIS)

Opinion Search– Intime Suite
400-1080 Beaver Hall Hill
Montréal, Québec H2Z 1S8

Jeudi le 22 mars 2012

Groupe 1: 16-19 ans	@ 16:30	\$80
Groupe 2: 20-29 ans	@ 17:30	\$80
Groupe 3: 30-54 ans	@ 18:30	\$80
Groupe 4: 55+ ans	@ 19:30	\$80

Ceci est un engagement ferme. Si vous ne pouvez vous présenter pour une raison personnelle ou professionnelle, faites-le nous savoir et nous garderons simplement vos coordonnées pour une étude future.

NOM : _____

TÉLÉPHONE # _____



IX. Appendix B: Moderator's Guides



Moderator's Guides

PHAC Positive Mental Health Triads FINAL Moderator's Guide – March 19, 2012

Introduction (2 minutes):

- Introduce moderator and welcome participants to the discussion.
 - Confirm that participants have signed permission to video-tape, read instructions and turned cell phones off.
- Brief introductions – first name only and anything participants wish to say about themselves.
- We're going to be talking about issues related to mental health for the next hour.

Mental Health (8 minutes):

- Generally, when you hear someone using the term mental health, what is the image that comes to mind? What is the picture that you have in your head? I want you to think visually – not in words or sentences – what are the kinds of images that are popping up for you?
 - LIST AND DISCUSS BRIEFLY.
 - Are those images generally positive or negative ones?
- Now, define for me what you think mental health is. Briefly, what is a good definition of mental health?
 - ALLOW PARTICIPANTS TO DISCUSS AND DEBATE.
 - NOTE VARIOUS DESCRIPTIONS/KEY TERMS/KEY WORDS ON A FLIP CHART.
- In general, when you hear people using the term “mental health” is it in a way that is mostly positive or mostly negative?

Definition of Positive Mental Health (10 minutes)

- Have you ever heard of the term “positive mental health?”
- What does that term mean to you?
 - I'd like each of you to use it in a sentence. Think about this for a minute and finish the following sentence: MODERATOR TO WRITE ON FLIP CHART: *For me, positive mental health means ...*
 - MODERATOR TO LIST KEY ASSOCIATIONS FROM SENTENCE COMPLETION EXERCISE ON A FLIP CHART.
- Let's take what you have individually written and create a common definition of positive mental health?

Drill-down on Aspects of Positive Mental Health (20 minutes)

- What does having positive mental health allow you to do as a person?
- What does it take to get or to have positive mental health? What are the main components? What does a person need to have positive mental health? Do you look at mental health in the same way as you do your physical health? Why/why not?
 - Let's draw a picture of a person with positive mental health? MODERATOR TO USE FLIP CHART FOR THIS EXERCISE.
 - Who and what do they have around them? What role do others play?
 - Who or what has the most impact on their mental health? Probe for:
 - Role of communities, social institutions and social determinants of health (i.e. income, education, employment, food, housing, general physical health status,



etc.) – MODERATOR TO NOTE TO WHAT EXTENT THESE SDoH SURFACE SPONTANEOUSLY.

- What’s going on in their lives?
- How do they feel?
- What do they do/what should they be doing to make sure that they maintain and improve their mental health daily?
- What are the benefits to them of being mentally healthy? What difference will it make for them now and in the future? What does being mentally healthy allow this person to do?
- What are the benefits to their community (the places where you live, work, learn and play) when individuals have positive mental health?
- So this is a good, complete picture of what’s required to be mentally healthy and what it means for a person. Let’s try to distil this down to the essentials.
 - What are the 3 or 4 keys to being mentally healthy? PROBE FOR ROLE OF SOME ASPECT OF EACH OF THE FOLLOWING (Social well-being, Emotional well-being, Psychological well-being, Communities)
 - AND FOR EACH ASK:
 - Is this important for mental health? Why/how?
 - How does it contribute to mental health? What role does this play in contributing to or creating positive mental health? MODERATOR TO PROBE FOR SPECIFICS.
 - What do each of these mean – social well-being, emotional well-being, psychological well-being?

Creating Key Messages on Positive Mental Health (20 minutes)

- I’ve been using the terms positive mental health, good mental health or being mentally healthy throughout this discussion. What is the best term to use to describe this notion?
 - PROBE FOR DIFFERENCES BETWEEN THE TERMS “POSITIVE MENTAL HEALTH,” “GOOD MENTAL HEALTH” AND “WELL-BEING.”
- I’m going to put some cards on the table which have words or phrases on them. (Moderator will probe for additional language not on the cards). Working as a group, let’s use these cards to finalize a description of this idea we’ve been talking about – positive mental health – what it is, what it means/does for us, and how do we get it.
 - MODERATOR WILL PIN CARDS ON FLIP CHART OR BOARD TO REFLECT DISCUSSION OF THE FOLLOWING. SEE CHART RE GROUPINGS OF KEY TERMS/PHRASES. MODERATOR TO WORK WITH “BATCHES” OR GROUPS OF TERMS/PHRASES.
 - First, we want to get a basic definition down ... so, how will we start ... will we use the term “positive mental health,” or some other term?
 - Next, how will we describe what it is, what it means ... we need to finish this sentence? We have a couple of options:
 - Is it better to describe it in terms of what it is, or in terms of what it means, or in terms of what it offers (i.e., the outcome) or in terms of what you can do in order to achieve it? What’s most meaningful to you? Why?
 - Let’s just double-check on what we’ve arrived at ... does this phrase mean something to you? Does it make sense to you? Do you feel it is simple enough for everyone to understand?
 - Ok, so now we have a general opening to talk about this subject? If we wanted to go a bit further and work in some additional details on what is important to achieve “positive mental



health” (MODERATOR TO REFER TO THE TERM PARTICIPANTS HAVE USED TO DESCRIBE THIS NOTION), what else would we want to emphasize? Let’s try to incorporate something around those notions of social, emotional and psychological well-being along with communities. MODERATOR TO PIN KEY WORDS/TERMS/PHRASES UNDER EACH HEADING (EMOTIONAL WELL-BEING, SOCIAL WELL-BEING, PSYCHOLOGICAL WELL-BEING, COMMUNITIES REFLECTING PARTICIPANTS’ VIEWS).

- Just as a final question, are we ok with where we have ended up? Are we missing anything? Is there anything we have put on this board that you think people would find confusing? Can we use simpler or clearer terms? What are they?

Those are all the questions I have for you. Thank you for participating.



**Key Terms and Phrases
(to be put on individual cards)**

General mental health messages

MODERATOR WILL WORK WITH TERMS/PHRASES IN GROUPS TO ENSURE THAT PARTICIPANTS CONSIDER MOST APPLICABLE/RELEVANT TERMS/PHRASES FROM EACH GROUP.

How best to describe?

- Good
- Positive
- Mental health
- Your well-being
- It's important to take care of
- throughout your life
- starting in childhood and continuing into late life.
- Like your physical health
- Balance of emotional, social and psychological well-being
- Within a healthy and supportive community
- Blank
- Blank
- Blank

What it means for us?

- Contributes to the health and well-being of your community and society as a whole
- Allows you to get the most out of your life
- Improves the quality of your life
- Perform better from day to day
- Something that everyone deserves
- Feel, think and act in ways that help you enjoy life
- Handle everyday stresses
- Avoid the risk of developing chronic diseases
- Blank
- Blank
- Blank

How do we get it?

- Accepting yourself and others
- Recognizing the strengths and weaknesses in yourself and others
- Having relationships with people you trust
- Having relationships with people who accept and support you
- Having relationships with friends, family and colleagues who you trust
- Learning and trying new things
- Setting and reaching goals
- Finding ways to deal with the stresses of ordinary life
- Participating in your community
- Feeling connected to your community
- Blank
- Blank
- Blank

Emotional well-being

- Recognizing and understanding good and bad feelings in yourself and others
- Being able to relate to others emotionally



Psychological well-being

- A sense of meaning in your life
- Accept yourself and others
- Understand your strengths and weaknesses
- Knowing and accepting that life can be challenging
- Having ways of coping with the stresses of everyday life
- Being more accepting of the challenges other people face

Social well-being

(See highlighted messages from the chart above)

Communities

- Communities where you live, work and play are an important part
- Places such as your home, school or work that recognize and value diversity
- Healthy and supportive communities respect everyone
- A healthy and supportive community makes you feel like you belong
- Free to express your thoughts and feelings on issues that are important to you
- Everyone has a role to play
- Ways your community can help promote good / positive mental health, including:
 - Helping everyone feel accepted
 - Providing safe, accessible places for gathering, living, visiting and playing;
 - Supporting and including all people throughout life including children and older adults
 - Feeling safe and secure
 - Enjoying good health, while also participating in their community
 - Helping people feel a sense of purpose and belonging through jobs, volunteering and opportunities for education
 - Creating workplaces that are flexible, healthy and safe
 - Believing in and supporting lifelong learning
 - For all, no matter their income, language, ability, race, gender or age



Triades de la santé mentale positive – ASPC VERSION FINALE du Guide du modérateur – 15 mars 2012

Introduction (2 minutes) :

- Présenter le modérateur et souhaiter la bienvenue aux participants au groupe de discussion.
 - Confirmer que les participants ont signé le formulaire d'autorisation de filmer sur bande-vidéo, qu'ils ont lu les instructions et éteint leurs téléphones cellulaires.
- Présentations rapides – prénom seulement et tout autre renseignement que les participants souhaitent donner à leur sujet.
- Au cours de la prochaine heure, nous allons parler de questions liées à la santé mentale.

Santé mentale (8 minutes) :

- En général, quand vous entendez quelqu'un utiliser le terme « santé mentale », quelle image vous vient à l'esprit? Qu'est-ce que vous visualisez? Pensez visuellement – pas avec des mots ou des phrases – Quelles sortes d'images surgissent dans votre esprit?
 - FAIRE LA LISTE ET DISCUTER BRIÈVEMENT DES RÉPONSES.
 - Globalement, ces images sont-elles positives ou négatives?
- Maintenant, j'aimerais savoir comment vous définiriez la santé mentale. En quelques mots, quelle serait une bonne définition de la santé mentale?
 - LAISSER LES PARTICIPANTS DISCUTER DE LA QUESTION.
 - NOTER DIFFÉRENTES DESCRIPTIONS/TERMES CLÉS/MOTS CLÉS SUR UN TABLEAU À FEUILLES.
- En général, quand vous entendez des gens utiliser le terme « santé mentale », est-ce qu'ils l'utilisent d'une manière surtout positive ou surtout négative?

Définition de la santé mentale positive (10 minutes)

- Avez-vous déjà entendu le terme « santé mentale positive »?
- Qu'est-ce que cette expression évoque pour vous?
 - J'aimerais que chacun de vous l'utilise dans une phrase. Pensez-y une minute et complétez la phrase suivante : LE MODÉRATEUR ÉCRIT SUR LE TABLEAU À FEUILLES : *Pour moi, la santé mentale positive, c'est...*
 - LE MODÉRATEUR INSCRIT SUR LE TABLEAU À FEUILLES LES PRINCIPALES ASSOCIATIONS MENTIONNÉES PENDANT L'EXERCICE.
- Prenons maintenant ce que vous avez écrit individuellement pour créer une définition commune de la santé mentale positive.

Approfondissement des aspects de la santé mentale positive (20 minutes)

- Qu'est-ce le fait d'avoir une santé mentale positive vous permet de faire, en tant que personne?
- Que faut-il faire pour avoir ou atteindre une santé mentale positive? Quels sont les principaux éléments qui entrent en jeu? De quoi une personne a-t-elle besoin pour avoir une santé mentale positive? Est-ce que vous considérez la santé mentale de la même manière que vous considérez votre santé physique? Pourquoi / Pourquoi pas?
 - Faisons le portrait d'une personne qui a une santé mentale positive. LE MODÉRATEUR UTILISE LE TABLEAU À FEUILLES POUR MENER CET EXERCICE.



- Qu'est-ce qu'on retrouve dans son environnement? Quel rôle les autres jouent-ils?
- Qu'est-ce qui a le plus d'impact sur sa santé mentale? DEMANDER DES PRÉCISIONS SUR :
 - Le rôle des communautés, des institutions sociales et des déterminants sociaux de la santé (c.-à-d. : le revenu, l'éducation, l'emploi, l'alimentation, le logement, l'état de santé physique général, etc.) – LE MODÉRATEUR PREND NOTE DE LA MESURE DANS LAQUELLE CES DÉTERMINANTS SOCIAUX DE LA SANTÉ SONT MENTIONNÉS SPONTANÉMENT.
- Qu'est-ce qui se passe dans la vie de cette personne?
- Comment se sent-elle?
- Que fait-elle, ou que devrait-elle faire pour s'assurer de conserver et d'améliorer sa santé mentale quotidiennement?
- Quels sont les avantages d'être en bonne santé mentale pour cette personne? Quelle différence cela fera-t-il pour elle, maintenant et dans l'avenir? Qu'est-elle en mesure de faire parce qu'elle est en bonne santé mentale?
- Lorsque les gens ont une santé mentale positive, quels avantages en résultent pour leur communauté (c.-à-d. leurs lieux de vie, de travail, d'apprentissage et de jeu)?
- Voilà, nous avons maintenant une description détaillée des conditions qui permettent d'être en bonne santé mentale et de ce que cela signifie pour une personne. Essayons de résumer et de dégager les éléments essentiels.
 - Quels sont les trois ou quatre ingrédients clés de la santé mentale? DEMANDER DES PRÉCISIONS SUR LE RÔLE DES ÉLÉMENTS SUIVANTS (bien-être social, bien-être émotionnel, bien-être psychologique, communautés)
 - ET, POUR CHACUN, DEMANDER :
 - Cet élément est-il important pour la santé mentale? Pourquoi / En quoi est-il important?
 - Comment contribue-t-il à la santé mentale? Quel est son rôle pour ce qui est de créer une santé mentale positive, ou d'y contribuer? LE MODÉRATEUR DEMANDE DES PRÉCISIONS.
 - Quel est le sens de chacun de ces termes – bien-être social, bien-être émotionnel, bien-être psychologique?

Formulation de messages clés sur la santé mentale positive (20 minutes)

- Tout au long de cette discussion, j'ai utilisé les termes : santé mentale positive, bonne santé mentale, être en bonne santé mentale. Quel est le meilleur terme pour décrire cette notion?
 - DEMANDER QUELLES DIFFÉRENCES IL Y A ENTRE LES TERMES « SANTÉ MENTALE POSITIVE », « BONNE SANTÉ MENTALE » ET « BIEN-ÊTRE ».
- Je vais déposer sur la table des cartes qui comportent des mots ou des phrases. (Le modérateur posera aussi des questions sur des mots et phrases ne figurant pas sur les cartes). En groupe, nous allons utiliser ces cartes pour finaliser la description de cette idée dont nous avons parlé – la santé mentale positive – et voir en quoi elle consiste, ce qu'elle signifie / ce qu'elle nous apporte, et comment on peut l'atteindre.



- LE MODÉRATEUR ÉPINGLERA LES CARTES SUR LE TABLEAU À FEUILLES OU LE BABILLARD EN FONCTION DE LA DISCUSSION QUI SUIT. VOIR LE TABLEAU PRÉSENTANT LES GROUPES DE TERMES OU PHRASES CLÉS. LE MODÉRATEUR VA TRAVAILLER AVEC DES « LOTS » OU DES GROUPES DE TERMES OU DE PHRASES.
- Premièrement, nous voulons trouver une définition simple... alors, comment allons-nous commencer... Est-ce que nous utiliserons le terme « santé mentale positive », ou un autre terme?
- Ensuite, comment allons-nous décrire en quoi elle consiste, ce qu'elle signifie... nous devons compléter cette phrase? Nous avons plusieurs choix :
 - Est-ce qu'il vaut mieux, pour la décrire, expliquer en quoi elle consiste, expliquer ce qu'elle signifie pour nous, expliquer ce qu'elle nous apporte (ses résultats), ou encore expliquer comment on peut l'atteindre? Qu'est-ce qui vous semble le plus valable? Pourquoi?
 - Prenons un moment pour vérifier où nous en sommes... Est-ce que cette phrase veut dire quelque chose pour vous? Est-ce qu'elle a du sens? Avez-vous l'impression qu'elle est assez simple pour que tout le monde la comprenne?
- Bien. Nous avons maintenant fait un premier tour de la question? Si nous voulions pousser un peu plus loin et intégrer d'autres détails sur ce qui est important pour atteindre une « santé mentale positive » (LE MODÉRATEUR REPREND LE TERME UTILISÉ PAR LES PARTICIPANTS POUR DÉCRIRE CETTE NOTION), sur quoi voudrions-nous mettre l'accent? Essayons d'ajouter quelque chose en lien avec les notions de bien-être social, émotionnel et psychologique et avec la notion de communauté. LE MODÉRATEUR ÉPINGLE DES MOTS, TERMES OU PHRASES CLÉS SOUS CHAQUE RUBRIQUE (BIEN-ÊTRE ÉMOTIONNEL, BIEN-ÊTRE SOCIAL, BIEN-ÊTRE PSYCHOLOGIQUE, COMMUNAUTÉS, POUR REFLÉTER LES OPINIONS DES PARTICIPANTS).
- J'ai une dernière question : Est-ce que nous sommes satisfaits du résultat? Est-ce qu'il manque quelque chose? Y a-t-il quoi que ce soit sur ce tableau qui pourrait prêter à confusion? Pourrions-nous utiliser des mots plus simples ou plus clairs? Lesquels?

C'étaient toutes mes questions. Merci de votre participation.



Termes et phrases clés (à inscrire sur des cartes individuelles)

Messages généraux sur la santé mentale

LE MODÉRATEUR TRAVAILLERA PAR GROUPE DE TERMES ET PHRASES AFIN QUE LES PARTICIPANTS SE PRONONCENT SUR LES TERMES ET PHRASES LES PLUS PERTINENTS OU QUI S'APPLIQUENT LE MIEUX DANS CHAQUE GROUPE.

Comment la décrire?

- Bonne
- Positive
- Santé mentale
- Votre bien-être
- Il est important de prendre soin de
- Toute votre vie
- Dès votre jeune âge et jusque tard dans votre vie
- À l'instar de votre santé physique
- L'équilibre entre votre bien-être émotionnel, social et psychologique
- Au sein d'une communauté saine et collaborative
- Blanc
- Blanc
- Blanc

Que signifie-t-elle pour nous?

- Contribue à la santé et au bien-être de votre collectivité et de l'ensemble de la société
- Permet de profiter pleinement de la vie
- Améliore votre qualité de vie
- Mieux performer au quotidien
- Ce dont mérite chaque individu
- Se sentir, penser et agir de manière à mieux profiter de la vie
- Faire face aux stress quotidiens
- Éviter les risques de développer des maladies chroniques
- Blanc
- Blanc
- Blanc

Comment l'atteindre?

- Vous accepter, vous-même et les autres
- Reconnaître vos forces et vos faiblesses ainsi que celles d'autrui
- Entretenir des liens avec des gens en qui vous avez confiance
- En entretenant des relations avec des gens qui vous acceptent et vous appuient
- Entretenir des liens avec des amis, des membres de votre famille et des collègues en qui vous avez confiance
- Apprendre et tenter de nouvelles choses
- Vous fixer des objectifs et les atteindre
- Trouver des façons de composer avec les stress de la vie quotidienne
- Participer à votre collectivité
- Vous sentir accepté par votre collectivité
- Blanc
- Blanc
- Blanc

Bien-être émotionnel

- Reconnaissez et comprenez les sentiments négatifs et positifs, tant les vôtres que ceux d'autrui
- Vous pouvez vous mettre en relation émotionnelle avec d'autres



Bien-être psychologique

- Vous donnez un sens à votre vie
- Vous vous acceptez et acceptez les autres
- Vous comprenez vos forces et vos faiblesses
- Savoir et accepter que la vie peut être difficile
- Vous trouvez des moyens de surmonter les stress de la vie quotidienne
- Vous êtes plus ouvert aux défis auxquels les autres sont confrontés

Bien-être social

(Voir les messages surlignés du tableau de la page précédente)

Communautés

- La collectivité dans laquelle vous vivez, travaillez et vous amusez tient une place importante
- Des lieux – votre résidence, votre école ou votre lieu de travail – où l'on reconnaît et apprécie la diversité
- Une collectivité saine et collaborative respecte tous les individus
- Une collectivité saine et collaborative vous invite à vous sentir chez vous
- Libre d'exprimer vos pensées et vos sentiments sur les sujets qui vous préoccupent
- Chacun a un rôle à jouer
- À l'instar de votre santé physique, votre collectivité peut emprunter divers moyens pour contribuer à promouvoir la bonne santé mentale / santé mentale positive, notamment :
 - Aider chacun à se sentir accepté
 - Aménager des lieux sécuritaires et accessibles où se réunir, vivre, se visiter et s'amuser;
 - Apporter un soutien à tous, tout au long de la vie, y compris aux enfants et aux aînés
 - Se sentir en sécurité
 - Jouir d'une bonne santé tout en participant à leur collectivité
 - Aider les gens à avoir un but et un sentiment d'appartenance par le biais du travail, d'activités bénévoles et d'occasions d'éducation
 - Créer des lieux de travail flexibles, sains et sécuritaires
 - Croire en l'apprentissage tout au long de la vie et le favoriser
 - Pour tous, sans égard au revenu, à la langue, aux capacités, à la race, au sexe ou à l'âge



X. Appendix C: Pre-Group Instructions



Pre-Group Instructions

Government of Canada Discussion Groups March 2012

Please read the following carefully before coming into the discussion.

Our discussion will run for an hour only. We want to use your time as efficiently as possible, so it is important that you are aware of the features of the facility and how a small group discussion works before we begin.

The discussion room has some special features

- You may notice a camera mounted on the wall or ceiling. The session is being video-taped for analysis purposes, in case we need to double-check the proceedings against our notes. These video-tapes remain in our possession and will not be released to anyone without written consent from all participants.
- Please make sure that you have signed the consent form permitting us to videotape the proceedings. The host or hostess has these forms if you have not yet signed one.
- There may be observers behind the glass who represent the Public Health Agency of Canada and Health Canada, and another individual who is assisting the moderator with these focus group sessions.

Assurance of Confidentiality

- Everything you say during this session will be held in the strictest confidence. We do not attribute comments to specific people by name. The report we produce summarizes the findings from all the groups, reporting on what we have heard in all locations where discussions are taking place.
- If you wish, you can access the final report through the Library of Parliament or Archives Canada. The website address is www.porr-rrp.gc.ca.

How the discussion works

- This discussion will run for the full hour.
- It will be led by a moderator whose role is to ask you a series of questions and ensure that all the topics are covered. The moderator will also make sure that everyone participates and that the discussion begins and ends on time. Please note that the moderator is not an employee of the Government of Canada.
- The objective of this discussion is to be as open and honest as possible – to fully share your views and respect the views of others in the group. Hearing from everyone is important.
- There are no right or wrong answers to any of the questions that will be asked. We are simply looking for your opinions and attitudes. Please excuse yourself if necessary, but be sure to come back quickly. We want to ensure we have everyone's full participation.

Please make sure your cell phones are turned off or put on silent before entering the focus group room. Thanks!



Groupes de discussion, gouvernement du Canada Mars 2012

Veillez lire attentivement ce qui suit avant la tenue du groupe de discussion.

Notre discussion durera une heure seulement. Nous voulons utiliser au mieux votre temps, c'est pourquoi il est important que vous soyez préalablement informé(e) des caractéristiques de la salle et du déroulement d'un petit groupe de discussion.

Caractéristiques particulières de la salle de discussion

- Vous remarquerez peut-être qu'une caméra est fixée au mur ou au plafond. La séance sera filmée à des fins d'analyse, pour le cas où nous aurions à vérifier l'exactitude de nos notes. Les bandes-vidéo resteront en notre possession et ne seront transmises à personne sans l'accord préalable écrit de tous les participants.
- Veuillez vous assurer d'avoir signé le formulaire de consentement nous autorisant à filmer la discussion. Si vous n'avez pas encore signé ce formulaire, l'hôte ou l'hôtesse vous en fournira un exemplaire.
- Des observateurs pourraient être présents derrière la vitre. Il s'agira de représentants de l'Agence de la santé publique du Canada et de Santé Canada, et d'une personne qui collabore avec la modératrice à l'organisation de ces séances de groupe.

Assurance de l'anonymat

- Tout ce que vous direz pendant la discussion sera traité de façon confidentielle. Aucun commentaire ne sera attribué nommément à son auteur. Notre rapport fera un bilan des résultats de tous les groupes et rendra compte de ce que nous avons entendu partout où des discussions ont eu lieu.
- Si vous le souhaitez, vous pourrez consulter le rapport final en vous rendant sur le site Web de la Bibliothèque du Parlement ou de Bibliothèque et Archives Canada : www.porr-rrop.gc.ca.

Déroulement de la discussion

- La discussion durera une heure.
- Elle sera dirigée par une modératrice qui aura pour rôle de vous poser une série de questions et de veiller à couvrir tous les sujets prévus. Cette personne veillera également à ce que tout le monde participe et à ce que l'horaire de la discussion soit respecté. À noter que cette personne n'est pas à l'emploi du gouvernement du Canada.
- Dans le cadre de la discussion, l'objectif est d'être le plus ouvert et le plus honnête possible – de partager son point de vue sans réserve, tout en respectant l'opinion des autres membres du groupe. Il est important que tout le monde s'exprime.
- Il n'y a pas de bonnes ou de mauvaises réponses aux questions posées. Nous cherchons simplement à connaître vos opinions et vos attitudes. Vous pouvez quitter la salle au besoin, mais tâchez de revenir rapidement. Nous souhaitons obtenir la pleine participation de tout le monde.

**Veillez éteindre vos téléphones cellulaires ou les mettre en mode silencieux
avant d'entrer dans la salle. Merci!**