

2<sup>ND</sup> SYMPOSIUM ON  
**PROMOTING CHILD &  
YOUTH MENTAL HEALTH:**  
MOVING EVIDENCE TO ACTION

2<sup>E</sup> SYMPOSIUM SUR LA  
**PROMOTION DE LA SANTÉ  
MENTALE DE L'ENFANT  
ET DE LA JEUNESSE :**  
DU CONSTAT AUX ACTES

**AUGUST 21-23 2017**  
**DU 21 AU 23 AOÛT 2017**  
HOLLAND COLLEGE | CHARLOTTETOWN, PEI, Î.-P.-É.



## From Evidence-to-Action: ASI 2017 Backgrounder

August 2017

## **Acknowledgements**

The ASI Board of Directors and the Program Planning Committee for the *2017 Symposium on Promoting Child and Youth Mental Health: Moving from Evidence to Action* would like to acknowledge Andrea Simpson, Analyst, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada, for preparing this Backgrounder in advance of the ASI 2017 Symposium. Other contributors were:

Brandi Bell, Postdoctoral Fellow & Assistant Director, Young Lives Research, University of Prince Edward Island

Karen Langille, Program Consultant / Health Promotion and Chronic Disease Prevention Branch Public Health Agency of Canada / Government of Canada

Christian Whalen, Senior Legal Counsel, Office of the Child and Youth Advocate, New Brunswick

Patsy Beattie-Huggan, Coordinator, 2017 Symposium and President, The Quaich Inc., PEI

## From Evidence-to-Action: ASI 2017 Backgrounder

### Context

*Cultural knowledge about mental wellness does not narrowly focus on “deficits”. Rather, it is grounded in strengths and resilience. Culture is the foundation for a “good life”, and the knowledge contained within culture applies across the life span and addresses all aspects of life.*

- First Nations Mental Wellness Continuum Framework (2015)

The 2017 Atlantic Summer Institute on Child and Youth Mental Health coincides with a time of renewed hope for Canada and its many Peoples. The Report of the Commission on Truth and Reconciliation, the ultimate call to action, challenges us to view our collective wellbeing in terms of cultural, spiritual, mental, social and economic self-determination. This year’s symposium builds on the strength of a number of multi-sectoral efforts to promote positive child and youth mental health in the Atlantic Provinces, and in other parts of Canada. Key initiatives are summarized below.

### Challenge

It is time to treat child and youth mental health as part of a continuum of positive growth and development. Children who are self-aware engage in positive social behaviour and express hope and optimism for the future. They are more resilient in the face of everyday difficulties. Every young person deserves the chance to grow up in accepting and nurturing environments. Unfortunately, too many young lives are troubled, and the costs are high; for those who suffer, their families, and society.

The challenge before us is not simple. Piecemeal approaches, however well designed, are not enough to enable true transformation in the lives of our most distressed children and youth. Some are fortunate enough to connect with the right treatment at the right time, and emerge stronger and healthier. Too few find the supports they need. The challenge is to transform our view of mental health as a multidimensional state of well-being that shifts over time.<sup>i</sup>

---

*“When we think of mental health we often think of emotional difficulties and mental health problems and how we can resolve a crisis once it has occurred. This thinking demands an investment after the fact or ‘downstream’.” Thinking ‘upstream’ means that we view mental health as a resource for all that requires a whole-of-government and a whole-of-society approach.*

- ASI keynote speaker, Professor Margaret Barry, WHO Collaborating Centre for Health Promotion Research,  
National University of Ireland, Galway

---

## **Vision**

This is a call to **leadership** and **collective impact**. In the words of Dr. Margaret Barry:

### ***Are you ready for the promotion revolution?***

We invite symposium delegates to reflect on this overarching question. To guide us from ideas to action, from what is possible to what we *can do*, the following questions are also built into the program. They include:

- What are the implications for “upstream” policies and programs?
- What policies are needed to enable programs that promote child and youth mental health?
- What specific actions would you propose for Atlantic Canada (based on the evidence you have)?
- Who can lead the change?



## **Initiatives to Advance Positive Child and Youth Mental Health in (Atlantic) Canada**

*Please note: This list is not exhaustive. Links are provided where available.*

### **1.0 Intervention Research**

#### ***ACCESS Open Minds***

The ACCESS Open Minds project is a five-year intervention research initiative aimed at developing, testing, and evaluating a new, evidence-informed framework for youth mental health care in Canada. Fourteen community-based safe spaces (sites) exist across Canada. Two Atlantic sites (Eskasoni, NS and Moncton, NB) are active. It is funded through a partnership between CIHR and the Graham Boeckh Foundation. <http://accessopenminds.ca/our-site/eskasoni-first-nation-nb/>

#### ***ACCESS-Mental Health***

A CIHR funded five-year project that is examining how youth with any of the following mental health conditions access services in Atlantic Canada: autism spectrum disorder, conduct disorders, eating disorders, anxiety, and depression. A preliminary review suggests that the pathways for treatment for these conditions differ significantly across the four provinces. <http://access-mentalhealth.ca/>

#### **The SEAK Project (Social and Emotionally Aware Kids)**

Sponsored by the Canadian Mental Health Association-NS Division, SEAK is focused on scaling-up Social and Emotional Learning (SEL) in Atlantic Canada through: 1) working with school boards and schools to implement a SEL curriculum; 2) mobilizing provincial and regional partners to institutionalize SEL. Currently in Phase III (2015-2018), it is funded by the Public Health Agency of Canada (PHAC) Innovation Strategy and two philanthropic foundations. <http://seakproject.com/what-is-seak/>

## **2.0 Evidence-based Policy Reports, Frameworks, Blueprints**

### ***New Brunswick Provincial Mental Health Forum (2015)***

The first of its kind held in the province, this event provided an opportunity for the Francophone, Anglophone and Aboriginal communities of New Brunswick to discuss and exchange ideas on the current state of knowledge about mental illnesses, and to identify best care practices in mental health. Key concepts from this gathering woven into the ASI program are: **access, equity, evidence-based implementation, resilience.**

[http://www.albertcyr.com/wp-content/uploads/ProvincialMentalHealthForum\\_En.pdf](http://www.albertcyr.com/wp-content/uploads/ProvincialMentalHealthForum_En.pdf)

[http://www.albertcyr.com/wp-content/uploads/ProvincialMentalHealthForum\\_FR.pdf](http://www.albertcyr.com/wp-content/uploads/ProvincialMentalHealthForum_FR.pdf)

### ***First Nations Mental Wellness Continuum Framework (2015)***

The FNMWC was developed through collaboration between the Assembly of First Nations, Health Canada's First Nations and Inuit Health Branch, the National Native Addictions Partnership Foundation, the Native Mental Health Association, and other community mental health leaders. The Framework identifies ways to improve service delivery to First Nations and provide culturally-safe supports. Key themes from this framework woven into the ASI program are: leadership, cultural ways of knowing, resilience, strengths-based approach, across the life span.

<https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/reports-publications/health-promotion/first-nations-mental-wellness-continuum-framework-summary-report.html>

<https://www.canada.ca/fr/sante-canada/services/sante-premieres-nations-inuits/rapports-publications/promotion-sante/cadre-continuum-mieux-etre-mental-premieres-nations-rapport-sommaire.html>

### ***SEAK Project, Vision Document (2014)***

Led by the Core Working Group of the PHAC-funded SEAK (Social and Emotional Learning for Kids) project, this document represents the input of a cross-section of leaders, decision-makers, and practitioners who share a commitment to social and emotional learning (SEL) programs across Atlantic Canada. Building on the PHAC Innovation Strategy's program design, the vision document offers a detailed strategy for inter-provincial collaboration to scale up SEL programs in Atlantic Canada. Key themes from this report woven into the ASI program are: leadership, scale up, whole school approach, strengths-based, equity, partnerships, teaching and learning.

[http://www.asi-iea.ca/en/files/2015/08/ASI\\_Symposium\\_2015\\_Patsy\\_Beattie\\_Huggan\\_EN.pdf](http://www.asi-iea.ca/en/files/2015/08/ASI_Symposium_2015_Patsy_Beattie_Huggan_EN.pdf)

### ***Toward a Sustainable Prevention Infrastructure for Population Mental Health Promotion and Mental Illness Prevention in Canada (2014)***

The final document to emerge as a result of the 2012 Mental Health Summit, this paper integrates key principles, elements and objectives highlighted by the Think Tank (2013) with core concepts, research and frameworks from the fields of mental health and implementation science. Key themes from this report woven into the ASI program are: life course approach, evidence-based implementation, proportionate universalism, equity.

### ***Blueprint for Scale-Up of Mental Health Promotion and Mental Illness Prevention in Canada (2013)***

This report is the result of a think tank initially planned to address an unmet objective of the 2012 Mental Health Summit: identify mechanisms for ongoing work/collaboration. However, it took the agenda a step further. The blueprint describes in detail elements for successful scale-up of mental health promotion / illness prevention innovation and best practices within and across jurisdictions and sectors, including key principles and desired outcomes. Key themes from this report woven into the ASI program are: scale up, life course approach, inclusion, equity.

### ***Mental Health Summit (2012)***

Led by Healthy Child Manitoba, the summit drew more than 300 delegates from across the country including service delivery, policy and research, as well as representatives from provincial, territorial, Indigenous, federal governments, and national organisations. The post-summit report proposes a “pan-Canadian framework for the collaboration, implementation, scale up and sustained commitment to evidence-based mental health promotion and mental illness prevention.” Key concepts and themes from this report woven into the ASI program are; life course approach, collective impact, evidence-based implementation, and equity. [https://www.gov.mb.ca/healthychild/publications/maximizing\\_social\\_impacts.pdf](https://www.gov.mb.ca/healthychild/publications/maximizing_social_impacts.pdf)

### ***Changing Directions, Changing Lives (2012) - The Mental Health Strategy for Canada***

Led by the Mental Health Commission of Canada, this ambitious strategy is the first for Canada. Among the 109 recommendations, two in particular are directly relevant to children and youth: increase comprehensive school health; remove barriers to successful transitions between child, youth, and adult mental health services. Key themes from this report woven into the ASI program are: promotion and prevention, disparities and diversity, leadership and coordination.

<http://strategy.mentalhealthcommission.ca/pdf/strategy-images-en.pdf>

<http://strategie.commissionsantementale.ca/pdf/strategie-text-fr.pdf>

### ***Population Mental Health Promotion for Children and Youth – Topical papers and Resources (2017)***

Published by the National Collaborating Centres for Public Health (NCCPH), this signature project addresses a need for resources to help clarify terms, concepts, roles and responsibilities related to population mental health promotion. Key concepts from this series woven into the ASI program are: **life course approach, health equity, Indigenous identity, diversity, population health promotion.**

[http://nccph.ca/images/uploads/general/02\\_Foundations\\_MentalHealth\\_NCCPH\\_2017\\_EN.pdf](http://nccph.ca/images/uploads/general/02_Foundations_MentalHealth_NCCPH_2017_EN.pdf)

[http://nccph.ca/images/uploads/general/02\\_Fondements\\_SanteMentale\\_CCNSP\\_2017\\_FR.pdf](http://nccph.ca/images/uploads/general/02_Fondements_SanteMentale_CCNSP_2017_FR.pdf)

### ***Advancing the Mental Health Strategy for Canada – A Framework for Action (2017-2022)***

Led by the Mental Health Commission of Canada, in partnership with a 36-member Citizens Reference Panel, this framework aims to facilitate direct action on the recommendations set forth in *Changing Directions, Changing Lives* (2012). This document will serve as a road map for the next five years. Key

concepts from this framework that are woven into the ASI program are: leadership, partnership, promotion and prevention, access and services, data and research.

<https://www.mentalhealthcommission.ca/English/media/3746>

<https://www.mentalhealthcommission.ca/Francais/media/3746>

### ***First Nations Mental Wellness Continuum Framework (2015)***

The FNMWC was developed through collaboration between the Assembly of First Nations, Health Canada's First Nations and Inuit Health Branch, the National Native Addictions Partnership Foundation, the Native Mental Health Association, and other community mental health leaders. The Framework identifies ways to improve service delivery to First Nations and provide culturally-safe supports. Key themes from this framework woven into the ASI program are: leadership, cultural ways of knowing, resilience, strengths-based approach, across the life span.

<https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/reports-publications/health-promotion/first-nations-mental-wellness-continuum-framework-summary-report.html>

<https://www.canada.ca/fr/sante-canada/services/sante-premieres-nations-inuits/rapports-publications/promotion-sante/cadre-continuum-mieux-etre-mental-premieres-nations-rapport-sommaire.html>

### **3.0 Resources to Support Evidence-based Interventions**

#### ***Pan-Canadian Joint Consortium for School Health – Positive Mental Health Toolkit, 2<sup>nd</sup> Ed. (2016)***

The toolkit is comprised of five online modules that have been updated to reflect recent Canadian research, and to identify promising practices occurring in diverse contexts across the country. The PMH Toolkit also provides a means of measuring positive mental health practices. Key concepts from this toolkit woven into the ASI program are: strengths-based approach, social and emotional learning, resilience, and connectedness.

<http://www.jcshpositivementalhealthtoolkit.com/>

<http://www.jcsh-cces.ca/index.php/ressources/outils-et-trousses>

#### ***Teenmentalhealth.org***

This site was created through the Sun Life Financial Chair in Adolescent Mental Health. The intent is to demystify mental illness and to 'change the conversation' in order to support teens and young adults to be mentally healthy during a time of immense personal growth. "Transitions" is a tool aimed at first-year university students and covers a broad spectrum of topics to empower youth to take charge of their mental health. <http://teenmentalhealth.org/product/transitions/>

#### ***Social and Emotional Learning Resource Finder***

This 'one-stop' site hosts a collection of social and emotional learning (SEL) resources for educators and other adults who work with children and youth. Funded through The Edith Lando Charitable Foundation and hosted by the UBC Faculty of Education. <http://www.selresources.com/sel-resources/learn/>

## 4.0 Data Development

### *Positive Population Mental Health Surveillance Indicator Framework for Youth (2017)*

Produced by the Public Health Agency of Canada, this comprehensive national framework captures high quality information about risk and protective factors affecting mental health outcomes for youth (12-17 years) across four related domains. The 26-indicator framework was developed in consultation with stakeholders working in mental health surveillance, programs and policy. It will continue to evolve as new data becomes available.

<http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/37-4/assets/pdf/ar-04-eng.pdf>

<http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/37-4/assets/pdf/ar-04-eng.pdf>

**State of the Child Report 2016 - New Brunswick:** The eighth annual report is the undertaking of the Office of the Child and Youth Advocate. It contains more than 200 data indicators, based on a child rights and well-being framework. The 2016 report focuses on children's mental health. It is notable for its comprehensive look at factors that build **resilience**, while also examining persistent gaps and risk factors for positive mental health in children. It is a strong example of a good practice.

<http://leg-horizon.gnb.ca/cgi-bin/koha/opac-detail.pl?biblionumber=39384&language=en>

## Glossary of Terms

**Access** - Refers to whether people can connect with existing health-promoting goods and services. Access includes factors such as cost (affordability), location, physical design (e.g., wheelchair access), timing (schedule), service climate, and acceptability (e.g., cultural, gender relevance).

**Collective impact** – Can occur when a group of [influential] actors from different sectors commits to a common agenda for solving a specific social problem.<sup>ii</sup>

**Collaboration** - A process that enables independent individuals and organisations to combine their human and material resources so they can accomplish objectives they are unable to bring about alone.<sup>iii</sup>

**Connectedness** – (School) connectedness is the belief by students that adults and peers in the school care about their learning as well as about them as individuals.<sup>iv</sup>

**Cultural ways of knowing** - Indigenous knowledge and culture is the starting point for understanding what is needed to support the mental well-being of Indigenous children, youth and their families.<sup>v</sup>

**Diversity** – Respect for different ways of knowing, lived experience, perspectives, knowledge and skills, racial and cultural identity.

**Dual pathway** – An approach that focuses both on the mental health concerns of the individual and the environmental factors that can enhance psychological wellbeing.<sup>vi</sup>

**Evidence-based implementation** – The act of bringing a proven practice or policy into effect, based on evidence generated from evaluations of experimental, quasi-experimental, or natural experiments.

**Gender identity** – Is an evolving concept that includes transgender, non-binary, genderqueer, two-spirited to express how a person thinks about oneself.

**Health equity** – Implies that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, sexual orientation, age, disability, social class, where they live, socioeconomic status or other socially determined circumstances.<sup>vii</sup>

**Health promotion** – Is an approach that enabled people to increase control over - and to improve - their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

**Inclusion** – The act of valuing all persons, no matter their differences.

**Indigenous** – A collective noun for First Nations, Métis, and Inuit People.<sup>viii</sup>

**Innovation** – Products, actions, services or relationships that have the potential to enhance health outcomes.<sup>ix</sup>

**Life course approach** – Considers the links between childhood circumstances and adult outcomes, demonstrating pathways through which positive and negative effects on health accumulate.<sup>x</sup>

**Knowledge translation** – The development of products and services to enhance the direct use of evidence in practice, policy, and decision making processes.

**Leadership** - The ability to help people achieve things they don't think are possible. Leaders inspire people through a shared vision and create an environment where people feel valued and fulfilled.<sup>xi</sup>

**Mental health** – A state of well-being that allows a person to realise his or her abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to his or her community.<sup>xii</sup>

**Partnerships** - Refers to when connections are established between a school, families and surrounding community organizations, and supportive working relationships are formed enabling health, education and other sectors to work together to advance school health.<sup>xiii</sup>

**Policy development** - Involves the selection of choices about the most appropriate means to a desired end. A policy decision is the result of a method, which in theory at least, considers a range of options and the potential impact of each.<sup>xiv</sup>

**Population health approach** - Aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health.<sup>xv</sup>

**Prevention** (of illness, disease, injury) – Actions aimed at eradicating, eliminating, or minimizing the impact of disease and disability.<sup>xvi</sup>

**Proportionate universalism** – This concept suggests that to reduce inequities in health, policies and actions should be inclusive and offered widely (universally), but with a scale and intensity proportionate to needs.<sup>xvii</sup>

**Resilience** - Resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways.<sup>xviii</sup>

**Scale-up** – The deliberate effort to increase the impact of successfully tested health innovations so as to benefit more people and to foster policy and programme development on a lasting basis.<sup>xix</sup>

**Social and Emotional Learning (SEL)** - Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.<sup>xx</sup>

**Social innovation** - New ideas that resolve existing social, cultural, economic and environmental challenges for the benefit of people and the planet.<sup>xxi</sup>

**Strengths-based approach** - Moves the focus away from deficits of people with mental illnesses and focuses on their strengths and resources.<sup>xxii</sup>

**Teaching and Learning** - Includes the resources, activities and provincial/territorial curricula where students gain individually-appropriate knowledge and experiences, helping to build the skills to improve their health and wellbeing.<sup>xxiii</sup>

**Two eyed seeing** - A theoretical framework that embraces the contributions of both Indigenous and Western "ways of knowing" (world-views).<sup>xxiv</sup>

**Upstream intervention** – Focuses on changing policies and structural (economic, social, etc.) conditions that produce adverse health outcomes.

**Upstream thinking** - Addresses the things that have the greatest influence on our health, including income, employment, education, early childhood development, housing, nutrition and the wider environment.<sup>xxv</sup>

**Whole school** - An approach that includes four interrelated pillars: social and physical environment; teaching and learning; partnerships and services; and policy.<sup>xxvi</sup>

---

<sup>i</sup> National Collaborating Centres for Determinants of Health. *Foundations: Definitions and Concepts to Frame Population Mental Health Promotion for Children and Youth*. Canada: National Collaborating Centres for Public Health; 2017.

<sup>ii</sup> Stanford Social Innovation Review. Extracted July 26, 2017. [https://ssir.org/articles/entry/collective\\_impact](https://ssir.org/articles/entry/collective_impact)

<sup>iii</sup> Lasker, Weiss, and Miller (2001). Partnership Synergy: A Practical Framework for Studying and Strengthening the Collaborative Advantage. *The Millbank Quarterly*. 79(2)

<sup>iv</sup> Pan-Canadian Joint Consortium for School Health – Positive Mental Health Toolkit, 2nd Ed. (2016). Available from: <http://www.jcshpositivementalhealthtoolkit.com/>

<sup>v</sup> Health Canada. First Nations Mental Wellness Continuum Framework *Summary Report* (2015). Ottawa: Canada.

<sup>vi</sup> Pan-Canadian Joint Consortium for School Health – Positive Mental Health Toolkit, 2nd Ed. (2016) Available from: <http://www.jcshpositivementalhealthtoolkit.com/>

<sup>vii</sup> Whitehead M, Dahlgren G. Concepts and principles for tackling social inequities in health: Levelling up part 1. Geneva: World Health Organization; 2006. Available from:

[www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/74737/E89383.pdf](http://www.euro.who.int/__data/assets/pdf_file/0010/74737/E89383.pdf)

<sup>viii</sup> <https://www.ictinc.ca/blog/indigenous-peoples-terminology-guidelines-for-usage>. Extracted August 1, 2017.

<sup>ix</sup> Mental Health Commission of Canada (2014). Innovation to Implementation (I2I) – A Practical Guide to Knowledge Translation in Healthcare. Ottawa: Canada.

<sup>x</sup> World Health Organization (2014). *The equity action spectrum: Taking a comprehensive approach – guidance for addressing inequities in health*. Geneva: World Health Organization. In *Foundations: Definitions and Concepts to Frame Population Mental Health Promotion for Children and Youth* (2017), National Collaborating Centres for Determinants of Health, Canada: National Collaborating Centres for Public Health.

<sup>xi</sup> Stocklin, Randy. CEO. One Click Ventures. <http://www.businessnewsdaily.com/3647-leadership-definition.html> Extracted on August 1, 2017.

<sup>xii</sup> World Health Organization: Mental health: strengthening our response—Fact sheet No. 220 [Internet]. Available at: [www.who.int/mediacentre/factsheets/fs220/en](http://www.who.int/mediacentre/factsheets/fs220/en)

<sup>xiii</sup> Pan-Canadian Joint Consortium for School Health – Positive Mental Health Toolkit, 2nd Ed. (2016) Available from: <http://www.jcshpositivementalhealthtoolkit.com/>

<sup>xiv</sup> Torjman, Sherri. *What is Policy?* Paper. Caledon Institute of Social Policy (2005). Ottawa: Canada.

<sup>xv</sup> Public Health Agency of Canada. Available from: <http://www.phac-aspc.gc.ca/ph-sp/approach-proche/index-eng.php>

<sup>xvi</sup> Last, John M. *A Dictionary of Epidemiology*, Fourth Ed. (2001) Oxford University Press Inc.: New York.

- 
- <sup>xvii</sup> Marmot, M. Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010. (2010) ISBN 9780956487001
- <sup>xviii</sup> Ungar, Michael. Director, Resilience Research Centre. Dalhousie University, Halifax: Canada. Available from:
- <sup>xix</sup> WHO ExpandNet (2010). Nine steps for developing a scaling up strategy. World Health Organization. Available from: <http://www.expandnet.net/tools.htm>
- <sup>xx</sup> Collaborative for Academic, Social and Emotional Learning. Extracted July 26, 2017. <http://www.casel.org/>
- <sup>xxi</sup> Centre for Social Innovation. <https://socialinnovation.org/>
- <sup>xxii</sup> Xie, Huiting. Strengths-based Approach to Mental Health Recovery. Iranian Journal of Psychiatry and Behavioural Sciences, 2013 2(7).
- <sup>xxiii</sup> Pan-Canadian Joint Consortium for School Health – Positive Mental Health Toolkit, 2nd Ed. (2016) Available from: <http://www.jcshpositivementalhealthtoolkit.com/>
- <sup>xxiv</sup> Martin, DH. Two-eyed seeing: a framework for understanding indigenous and non-indigenous approaches to indigenous health research. Canadian Journal of Nursing Research. (2012). 44(2)
- <sup>xxv</sup> [http://www.thinkupstream.net/about\\_upstream](http://www.thinkupstream.net/about_upstream). Extracted July 25, 2017.
- <sup>xxvi</sup> Pan-Canadian Joint Consortium for School Health – Positive Mental Health Toolkit, 2nd Ed. (2016) Available from: <http://www.jcshpositivementalhealthtoolkit.com/>