

Appendices

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Mental health literacy and its role in national-level mental health strategies

22 January 2024

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Appendix 1: Methodological details

We use a standard protocol for preparing rapid evidence profiles (REP) to ensure that our approach to identifying research evidence is as systematic and transparent as possible in the time we were given to prepare the profile.

At the beginning of each rapid evidence profile and throughout its development, we engage a subject matter expert who helps us to scope the question and ensure relevant context is taken into account in the summary of the evidence.

Identifying research evidence

For this REP, we searched PubMed and Health Systems Evidence for:

- 1) evidence syntheses
- 2) protocols for evidence syntheses that are underway
- 3) single studies.

We searched [PubMed](#) using terms to capture mental health strategies, frameworks or policies at national-level and that were evaluations or examined impacts or outcomes. We searched [Health Systems Evidence](#) using the Domains filter 'Mental health and additions' along with search terms for strategies, frameworks or policies at national-level and terms for evaluations, impacts or outcomes. The hyperlinks above provide access to the full search strategy.

Each source for these documents is assigned to one team member who conducts hand searches (when a source contains a smaller number of documents) or keyword searches to identify potentially relevant documents. A final inclusion assessment is performed both by the person who did the initial screening and the lead author of the rapid evidence profile, with disagreements resolved by consensus or with the input of a third reviewer on the team. The team uses a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provides a running list of considerations that all members can consult during the first stages of assessment.

During this process we include published, pre-print and grey literature. We do not exclude documents based on the language of a document. However, we are not able to extract key findings from documents that are written in languages other than Chinese, English, French or Spanish. We provide any documents that do not have content available in these languages in an appendix containing documents excluded at the final stages of reviewing. We excluded documents that did not directly address the research questions and the relevant organizing framework.

Assessing relevance and quality of evidence

We assess the relevance of each included evidence document as being of high, moderate or low relevance to the question.

Two reviewers independently appraise the methodological quality of evidence syntheses that are deemed to be highly relevant. Disagreements are resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents an evidence synthesis of the highest quality. High-quality evidence syntheses are those with scores of eight or higher out of a possible 11, medium-quality evidence syntheses are those with scores between four and seven, and low-quality evidence syntheses are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess evidence syntheses focused on clinical interventions, so not all criteria apply to those pertaining to health-system arrangements or to economic and social responses. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, an evidence synthesis that scores 8/8 is generally of comparable quality to another scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the evidence synthesis can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the evidence synthesis should be discarded, merely that less confidence can be placed in its findings and that the evidence synthesis needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1):S8.)

Identifying experiences from other countries and from Canada

For each REP, we work with the requestors and a subject matter expert to collectively decide on what countries (and/or states or provinces) to examine based on the question posed. For all countries (including Canada), we search relevant government and stakeholder websites including national health and public health agency websites, international repositories for mental health policies, and websites of organizations involved in leading mental health literacy initiatives. While we do not exclude content based on language, where information is not available in English, Chinese, French or Spanish, we attempt to use site-specific translation functions or Google Translate. A full list of websites and organizations searched is available upon request.

Preparing the profile

Each included document is cited in the reference list at the end of the REP. For all included guidelines, evidence syntheses and single studies (when included), we prepare a small number of bullet points that provide a summary of the key findings, which are used to summarize key messages in the text. Protocols and titles/questions have their titles hyperlinked, given that findings are not yet available.

We then draft a summary that highlights the key findings from all highly relevant documents (alongside their date of last search and methodological quality) as well as key findings from the jurisdictional scan.

Upon completion, the REP is sent to the subject matter expert for their review.

Appendix 2: Detailed data extractions from single studies about evaluations of nation-level mental health strategies

Dimension of the organizing framework	Study characteristics	Sample and intervention description	Declarative title and key findings
<ul style="list-style-type: none"> Focus of national-level mental health strategies <ul style="list-style-type: none"> Stage of continuum of care <ul style="list-style-type: none"> Promotion Prevention Treatment Types of health-system arrangements prioritized for transformation <ul style="list-style-type: none"> Governance arrangements Financial arrangements Delivery arrangements Types of sectors involved <ul style="list-style-type: none"> Home and community care Primary care Specialty care Public health Types of broader human services involved <ul style="list-style-type: none"> Children's and early-years services Disability services Employment and income supports Priority populations <ul style="list-style-type: none"> Children and youth People living with disabilities People facing mental health challenges Equity-centred quadruple aim outcomes <ul style="list-style-type: none"> Improved care experiences <ul style="list-style-type: none"> Access to care Improved provider experiences 	<p><i>Focus of study:</i> To examine the development of the National Mental Health Strategy for Qatar, Changing Minds, Changing Lives, 2013–18, its implementation, and the findings from an independent impact evaluation carried out in 2015</p> <p><i>Publication date:</i> 2017</p> <p><i>Jurisdiction studied:</i> Qatar</p> <p><i>Methods used:</i> Implementation and impact evaluation consisting of site visits, meetings with officials, providers and other stakeholders, and observational data collection</p>	<p>Officials, health professionals from primary, secondary and tertiary health services, representatives from the education sector, and other relevant stakeholders</p> <p>Data collection instruments based on the World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) were also developed</p> <p>A National Mental Health Strategy for Qatar, Changing Minds, Changing Lives 2013–18, developed under the leadership of the Ministry of Public Health</p>	<p>Qatar's National Mental Health Strategy developed a comprehensive policy framework, while successfully implementing community-based mental health services and training programs for professionals, and helped address gaps in human resources, primary healthcare, public education and research and monitoring efforts</p> <ul style="list-style-type: none"> Qatar's National Mental Health Strategy included 10 key initiatives: <ul style="list-style-type: none"> raise public awareness about mental health and reduce the stigma associated with mental illness make mental health information resources widely available ensure most people can access their treatment in primary care and community settings develop specialist services that meet the differing needs of individuals and groups ensure care is individually tailored and based on treatments that work develop a sustainable, high-quality mental health workforce for Qatar provide a coordinated multi-sectoral approach to mental health policy development and planning enact mental health law in Qatar report improvements in patient care using the mental health minimum dataset ensure mental health research evidence translates into improvements in clinical practice and patient outcomes To help implement the plan, an implementation plan consisting of key performance indicators as well as governance mechanisms and resources were established <ul style="list-style-type: none"> Governance mechanisms and resources included a committee to provide oversight, program implementation teams, investment plans and business cases for capacity building, clinical and implementation support, capital programs, and external subject-matter expertise Findings from the evaluation were identified according to six categories: <ul style="list-style-type: none"> Policy and legislation framework: the National Mental Health Strategy is recognized as an important policy document and included initiatives and milestones, and at the time of the evaluation, a mental health draft law was pending approval

Dimension of the organizing framework	Study characteristics	Sample and intervention description	Declarative title and key findings
			<ul style="list-style-type: none"> ○ Mental health services: low expenditures on mental health in 2014 (0.36% of healthcare expenditure); community-based mental health programs increased, average contacts per mental health outpatients increased, and more training programs on recovery in mental health were made available for providers ○ Mental health in primary care: more training was provided to address limited diagnostic abilities of primary-care doctors and the implementation of systematic approaches using standardized screening tools and clinical guidelines became more prevalent ○ Human resources: in 2014, Qatar only had 13.5 mental health professionals per 100,000 population, and training gaps still existed compared to high-income countries ○ Public education and links with other sectors: mental health capacity was strengthened in employment and education settings, and in 2016 plans to create a national plan or curriculum for mental health in schools was underway ○ Monitoring and research: Hamad Medical Corporation (HMC) regularly collected a range of data, but a more comprehensive national mental health minimum dataset was developed during 2014
<ul style="list-style-type: none"> ● Focus of national-level mental health strategies <ul style="list-style-type: none"> ○ Stage of continuum of care <ul style="list-style-type: none"> ▪ Promotion ▪ Prevention ▪ Treatment ○ Inclusion of mental health literacy approaches or programs ○ Types of health-system arrangements prioritized for transformation <ul style="list-style-type: none"> ▪ Governance arrangements ▪ Financial arrangements ▪ Delivery arrangements ○ Types of sectors involved <ul style="list-style-type: none"> ▪ Home and community care ▪ Primary care ▪ Specialty care ▪ Public health 	<p><i>Focus of study:</i> To analyze the success and failures of the policy levers enacted under the Australian National Mental Health Strategy</p> <p><i>Publication date:</i> 2017</p> <p><i>Jurisdiction studied:</i> Australia</p> <p><i>Methods used:</i> Documentary analysis of six evaluation documents related to three National Mental Health Plans</p>	<p>Planning documents related to the National Mental Health Strategy, including the First and Second National Mental Health Plans, the Council of Australian Government (COAG) Plan and National Action Plan for Mental Health progress reports I–IV</p> <p>A National Mental Health Strategy aiming to reshape organization, regulation and financing mental health efforts, as well as strengthening community education</p>	<p>Australia's National Mental Health Strategy resulted in several cumulative successes across organizational, regulatory, financing and community education efforts, suggesting a balance between ambitious objectives and pragmatic evaluation approaches to support policy learning and improvement</p> <ul style="list-style-type: none"> ● The objectives of the first Plan (1992) were explicitly focused on reform, and the specific policy levers were broadly related to organization, regulation, finance and community education <ul style="list-style-type: none"> ○ For organization, the first Plan was partially successful in its attempts to involve consumers/carers in policy review and formulation and introduce a case management system to improve coordination across providers, and substantively successful in its attempts to merge mental health into mainstream health management and shift psychiatric beds from stand-alone facilities to general hospitals ○ For regulation, it was substantively successful in reviewing anti-discrimination legislation to reduce discrimination and stigmatization of mental health consumers, adhering to UN Resolution 9B and the Mental Health Statement of Rights and Responsibilities through State/Territory and Federal legislation, increasing ongoing accountability and evaluation efforts for

Dimension of the organizing framework	Study characteristics	Sample and intervention description	Declarative title and key findings
<ul style="list-style-type: none"> ○ Types of broader human services involved <ul style="list-style-type: none"> ▪ Childcare ▪ Children's and early-years services ▪ Disability services ▪ Employment and income supports ● Priority populations <ul style="list-style-type: none"> ○ Children and youth ○ People living with disabilities ○ People facing mental health challenges ○ Indigenous peoples ○ Racialized populations ○ People in rural and remote areas ● Equity-centred quadruple aim outcomes <ul style="list-style-type: none"> ○ Improved care experiences <ul style="list-style-type: none"> ▪ Access to care ○ Improved provider experiences 			<p>inpatient services, improving coordination of care across sectors by reviewing interagency protocols, and introducing an independent evaluation body</p> <ul style="list-style-type: none"> ○ Aims focusing on regulation, however, were less successful when it came to simplifying cross-border treatment, fully accepting and implementing nationally consistent standards for mental health care across jurisdictions, enduring ongoing accountability and evaluation for community-based services, and developing a National Mental health Information Strategy and minimum dataset (no qualitative measure of accountability was included and no outcome measures were recorded to evaluate intervention effect) ○ For finance, efforts to increase recurrent mental health spending for Federal and State/Territory Governments, increase community-based and general hospital funding for mental health, and modify funding allocations for mental health through Medicare were all substantively met, while the goal of ensuring fiscal accountability for mental health spending was met by creating a separate budget for mental health <ul style="list-style-type: none"> ▪ However, mental health sector-specific outcome-based funding tools were still underdeveloped and underutilized ○ For community education, efforts to improve mental health literacy among the general public through a National Community Awareness Program was partially met in terms of its implementation <ul style="list-style-type: none"> ▪ However, it failed to produce substantial benefits or measurable changes in attitudes and was met with public dissatisfaction as the approach was not deemed appropriate for minority groups and there were no opportunities for local groups to coordinate promotional activity with the national campaign ● The second National Mental Health Plan (1998–2003) initiatives largely continued the work of the first, but began to focus more substantively on program outcomes in addition to reform/implementation <ul style="list-style-type: none"> ○ Notable additional efforts included improving service provision for special needs populations and early intervention services for youth, implementing a new system with formal protocols and agreements to support continuity of care, developing and applying new outcomes measures, and further increasing mental health expenditures, all of which were met with mixed success ○ Additionally, new funding models to better link primary and secondary providers were introduced

Dimension of the organizing framework	Study characteristics	Sample and intervention description	Declarative title and key findings
			<ul style="list-style-type: none"> • The Council of Australian Government (COAG) National Action Plan (2011–2012) initiatives largely focused on strengthening implementation and assessing outcomes <ul style="list-style-type: none"> ○ Organizational objectives included improving youth mental health services, offering increased support for carers and families of people with mental illness, increasing mental health workforce, improving and integrating drug and alcohol services within broader mental health services, and increasing service coverage in rural/remote areas, all of which were substantively met ○ Regulation efforts included increasing consultation between State/Territory and Federal Governments and increasing accountability for reform outcomes that were achieved through the establishment of COAG Mental Health Groups in each jurisdiction and publishing official progress reports annually, respectively ○ Payment efforts included implementing flexible funding models to improve access to allied and nursing mental health services in rural and regional areas, increasing mental health nurses in these areas through an incentive program, and improving links between primary and secondary providers, all of which were substantively met
<ul style="list-style-type: none"> • Focus of national-level mental health strategies <ul style="list-style-type: none"> ○ Stage of continuum of care <ul style="list-style-type: none"> ▪ Promotion ▪ Prevention ▪ Treatment ○ Inclusion of mental health literacy approaches or programs ○ Types of health-system arrangements prioritized for transformation <ul style="list-style-type: none"> ▪ Governance arrangements ▪ Financial arrangements ▪ Delivery arrangements ○ Types of sectors involved <ul style="list-style-type: none"> ▪ Primary care ▪ Specialty care ▪ Public health 	<p><i>Focus of study:</i> To evaluate Liuyang Municipality's implementation of mental health policies to understand problems and lessons learned from the implementation of a National Mental Health Plan (2002–2010, 2015–2020)</p> <p><i>Publication date:</i> 2019</p> <p><i>Jurisdiction studied:</i> Liuyang, China</p> <p><i>Methods used:</i> A rapid appraisal consisting of 1) a document review of Liuyang's mental health policy and plan using the World Health Organization (WHO) checklists for mental health policy and planning and</p>	<p>Documents related to Liuyang's mental health policy and plan, nine key informants and 32 front-line implementers</p> <p>Liuyang's mental health policy and plan, which is grounded in national priorities such as establishing a government-led mechanism, strengthening mental healthcare systems, implementing mental health legislation, enhancing psychosis management, targeting specific populations, raising public awareness, and reinforcing research and surveillance for mental health</p>	<p>Liuyang's mental health policy and plan exemplified local-level implementation of China's mental health policies, reflecting strong ties with national strategies; however, challenges in stakeholder involvement, high-level approval and operational details reveal broader lessons for mental health policy success</p> <ul style="list-style-type: none"> • Liuyang initiated a local mental health policy in 2006 that gained semi-formal approval in 2007, was included in the 2011–2015 regional plan, and was guided by a university research team with mental health and public health expertise <ul style="list-style-type: none"> ○ Consultations with stakeholders from non-health departments and patients and their families were not included • In terms of content, the plan incorporated vision, principles and objectives aimed to reflect the Chinese national mental health priorities and alignment with WHO checklists <ul style="list-style-type: none"> ○ Strategies to achieve policy objectives exhibited uneven coverage of WHO checklist action areas, with notable gaps in areas such as quality improvement and procurement of essential medicines, while emphasis was placed on institutional

Dimension of the organizing framework	Study characteristics	Sample and intervention description	Declarative title and key findings
<ul style="list-style-type: none"> ○ Types of broader human services involved <ul style="list-style-type: none"> ▪ Children's and early-years services ● Priority populations <ul style="list-style-type: none"> ○ Children and youth ○ People facing mental health challenges ● Equity-centred quadruple aim outcomes <ul style="list-style-type: none"> ○ Improved health outcomes <ul style="list-style-type: none"> ▪ Mental health outcomes ● Improved provider experiences 	<p>activities and time frames outlined in Liuyang's mental health policy and plan, 2) semi-structured interviews with nine key informants and 3) surveys of 32 front-line implementers</p>		<p>arrangements, service organization, promotion, prevention, advocacy and collaboration</p> <ul style="list-style-type: none"> ○ While targets, time frames and evaluation indicators aligned with national standards, detailed implementation plans lacked specific activities, responsibilities were not outlined in sufficient detail, funding for most activities was not mentioned, and potential barriers were not predicted ● In terms of implementation, the focus was largely on the three-level mental healthcare network, and limited involvement in non-health department activities <ul style="list-style-type: none"> ○ Discrepancies between planned and actual funding, deviations in evaluation indicators, and leadership focusing more on managing patients with psychosis behaviours rather than broader mental health tasks limited overall implementation quality ○ Additionally, regional variations in implementation were evident in terms of protocols for visits to patients with psychosis and mental health training sessions for local physicians ○ Other key barriers to implementation included insufficient training, shortage of mental health professionals, funding uncertainties, and challenges related to patient concerns about privacy, lack of medication effectiveness and lack of family support ● The following outcomes were observed after the implementation of the Liuyang policy and plan, and were evaluated in relation to national targets: <ul style="list-style-type: none"> ○ mental health literacy rate among rural adults reached 58.3% in 2011, which surpassed the target of 50% by 2010 ○ training rates of mental health professionals improved 100%, surpassing the target of 80% by 2010 ● Liuyang made progress in detecting and treating psychosis, although specific details are not available

Appendix 3: Detailed jurisdictional scan about mental health literacy and its role in nation-level mental health strategies

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
Canada	<ul style="list-style-type: none"> • Changing Directions, Changing Lives: The Mental Health Strategy for Canada (the Strategy) was published in 2012 by the Mental Health Commission of Canada, and consists of six strategic directions: 1) promotion and prevention, 2) recovery and rights, 3) access to services, 4) disparities and diversity, 5) First Nations, Inuit and Métis and 6) leadership and collaboration <ul style="list-style-type: none"> ○ Promoting mental health across the life span in homes, schools and workplaces and preventing mental illness and suicide wherever possible involves multi-sectoral efforts to improve health literacy across various settings, while building communities' capacity to prevent mental illness and intervene early when problems first emerge ○ Fostering recovery and well-being for people of all ages living with mental health problems and illnesses, and upholding their rights, focuses on removing barriers to accessing mental health services, engaging people living with mental illness and their families in treatment, and reducing over-representation of people living with mental health problems and illnesses in the criminal justice system ○ Providing access to the right combination of services, treatments and supports, when and where people need them, involves expanding the role of primary care to meet mental health needs, increasing coordination of mental health services, ensuring access to specialized care, improving peer support, and increasing access to housing, income, employment and education supports ○ Reducing disparities in risk factors and access to mental health services involves prioritizing improving mental health when working to improve overall living conditions and health, enhancing mental health services and supports by and for immigrants, refugees, ethno-cultural, linguistic, 2SLGBTQI+ and racialized groups, and ensuring that the pressing mental health challenges in northern and remote communities are addressed ○ Working with First Nations, Inuit and Métis to address their distinct mental health needs involves establishing a coordinated continuum of mental wellness services for and by First Nations and Inuit communities, and build Métis capacity to improve mental health and access to mental health services through meaningful, inclusive and equitable engagement processes and research ○ Mobilizing leadership, improving knowledge and fostering collaboration at all levels involves coordinating mental health policies across governments and across sectors, improving mental health data collection, research and knowledge exchange across Canada, strengthening mental health human resources, and expanding the leadership role of people living with mental health problems and illnesses, and their families, in setting mental health-related policy • In 2016 the Mental Health Commission of Canada published Advancing the Mental Health Strategy for Canada: A Framework for Action (2017–2022), which aims to advance the implementation of Strategy and consists of four key pillars: 1) leadership and funding, 2) promotion and prevention, 3) access and services and 4) data and research <ul style="list-style-type: none"> ○ Pillar one has five objectives: 	<ul style="list-style-type: none"> • Mental health literacy approaches <ul style="list-style-type: none"> ○ Focus of approaches <ul style="list-style-type: none"> ▪ Improve knowledge about mental health ▪ Change attitudes about mental health and help-seeking ▪ Increase awareness about how to seek help ▪ Support skills to prevent or respond to mental health challenges ○ Types of health-system arrangements used to provide mental health literacy approaches <ul style="list-style-type: none"> ▪ Governance arrangements ▪ Financial arrangements ▪ Delivery arrangements • Focus of national-level mental health strategies <ul style="list-style-type: none"> ○ Stage of continuum of care <ul style="list-style-type: none"> ▪ Promotion ▪ Prevention ▪ Treatment ▪ Recovery, follow-up and trauma support ○ Inclusion of mental health literacy approaches or programs ○ Types of health-system arrangements prioritized for transformation <ul style="list-style-type: none"> ▪ Governance arrangements ▪ Financial arrangements ▪ Delivery arrangements ○ Types of sectors involved <ul style="list-style-type: none"> ▪ Home and community care ▪ Primary care ▪ Specialty care ▪ Public health ○ Types of broader human services involved <ul style="list-style-type: none"> ▪ Children's and early-years services ▪ Disability services ▪ Employment and income supports • Priority populations <ul style="list-style-type: none"> ○ Children and youth ○ People living with disabilities

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<ul style="list-style-type: none"> ▪ to make targeted investments to mental health within federal, provincial/territorial and regional health budgets, as well as in social spending such as education, housing and justice ▪ to increase access to evidence-based community mental health services and psychotherapies delivered by qualified providers ▪ to improve collaboration in the delivery of services for people living with substance abuse and addictions problems and mental health problems or illnesses ▪ to increase initiatives that address the disparities in the social determinants of health that significantly influence mental health ▪ to develop a Canadian mental health human resource plan ○ Pillar two has four objectives: <ul style="list-style-type: none"> ▪ to scale up/increase availability of programs that provide public and front-line education and training about mental health ▪ to increase the availability of adequate, affordable, and stable housing with related supports that meet the needs of people with mental health problems and illnesses ▪ to implement initiatives that promote positive mental health and wellness and prevent suicide in a culturally competent and safe manner ▪ to scale up the implementation of good practices in prevention and early intervention during the early childhood development years ○ Pillar three has four objectives: <ul style="list-style-type: none"> ▪ to improve the availability of quality mental health services across the continuum of care and the lifespan ▪ to improve collaboration across the sectors, including healthcare, addictions, education, justice and corrections ▪ to improve availability of high-quality, culturally competent and safe services for Canada's diverse populations ▪ to increase the availability of recovery-oriented mental health services, treatments, and supports in the criminal justice system ○ Pillar four has four objectives: <ul style="list-style-type: none"> ▪ to increase support for interdisciplinary, cross-sectoral research ▪ to improve routine data collection, monitoring of and reporting on key indicators in the mental health sector ▪ to develop a framework for regular report cards on mental health system performance across jurisdictions ▪ to build networks within mental health and other sectors, and promote best and promising practices • In 2016, the Office of Audit and Evaluation for Health Canada and the Public Health Agency of Canada prepared the Evaluation of Mental Health and Mental Illness Activities of Health Canada and the Public Health Agency of Canada 2010–2011 to 2014–2015, and carried out a literature review, document and file review, financial data review, international review, stakeholder survey and interviews with internal and external key informants ○ In terms of achievement of expected outcomes (effectiveness), the report found that the Mental Health Commission of Canada (MHCC) has been successful in addressing the original 	<ul style="list-style-type: none"> ○ People facing mental health challenges ○ Indigenous peoples ○ Racialized populations ○ 2SLGBTQI+ populations ○ People in rural and remote areas • Equity-centred quadruple aim outcomes <ul style="list-style-type: none"> ○ Improved care experiences <ul style="list-style-type: none"> ▪ Access to care

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<p>three elements of its mandate, by developing a national strategy, creating an anti-stigma campaign and developing a knowledge exchange centre</p> <ul style="list-style-type: none"> ▪ In addition to the creation of the Strategy discussed above, MHCC developed the anti-stigma campaign Opening Minds, which has shown success in reducing stigma among target populations, and the Knowledge Exchange Centre, which developed partnerships to increase the availability of research and guidelines related to mental health ○ In terms of demonstrating economy and efficiency, the report found that while the activities undertaken by Health Canada and the Public Health Agency of Canada were administered economically, efficiency could be improved through the clear articulation of roles and responsibilities related to the mental health vision ○ The report provides two key recommendations, which include 1) the articulation of a mental health vision with clear communication about roles and responsibilities regarding mental health, mental health promotion, mental illness, suicide prevention and surveillance of mental illness and mental health and 2) for MHCC to expand outreach to stakeholders, especially organizations that the Commission has not traditionally worked with such as organizations addressing substance abuse and national Indigenous organizations • The Government of Canada invested \$2.8 million to increase mental health literacy among coaches and sports leaders working with remote, Indigenous and economically disadvantaged communities, as well as newcomers to Canada and persons with disabilities • The Wellness Together Canada Portal provides resources to learn about mental health, access mental health services, and improve skills to address mental health challenges • The Hope for Wellness Helpline and Kids Help Phone provide educational, self-management and support services for Indigenous communities and children, respectively 	
Australia	<ul style="list-style-type: none"> • The Australian government have multiple national policies and plans on mental health, including: <ul style="list-style-type: none"> ○ The Fifth National Mental Health and Suicide Prevention Plan <ul style="list-style-type: none"> ▪ The national plan (and a separate implementation plan) highlights the main priorities, including integrated regional planning service delivery, suicide prevention, coordination of treatment for people with severe and complex mental illness, Aboriginal and Torres Strait Islander mental health, physical health, reduction of stigma and discrimination, safe mental health service delivery, and effective system performance ▪ To measure these priorities, there are 7 domains (i.e., healthy start to life, physical health, mental health, meaningful life, effective support and treatment, less avoidable harm, stigma and discrimination) and 24 key indicators ▪ The federal government worked to establish conditions to enable structural reforms, funding mechanisms, and infrastructure to align their state and territory health planning and operational boundaries to allow for regional-level coordination ▪ As part of their action plan, the government aims to develop and distribute a compendium of culturally appropriate clinical tools and resources to support self-management and mental health literacy among Aboriginal and Torres Strait Islander communities ○ The National Mental Health and Suicide Prevention Agreement <ul style="list-style-type: none"> ▪ The agreement describes the states and territories willingness to work together to improve mental health among Australians ○ Vision 2030 	<ul style="list-style-type: none"> • Mental health literacy approaches <ul style="list-style-type: none"> ○ Focus of approaches <ul style="list-style-type: none"> ▪ Improve knowledge about mental health ▪ Change attitudes about mental health and help-seeking ▪ Increase awareness about how to seek help ▪ Support skills to prevent or respond to mental health challenges • Focus of national-level mental health strategies <ul style="list-style-type: none"> ○ Stage of continuum of care <ul style="list-style-type: none"> ▪ Promotion ▪ Prevention ▪ Treatment ▪ Recovery, follow-up and trauma support ○ Types of health-system arrangements prioritized for transformation <ul style="list-style-type: none"> ▪ Governance arrangements ▪ Financial arrangements ▪ Delivery arrangements ○ Types of broader human services involved

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<ul style="list-style-type: none"> ▪ The core components of care of a person-centred stepped care system includes prevention, low-intensity care, moderate intensity care, high-intensity care, life-saving and crisis support, and recovery ▪ Prevention includes mental health literacy, self-management skills and resilience resources ○ The National Children's Mental Health and Wellbeing Strategy <ul style="list-style-type: none"> ▪ As part of the four focus areas, the goal is to increase mental health literacy from family and community through routine evidence-based parenting programs, emotional well-being modules, evidence-based resources, national campaign promoting parenting programs, and tailored programs focusing on children's mental health and well-being • The New South Wales Mental Health Commission developed a toolkit for organizations to understand gaps, evaluate mental health literacy responsiveness, and implement training to ensure mental health literacy responsiveness 	<ul style="list-style-type: none"> ▪ Childcare ▪ Children's and early-years services • Priority populations <ul style="list-style-type: none"> ○ Children and youth ○ People facing mental health challenges ○ Indigenous peoples
Denmark	<ul style="list-style-type: none"> • In recent years, the Government of Denmark has published several national-level strategies focused on improving mental health (and its systems) within the country, including: <ul style="list-style-type: none"> ○ A 10-year action plan for strengthening mental health and social care services, which featured key themes centred on mental health promotion, enhancing knowledge and development, creating strong professional environments and early interventions for adults, and improving assessment and treatment for children, youth and young adults <ul style="list-style-type: none"> ▪ This plan highlighted several focus areas, such as prioritizing increased awareness, information and anti-stigmatization, working towards improved conditions for prevention and treatment research, and ensuring children and youth obtain timely mental health support ▪ The Government has committed to investing a total of 600 million DKK each year (beginning in 2020) to mental health care in Denmark ▪ An emphasis has been placed on improving cross-sectoral cooperation among general practitioners and psychiatrists to support the seamless transition of care of children and youth ○ An Overall Action Plan for Psychiatry 2018–2025, which outlined 43 initiatives across six focus areas; however, the plan is no longer in effect as of 2019 <ul style="list-style-type: none"> ▪ The areas consisted of promotion, prevention and treatment (e.g., early and accessible detection, quality of care, coherence in the different stages of care), an improvement in the skill level and competencies of healthcare staff, and investments in research and innovation ○ In the long-term plan published by the Ministry of Health, a New Focus for Treatment Initiatives Concerning Individuals Suffering from Mental Illness, the key focus areas that were highlighted include prevention and early intervention, improved management, follow-up and treatment, and increased knowledge, research and competencies • In Fall 2023, the Government of Denmark committed to a 10-year plan for psychiatry, which will include a healthcare reform that focuses on mental health integration within primary and community care to enhance collaboration and coordination among health providers <ul style="list-style-type: none"> ○ Many civil society initiatives include counselling and free help lines 	<ul style="list-style-type: none"> • Mental health literacy approaches <ul style="list-style-type: none"> ○ Focus of approaches <ul style="list-style-type: none"> ▪ Improve knowledge about mental health ▪ Increase awareness about how to seek help ▪ Support skills to prevent or respond to mental health challenges ○ Types of health-system arrangements used to provide mental health literacy approaches <ul style="list-style-type: none"> ▪ Governance arrangements • Focus of national-level mental health strategies <ul style="list-style-type: none"> ○ Stage of continuum of care <ul style="list-style-type: none"> ▪ Promotion ▪ Prevention ▪ Treatment ▪ Recovery, follow-up and trauma support ○ Inclusion of mental health literacy approaches or programs ○ Types of health-system arrangements prioritized for transformation <ul style="list-style-type: none"> ▪ Delivery arrangements ○ Types of sectors involved <ul style="list-style-type: none"> ▪ Home and community care ▪ Primary care ▪ Rehabilitation care ▪ Long-term care ○ Types of broader human services involved <ul style="list-style-type: none"> ▪ Children's and early-years services ▪ Other community programs • Priority populations <ul style="list-style-type: none"> ○ Children and youth ○ People facing mental health challenges

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
		<ul style="list-style-type: none"> Equity-centred quadruple aim outcomes <ul style="list-style-type: none"> Improved health outcomes <ul style="list-style-type: none"> Mental health outcomes Improved care experiences <ul style="list-style-type: none"> Access to care
Finland	<ul style="list-style-type: none"> Health literacy is a focus in Finland's national agenda, but there is not a specified strategy for mental health literacy Finland's World Health Organization policies suggest that mental health literacy be promoted in workplaces to promote mental health in occupational settings <ul style="list-style-type: none"> Although no specific interventions were suggested, general education and awareness was noted to be important in promoting mental health literacy Finland's WHO policies and National Strategy for Children states that health literacy should be incorporated in Finnish schools and viewed as a key component of academic competence <ul style="list-style-type: none"> Health literacy was not focused on mental health but the policies note that understanding nutrition, exercise and how to access health services are important for overall wellness The Finnish National Mental Health Strategy and Programme for Suicide Prevention has established priorities to increase mental health competences in community and occupational levels <ul style="list-style-type: none"> The priority areas include mental health as capital, mental health in youth, mental health rights and mental health management The Finnish Government has established multiple online resources that youth with mental health concerns can access <ul style="list-style-type: none"> Mentalhub, which contains information to promote awareness of mental health, prevent negative consequences, and recommend treatment options Sekasin Kollektiivi and Save the Children Finland provide anonymous chat services and educational resources 	<ul style="list-style-type: none"> Mental health literacy approaches <ul style="list-style-type: none"> Focus of approaches <ul style="list-style-type: none"> Improve knowledge about mental health Increase awareness about how to seek help Types of health-system arrangements used to provide mental health literacy approaches <ul style="list-style-type: none"> Governance arrangements Focus of national-level mental health strategies <ul style="list-style-type: none"> Stage of continuum of care <ul style="list-style-type: none"> Promotion Prevention Treatment Types of health-system arrangements used to provide mental health literacy approaches <ul style="list-style-type: none"> Governance arrangements Types of broader human services involved <ul style="list-style-type: none"> Home and community care Employment and income supports Priority populations <ul style="list-style-type: none"> Children and youth
Iceland	<ul style="list-style-type: none"> The Icelandic government developed a mental health policy and action plan from 2016–20, which focused on improving integrated services for children with mental health disorders and increasing screening for anxiety and depression among youth <ul style="list-style-type: none"> The state auditor on mental health services published a report in 2022, which stated improvements must be made on integrated mental health services for the general population, staffing and specialization of staff, and monitoring and evaluation of future action plans 	<ul style="list-style-type: none"> Focus of national-level mental health strategies <ul style="list-style-type: none"> Stage of continuum of care <ul style="list-style-type: none"> Promotion Prevention Treatment Recovery, follow-up and trauma support Types of broader human services involved <ul style="list-style-type: none"> Children's and early-years services Priority populations <ul style="list-style-type: none"> Children and youth People facing mental health challenges
New Zealand	<ul style="list-style-type: none"> The New Zealand Government has developed strategic plans to address mental health, including: <ul style="list-style-type: none"> The Kia Manawanui 2021–2031, which aims to invest in mental well-being promotion and early interventions, expand primary mental well-being support, and develop socially and culturally relevant foundations that support collaboration and partnerships 	<ul style="list-style-type: none"> Mental health literacy approaches <ul style="list-style-type: none"> Focus of approaches <ul style="list-style-type: none"> Improve knowledge about mental health Change attitudes about mental health and help-seeking

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<ul style="list-style-type: none"> ▪ The strategy involves six national-level enablers such as strengthening leadership, ensuring human rights–based legislation, investing in mental well-being, improving data, making better use of technology and developing a diverse skilled workforce ▪ The strategy includes expanding mental health, addiction and suicide prevention literacy training programs ○ The Strategic Intentions 2021 to 2025, which aims to improve specialist mental health services individuals under 25 years old 	<ul style="list-style-type: none"> ▪ Increase awareness about how to seek help ▪ Support skills to prevent or respond to mental health challenges ▪ Other • Focus of national-level mental health strategies <ul style="list-style-type: none"> ○ Stage of continuum of care <ul style="list-style-type: none"> ▪ Promotion ▪ Prevention ▪ Treatment ▪ Recovery, follow-up and trauma support • Priority populations <ul style="list-style-type: none"> ○ People facing mental health challenges ○ Indigenous peoples
Qatar	<ul style="list-style-type: none"> • Qatar National Health Strategy (2014 update) for 2013–18 has identified mental health design as one of their goals. Specific objectives include: <ul style="list-style-type: none"> ○ Mental health promotion ○ Integrated and comprehensive mental health services ○ Strengthening governance and leadership ○ Strengthening research, evidence-based practice, and information systems ○ Some anticipated project outputs include: <ul style="list-style-type: none"> ▪ Mental health awareness campaigns and educational resources ▪ Mental health promotion and prevention programs ▪ Integrated mental health services in primary care ▪ Community mental health services for the following areas: Child and Adolescent Mental Health Services (CAMHS), adults, older adults, substance misuse, forensic, learning disabilities ▪ Developing care pathways across the mental health system ▪ Increasing workforce capacity ▪ Developing training and education for care providers ▪ A national mental health strategy ▪ Implementing mental health law in Qatar ▪ Developing policy and governance frameworks, including for mental health research ▪ Mechanisms for patient and family engagement • Qatar National Health Strategy 2018–2022 <ul style="list-style-type: none"> ○ Includes mental health and well-being as one of seven priority populations ○ Goals that are a part of this strategy include: <ul style="list-style-type: none"> ▪ Improving access to mental health services in the primary and community sectors ▪ Improving research data to inform policy ▪ Increased community awareness and reduced stigma surrounding mental health ▪ Increased availability of care • Qatar National Mental Health & Wellbeing Strategic Framework 2019–2022 <ul style="list-style-type: none"> ○ Strategy objectives include: 	<ul style="list-style-type: none"> • Mental health literacy approaches <ul style="list-style-type: none"> ○ Focus of approaches <ul style="list-style-type: none"> ▪ Improve knowledge about mental health ▪ Change attitudes about mental health and help-seeking ▪ Increase awareness about how to seek help • Focus of national-level mental health strategies <ul style="list-style-type: none"> ○ Stage of continuum of care <ul style="list-style-type: none"> ▪ Promotion ▪ Prevention ▪ Treatment ○ Inclusion of mental health literacy approaches or programs ○ Types of health-system arrangements prioritized for transformation <ul style="list-style-type: none"> ▪ Governance arrangements ▪ Delivery arrangements ○ Types of sectors involved <ul style="list-style-type: none"> ▪ Home and community care ▪ Primary care • Priority populations <ul style="list-style-type: none"> ○ Children and youth ○ People facing mental health challenges

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<ul style="list-style-type: none"> ▪ Dialogue surrounding mental health ▪ Working together with key stakeholders ▪ Providing access to integrated mental health services ▪ Improving data systems ▪ Supporting implementation of mental health law • In October 2019, the Ministry of Public Health launched a public health awareness campaign entitled ‘It’s OK not to be OK’ aimed at educating the public on mental health <ul style="list-style-type: none"> ○ A focus of the campaign was reducing stigma surrounding mental health ○ The campaign included messaging in newspapers, TV, radio and social media, in addition to events organized for the community and for care providers • In October 2022, the Ministry of Public Health, Hamad Medical Corporation and Primary Health Care Corporation launched the Ma’ak program which aims to increase mental health awareness in the population <ul style="list-style-type: none"> ○ Educational materials were first focused in schools, targeting students, parents, educators and administrators • Sport for Health partnership between the Ministry of Public Health and the World Health Organization used the 2022 FIFA World Cup as a platform to raise awareness for mental health • The Ministry of Public Health released a survey assessing awareness of mental health issues in 2020, the Qatar National Mental Health Attitudes and Awareness Survey; results demonstrate an increase in mental health awareness <ul style="list-style-type: none"> ○ For example, 77% of adults said they were ‘moderately’ to ‘highly aware’ of mental health in 2020, compared to 52% in 2018 • Mental health awareness campaign ‘Are you OK?’ launched by Ministry of Public Health in October 2020 <ul style="list-style-type: none"> ○ Qatar Mental Health Atlas published by the WHO contains a list of mental health promotion and prevention programs 	
Sweden	<ul style="list-style-type: none"> • In 2016, the Government of Sweden published a national mental health strategy, which focused on bridging the gap in this field by prioritizing prevention, awareness, access to care, and serving vulnerable populations <ul style="list-style-type: none"> ○ The national plan included methods to prevent severe mental health conditions and increase access to treatment (e.g., through the support of mental health providers and the social welfare system) • The Public Health Agency of Sweden and the National Board of Health and Welfare have been commissioned to develop a national strategy for mental health and suicide prevention <ul style="list-style-type: none"> ○ The revised national strategy will replace the existing ‘action program,’ serve to implement best practices for mental health promotion and prevention, and is scheduled to be presented to the government in 2023 • In 2008, the National Action Programme for Suicide Prevention was adopted by the Government of Sweden, and this plan has a primary focus on several strategic areas of action to improve the mental health and well-being of its citizens, which include: <ul style="list-style-type: none"> ○ promote opportunities for vulnerable communities 	<ul style="list-style-type: none"> • Mental health literacy approaches <ul style="list-style-type: none"> ○ Focus of approaches <ul style="list-style-type: none"> ▪ Improve knowledge about mental health ▪ Change attitudes about mental health and help-seeking ▪ Increase awareness about how to seek help ▪ Support skills to prevent or respond to mental health challenges ○ Types of health-system arrangements used to provide mental health literacy approaches <ul style="list-style-type: none"> ▪ Governance arrangements ▪ Financial arrangements ▪ Delivery arrangements • Focus of national-level mental health strategies <ul style="list-style-type: none"> ○ Stage of continuum of care <ul style="list-style-type: none"> ▪ Promotion

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<ul style="list-style-type: none"> ○ reduce alcohol consumption in at-risk groups, and overall risks (i.e., access to means and methods of suicide, and shifting the perspective of suicide as a psychological mistake) ○ improve medical, psychological and psychosocial initiatives, and staff training/skill levels ○ implement evidence-based practices and promote knowledge ○ perform ‘root cause’ event analyses, and support voluntary organizations in the not-for-profit sector • The Government of Sweden has allocated 1.7 billion SEK to support mental health and suicide prevention efforts within the country <ul style="list-style-type: none"> ○ The funding will work towards improving suicide prevention, care and support, patient and user participation, psychiatric trauma care, availability and quality of care, and developing special forms of care (e.g., group-adapted initiatives for vulnerable populations) • The Agency for Youth and Civil Society has been focused on disseminating information and knowledge to young adults with mental health conditions to guide them towards the social support they need in a timely manner • A communication site, focused on promoting national information and knowledge on health literacy in Sweden, is operated and managed by Swedish researchers <ul style="list-style-type: none"> ○ This website describes tools for measuring health literacy (e.g., instruments, such as the European Health Literacy Questionnaires, the Swedish Functional Health Literacy Scale and the Swedish Communicative and Critical Health Literacy Scale) 	<ul style="list-style-type: none"> ▪ Prevention ▪ Treatment ▪ Recovery, follow-up and trauma support ○ Inclusion of mental health literacy approaches or programs ○ Types of health-system arrangements prioritized for transformation <ul style="list-style-type: none"> ▪ Governance arrangements ▪ Financial arrangements ▪ Delivery arrangements • Priority populations <ul style="list-style-type: none"> ○ Children and youth ○ People facing mental health challenges ○ Racialized populations • Equity-centred quadruple aim outcomes <ul style="list-style-type: none"> ○ Improved health outcomes <ul style="list-style-type: none"> ▪ Mental health outcomes ○ Improved care experiences <ul style="list-style-type: none"> ▪ Access to care
Taiwan	<ul style="list-style-type: none"> • The Taiwan Mental Health Act states that promotion and awareness of mental health should be delivered in educational institutions <ul style="list-style-type: none"> ○ Educational environments should support mental health with counselling, risk management and referrals to specialists • The Mental Health Association in Taiwan provides resources to promote mental health awareness and resources for prevention and treatment 	<ul style="list-style-type: none"> • Mental health literacy approaches <ul style="list-style-type: none"> ○ Focus of approaches <ul style="list-style-type: none"> ▪ Improve knowledge about mental health ○ Types of health-system arrangements used to provide mental health literacy approaches <ul style="list-style-type: none"> ▪ Governance arrangements • Focus of national-level mental health strategies <ul style="list-style-type: none"> ○ Stage of continuum of care <ul style="list-style-type: none"> ▪ Promotion ▪ Prevention ▪ Treatment ○ Types of health-system arrangements used to provide mental health literacy approaches <ul style="list-style-type: none"> ▪ Governance arrangements • Priority populations <ul style="list-style-type: none"> ○ Children and youth
United Kingdom	<ul style="list-style-type: none"> • The NHS published a report, The Community Mental Health Framework for Adults and Older Adults, in 2019, which outlines a framework for a place-based community mental health model <ul style="list-style-type: none"> ○ Aspects of the new framework are: <ul style="list-style-type: none"> ▪ Providing more high-quality care/treatment within the community ▪ Creating a core community mental health service integrating what is currently provided in primary care, as well as secondary care, and care provided in residential settings 	<ul style="list-style-type: none"> • Mental health literacy approaches <ul style="list-style-type: none"> ○ Focus of approaches <ul style="list-style-type: none"> ▪ Improve knowledge about mental health ▪ Increase awareness about how to seek help • Focus of national-level mental health strategies <ul style="list-style-type: none"> ○ Stage of continuum of care <ul style="list-style-type: none"> ▪ Prevention

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<ul style="list-style-type: none"> ▪ Increasing access to mental health information and resources, evidence-based interventions, advocacy services and more ▪ Closely linking complex care services to the community ▪ The ability to access care from multiple avenues ○ Some implementation considerations include: <ul style="list-style-type: none"> ▪ Creating an interdisciplinary leadership team ▪ Developing governance structures (e.g., alliance contracting) composed of bodies including Clinical Commissioning Groups (CCGs), local authorities, mental health services, physical health services, primary care, services users, caregivers and voluntary, community and social enterprise (VCSE) organizations ▪ Infrastructure including collecting data ▪ A multidisciplinary workforce • According to the NHS Operation Planning and Contracting Guidance 2019/20, Long Term Plan funds for mental health will be allocated CCGs, with the goal of supporting existing community mental health services and preparing for a new integrated model of community and primary care • In the 2019 NHS Long Term Plan, plans for future mental health services for children and adolescents are outlined; this includes: <ul style="list-style-type: none"> ○ Increased funding for children and young adult mental health services at a greater rate than overall NHS funding and total mental health funding ○ Expanded access to community mental health services ○ Expanded crisis services ○ Access to mental health services within schools and colleges • Plans for adult mental health services also outlined in the Long Term Plan include: <ul style="list-style-type: none"> ○ Increased funding, including for front-line services ○ Expanded crisis services, including 24/7 community-based crisis response services, providing a single point of access and alternative forms of crisis support ○ Training ambulance staff ○ Upgrading inpatient care ○ Specific suicide prevention plans, outlined in the Cross-Government Suicide Prevention Workplan <ul style="list-style-type: none"> ▪ This was updated in 2023 in Suicide Prevention in England: 5-Year Cross-Sector Strategy • The NHS also published a Mental Health Implementation Plan in 2019, which goes into greater detail of the framework of implementation of the Long Term Plan for mental health services • MindEd is a free e-learning portal for adults focused on mental health issues for children and young people • Various strategies have been implemented by the Department for Education to promote mental health/mental health education in schools: <ul style="list-style-type: none"> ○ Grants available to train a senior mental health lead in schools ○ Including a focus on mental health within the Relationships, Sex and Health Education curriculum ○ Guidance for schools regarding student attendance when impacted by mental health issues ○ Continued funding for Student Space, a platform offering higher education students mental health/well-being services 	<ul style="list-style-type: none"> ▪ Treatment ○ Types of health-system arrangements prioritized for transformation <ul style="list-style-type: none"> ▪ Governance arrangements ▪ Financial arrangements ▪ Delivery arrangements ○ Types of sectors involved <ul style="list-style-type: none"> ▪ Home and community care ▪ Primary care ▪ Specialty care ▪ Rehabilitation care ▪ Long-term care ▪ Public health • Priority populations <ul style="list-style-type: none"> ○ Children and youth

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<ul style="list-style-type: none"> • The Five Year Forward View for Mental Health was published in 2016 and contains a five-year vision of mental health strategy • The Advancing Mental Health Equalities Strategy outlines actions to address inequalities in mental health access, experiences and outcomes <ul style="list-style-type: none"> ◦ Mental health policy and services in England gives an overview of the policies and legislation supporting mental health services in the U.K. 	
United States	<ul style="list-style-type: none"> • In 2011, the Substance Abuse and Mental Health Services Administration (SAMHSA) released a national strategy to strengthen mental health and substance use disorder literacy, promote mental health, and improve treatment accessibility: <ul style="list-style-type: none"> ◦ The strategy featured the following eight features: <ul style="list-style-type: none"> ▪ Prevent mental illness and substance use through creating communities where people, families, schools, religious organizations and places of employment collaborate and intervene to promote mental health, with a focus on at-risk youth, youth in Tribal communities and military families ▪ Include trauma-informed approaches through health and social systems, while addressing the mental health needs of people in or at risk of being involved in justice systems ▪ Improve support for people in service (e.g., National Guard, Reserve, Veteran) and their families by increasing mental health service accessibility ▪ Engage people in recovery from mental health and substance use challenges and their families to help develop individual-, program-, and system-level approaches that improve resilience, increase access to social supports and reduce stigma and discrimination ▪ Improve access to mental health and substance use services, while developing integrated care services for people with co-occurring mental and physical health conditions ▪ Support the implementation of health information technology (HIT) and electronic health records (EHRs) in the mental health and substance use system ▪ Achieve a coordinated data strategy and framework for contributing to the quality improvement of mental health and substance use services through measurement and evaluation ▪ Improve public awareness of mental health and substance use disorders and pathways to recovery • The updated 2023–26 SAMHSA Strategic Plan advances the following strategic priorities, guided by principles of equity, trauma-informed approaches, recovery, and commitment to data and evidence: <ul style="list-style-type: none"> ◦ Prevent substance use and overdose through initiatives such as: <ul style="list-style-type: none"> ▪ Providing support to communities and jurisdictions for programs that promote prevention and decrease substance use ▪ Promote protective factors such as employment and community supports to help prevent or delay onset of substance use ◦ Increase access to suicide prevention and mental health services through supporting mental health promotion and early intervention programs and services for people at risk for or currently living with mental health conditions ◦ Increase mental health literacy through outreach, training and technical support through activities such as: 	<ul style="list-style-type: none"> • Mental health literacy approaches <ul style="list-style-type: none"> ◦ Focus of approaches <ul style="list-style-type: none"> ▪ Improve knowledge about mental health ▪ Change attitudes about mental health and help-seeking ▪ Increase awareness about how to seek help ▪ Support skills to prevent or respond to mental health challenges ◦ Types of health-system arrangements used to provide mental health literacy approaches <ul style="list-style-type: none"> ▪ Financial arrangements ▪ Delivery arrangements • Focus of national-level mental health strategies <ul style="list-style-type: none"> ◦ Stage of continuum of care <ul style="list-style-type: none"> ▪ Promotion ▪ Prevention ▪ Treatment ▪ Recovery, follow-up and trauma support ◦ Inclusion of mental health literacy approaches or programs ◦ Types of health-system arrangements prioritized for transformation <ul style="list-style-type: none"> ▪ Financial arrangements ▪ Delivery arrangements ◦ Types of sectors involved <ul style="list-style-type: none"> ▪ Home and community care ▪ Primary care ▪ Specialty care ▪ Long-term care ▪ Public health ◦ Types of broader human services involved <ul style="list-style-type: none"> ▪ Employment and income supports ▪ Housing services ▪ Homelessness services ▪ Other community programs • Priority populations

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<ul style="list-style-type: none"> ▪ SAMHSA’s mental health promotion activities include the implementation of outreach initiatives with communities, schools, and individuals ▪ Project AWARE program has improved mental health literacy in schools and communities, decreased barriers to seeking care and promoted cultural appropriateness for school programs ▪ Provide funding opportunities mental health promotion and early intervention services through collaborations with the Planning and Developing Infrastructure to Promote the Mental Health of Children, Youth, and Families in American Indian/Alaska Native (AI/AN) Communities (Circles of Care) and the Children’s Mental Health Initiative ○ Foster resilience and mental health for youth and families through initiatives including: <ul style="list-style-type: none"> ▪ Improving the youth mental health system by integrating mental health services across systems that youth commonly interact with, such as child welfare and juvenile justice, with a focus on education and pediatric primary care ▪ Ensuring to include a focus on youth and families when developing emerging services to address crisis situations (988 Suicide & Crisis Lines) ▪ Enhance opportunities for screening, early identification and early intervention in schools, pediatric primary care settings and community organizations and settings ▪ Collaborating with community agencies and other federal agencies to develop strategies to improve capacity for delivering mental health services for youth and families ▪ Reducing health disparities for racialized populations, LGBTQI+ people, Black and Indigenous children and other children of colour through obtaining population-inclusive data that can help inform the development of programs and policies that are responsive and culturally appropriate ▪ Advancing the inclusion of youth and family members with lived and living experience in the development of programs and services ▪ Guiding the use of technology to promote the mental health of youth and families (e.g., amplifying channels of positive connection and support for young people) ○ Integrate behavioural and physical healthcare by: <ul style="list-style-type: none"> ▪ Promoting the integration of healthcare services across systems for people with mental health problems ▪ Increasing resources and capacity through funding, education, and technical support for mental health and substance use education, screening, prevention, treatment and recovery in physical healthcare settings ▪ Increasing availability and improve training, education and technical support on trauma-informed, person-centred care ▪ Promoting policies and programs to address social determinants of health (e.g., Treatment for Individuals Experiencing Homelessness program promotes the development and/or scaling-up of implementation of an infrastructures that integrates mental health treatment and recovery services for individuals, youth and families with a serious mental illness, serious emotional disturbance, or co-occurring disorder who are experiencing homelessness) ○ Improve health, home, purpose and community to improve social determinants of health by: 	<ul style="list-style-type: none"> ○ Children and youth ○ People experiencing homelessness ○ People living with disabilities ○ People facing mental health challenges ○ Indigenous peoples ○ Racialized populations ○ 2SLGBTQI+ populations ○ People in rural and remote areas ○ People who face language barriers ● Equity-centred quadruple aim outcomes <ul style="list-style-type: none"> ○ Improved health outcomes <ul style="list-style-type: none"> ▪ Mental health outcomes ○ Improved care experiences <ul style="list-style-type: none"> ▪ Access to care ○ Improved provider experiences

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<ul style="list-style-type: none"> ▪ Adapting community-oriented services and supports to meet the needs of populations such as people experiencing homelessness and people involved with the criminal justice system ○ Strengthening the behavioural health workforce through strategies such as: <ul style="list-style-type: none"> ▪ Supporting the active recruitment, training, and retention of diverse, qualified people into the mental health workforce ▪ The Minority Fellowship Program, which offers master’s level and PhD students scholarships and training, while Fellows commit to working with under-served communities for a specified period after they complete their education ▪ The Historically Black Colleges and Universities Center of Excellence, which recruits students to careers in mental health and substance use ▪ Increasing the availability of peer support providers ▪ Increasing the availability of mental healthcare providers in community-based primary care settings ▪ Promoting evidence-based professional development to enhance provider competencies in line with the National Behavioral Health Quality Framework ▪ Reducing barriers to attaining high-quality mental health and substance use services ▪ The use of telehealth, which can increase the quality of treatment services like the program entitled The Extension for Community Healthcare Outcomes, which uses videoconferencing to train primary care clinicians to treat chronic illnesses and conditions ○ Reduce disparities in access to specialized mental health care due to barriers such as cost, stigma, lack of transportation, personal mobility, hours of operation and lack of technology by: <ul style="list-style-type: none"> ▪ Using existing Federal programs to reduce barriers, such as the Federal Communications Commission’s Rural Digital Opportunity Fund, which aims to expand telehealth access ○ Decrease barriers to allowing licensed providers working across state lines, especially for under-serviced populations • As part of President Biden’s first State of the Union, the President outlined a national strategy to address the mental health crisis including the following features on 1 March 2022: <ul style="list-style-type: none"> ○ Expand and improve the 2008 Mental Health Parity and Addiction Equity Act by proposing that the 2023 fiscal year budget cover behavioural health services ○ Integrate mental health and substance use services into primary care settings by doubling funding for primary and behavioural health integration programs and payment models that support the delivery of person-centred care (e.g., Medicaid reimbursement of inter-professional consultations) ○ Enhance Veterans’ access to same-day mental healthcare through implementing their Primary Care Mental Health Integration and Behavioural Health Interdisciplinary Program ○ Increase availability of telehealth and virtual mental health care options through ensuring coverage of tele-behavioural health across health plans, ensuring the appropriate delivery of telemedicine across states, and reimbursing providers for telehealth service, while reducing co-payments for consumers seeking telehealth behavioural health services 	

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<ul style="list-style-type: none"> ○ Improve access to mental health support in schools, colleges and universities through doubling the number of school-based mental health professionals and 1 billion USD to help schools hire additional providers ○ Support co-location mental health and substance use providers in community-based settings such as libraries, community, centers, schools and homeless shelters ○ Improve behavioural health navigation resources by building easy-to-access online treatment locator tools – starting with a revised mentalhealth.gov, as well as a one-stop shop for online resources for service members and their families created by the Department of Defense ○ Strengthen youth privacy and ban targeted advertisement for youth online ○ Implement stronger online protections for young people, such as prioritizing safety through reducing harms caused by age-inappropriate content (e.g., unhealthy social comparisons, child sexual exploitation, stalking, cyber-bullying) ○ Invest in research on social media’s harms through dedicating at least 5 million USD ○ Expand early childhood and school-based intervention services and supports by continuing funding for the Maternal, Infant, and Early Childhood Home Visiting Program of the Department of Health and Human Services ○ Invest in increased educational support such as providing more individual and small group instruction and after-school and summer learning programs for students to support youth well-being ○ Improve mental health resources for justice-involved individuals, including support for local communities and justice services to provide behavioural healthcare, case management, family support and transitional programming to support return to community ○ Train social and human services professionals such as housing counsellors and staff administering the Special Supplemental Nutrition Program for Women, Infants, and Children in basic mental health skills ● On May 31, 2022, the Biden-Harris Administration undertook additional novel initiatives to advance the President’s mental health strategy stated above: <ul style="list-style-type: none"> ○ Promote the mental health of front-line workforce with the first Advisory on Health Worker Burnout issued by the U.S. Health Worker Burnout ○ Implement new approaches to training behavioural health paraprofessionals, such as hiring Peer Specialists ○ Improve the crisis care and suicide prevention initiative through improving access to mobile crisis services in high-need communities through launching a Mental Health Crisis Response Partnership Pilot Program ○ Increase the ability of long-term care facilities to deliver mental health care through launching a 15 million USD funding opportunity to develop a Center of Excellence for Building Capacity in Nursing Facilities to Care for Residents with Behavioural Health Conditions ○ Address the caregiving crisis in collaboration with organizations to better support family caregivers, especially those who may have been under significant pressure during the COVID-19 pandemic ○ Improving mental health care for Asian Americans, Native Hawaiians and Pacific Islanders through the launch of a 3.5 million USD grant opportunity ○ Improve the federal government’s role as a model employer for behavioural health through facilitating access to comprehensive tele-behavioural health benefits 	

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<ul style="list-style-type: none"> ○ Train tribal law enforcement personnel in mental health ○ Improve culturally safe social and emotional school-based services in schools serving Native American communities ○ Support recovery support models by launching a 400,000 USD award to fund peer-run and community-based groups ○ Improve financial security among Veterans through launching a National Center for Veterans Financial Empowerment to provide Veterans with education, tools and resources to navigate financial stress ○ Ensure the implementation of workplace rights of the mentally ill ○ Develop a national research action plan on mental health to fund projects related to understanding the underpinnings of mental illness and interventions to address them ● The U.S. Centers for Medicare & Medicaid Services has highlighted several strategies to improve behavioural healthcare accessibility: <ul style="list-style-type: none"> ○ Medicaid/CHIP Mental Health and Substance Use Disorder Action Plan outline three strategies to improve treatment and support for Medicaid and CHIP beneficiaries with mental health conditions and/or substance-use disorders: <ul style="list-style-type: none"> ▪ Improve coverage of mental health and substance use screening and therapies, while supporting care integration ▪ Improve engagement in care by increasing treatment and support in home and community-based settings and by supporting access to mental health and substance use services through non-traditional community settings ▪ Improve care quality by supporting the scaling-up of evidence-based practices, improving quality measurement, and analyzing and publishing data on key topics ○ Guiding an Improved Dementia Experience (GUIDE) Model seeks to improve quality of life for people living with dementia and their caregivers, while helping people remain in their homes and communities through coordinated support services ○ The Multi-State Initiative to Strengthen Primary Care will improve access and quality of primary care services to improve the health system while addressing priorities specific to behavioural care ○ The 2023 Centers for Medicare & Medicaid Services included several sessions on integrating physical and behavioural health, advancing chronic pain support, and best practices in mental health and substance use care ○ Medicaid programs will continue to focus on re-entry demonstration opportunities for people receiving behavioural healthcare immediately prior to leaving justice settings ○ The Centers for Medicare & Medicaid Services engaged seven participating state Departments of Insurance to address state-level barriers to accessing tele-behavioural health services ● The National Institute of Mental Health Strategic Research Goals outlines plans to advance mental health services to strengthen public health through the following approaches: <ul style="list-style-type: none"> ○ Improve mental health services through research through implementing assessment platforms within healthcare and other relevant systems to accurately assess the distribution and determinants of mental health, improving data collection to contribute to quality improvement efforts, and comparing alternative financing models for services for people with severe mental illness 	

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<ul style="list-style-type: none"> ○ Ensure the adoption, implementation and evaluation of mental health services through strengthening partnerships with key stakeholders (e.g., scientists, service providers, service users, caregivers) ○ Develop, implement and evaluate innovative service delivery models to dramatically improve the outcomes of mental health services received in diverse communities ● In 2021, RAND Corporation outlined 15 strategies for transforming mental health care in the U.S. into a patient-centred system: <ul style="list-style-type: none"> ○ Promote mental health education as part of comprehensive health education curricular in schools ○ Integrate mental health expertise into general health settings to support person-centred care ○ Connect precariously housed individuals with mental illness to supportive housing ○ Develop a mental health diversion strategy to divert people away from the criminal justice system and into community-based mental health services ○ Implement regulations that set clear standards for assessing parity compliance while necessitating mental health coverage from a range of insurance plans ○ Establish Medicaid reimbursement for mental health services that are reflective of their true cost ○ Develop an evidence-based mental health crisis response system that identifies mental health needs and efficiently triages people into care ○ Establish a national framework for supporting the development and implementation of early interventions for serious mental illness ○ Scale-up scholarship and loan repayment programs to stimulate workforce growth among mental health specialty workers, such as psychiatrists and psychologists ○ Improve the availability and quality of peer-support services ○ Increase access to telehealth services for mental health, and codify expansions of these services by ensuring that insurers cover them and that providers are reimbursed ○ Integrate patient-important outcomes in treatment planning and assessments of care quality ○ Define and institutionalize a care continuum in states and communities through available clinical guidelines ○ Launch a national care coordination initiative that provides technical support, implementation tools and learning support for implementing practices that would help transition practices to evidence-based models ○ Develop a learning collaborative for Medicaid mental health financing to ensure that mental health care systems can be improved for Americans with low incomes or serious mental illness ● In 2012, Action Alliance worked with the U.S. Surgeon General Regina Benjamin to revise and update the National Strategy that guides suicide prevention efforts including the following action items: <ul style="list-style-type: none"> ○ Activate a public health response to suicide through increasing public understanding of suicide, empowering different organizations to play a role in suicide prevention, and engaging people with lived experience ○ Address upstream factors that affect suicide such as enhancing social support and economic support, engaging and supporting high-risk and underserved groups, and dedicating resources to suicide prevention interventions 	

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<ul style="list-style-type: none"> ○ Dedicate resources to the role of lethal means safety in suicide and suicide prevention efforts ○ Support implementation of evidence-based care for suicide risk through clinical training, suicide risk identification in healthcare settings, and suicide care pathways across systems ○ Improve crisis care and care transitions through state-level or local crisis service hubs, the use of mobile crisis teams, the use of crisis receiving and stabilization facilities, safe care transitions for patients with suicide risk, and the seamless roll-out of the national 988 number ○ Improve the quality, timeliness and use of suicide data through improving the accessibility and use of national data systems • The U.S. Department of Veterans Affairs developed a National Strategy for Preventing Veteran Suicide for the years 2018–23, including the following features: <ul style="list-style-type: none"> ○ Integrate Veteran suicide prevention activities across different sectors and settings ○ Implement evidence-based education and outreach efforts to prevent Veteran suicide ○ Increase awareness of the positive factors that protect Veterans from suicidal behaviours and that promote their wellness and recovery ○ Advocate for responsible media reporting of Veteran suicide and mental illness, as well as the safety of online content related to Veteran suicide ○ Develop, implement and monitor programs that support wellness and prevent Veteran suicide and related behaviours ○ Support efforts to decrease access to lethal means of suicide among Veterans with suicide risk ○ Offer training to community and clinical service providers on the prevention of suicide and related behaviours ○ Promote suicide prevention as a key component of health services ○ Support and implement effective clinical and professional practices for evaluating and treating Veterans identified as being at risk for suicidal behaviours ○ Offer care and support to people impacted by suicide deaths and suicide attempts ○ Improve the timeliness and utility of national surveillance systems important for preventing Veteran suicide ○ Support research on Veteran suicide prevention ○ Assess the impact of Veteran suicide prevention interventions and systems, while collating findings to inform future efforts ○ Increase the use of predictive analytics for at-risk Veterans and for known upstream risks such as opioid use • American Hospital Association’s 2023 Behavioural Health Strategic Priorities include the following features: <ul style="list-style-type: none"> ○ Increase hospitals and health systems’ integration of physical and behavioural health service in different care settings ○ Expand initiatives by hospitals and health systems, community partners, social service organizations and others to improve access to a continuum of behavioural health services in a jurisdiction ○ Reduce stigma, while addressing age, culture and other demographic-related stigma ○ Prevent suicide through behavioural health initiatives, awareness and intervention • The National Association of Counties released a 2023 report that highlighted the importance of intergovernmental partnership and outcomes through: 	

Jurisdiction	National-level mental health strategies and mental health literacy initiatives	Dimension of the organizing framework
	<ul style="list-style-type: none"> ○ Increasing federal collaboration on resources and technical support to governments on the development of crisis call centers ○ Increasing funding for existing programs that aid in the development, expansion, and sustainment of crisis response structures ○ Expanding state and federal support for the expansion of evidence-based crisis response models, including Crisis Intervention Team programs and Crisis Assistance Helping Out On The Streets (CAHOOTS) ○ Permitting the use of Medicaid funding for regional and local crisis services ○ Contributing to progress towards federal and state-level legislation that incentivizes and enforces parity policy ○ Improving federal policy that adopts a comprehensive approach to developing pathways for behavioural health professions, especially in underserved areas ○ Strengthening funding authorizations for existing programs, such as the National Health Service Corps, that promotes workforce recruitment and retention ○ Elucidating federal policy through removing limitations under Medicaid, Medicare, CHIP and the Department of Veterans Affairs on benefits for people in custody pending disposition of charges ○ Expanding the approval of federal and state regulatory measures that would allow Medicaid payment ○ Improving federal policy that would allow Medicaid payment for medical and behavioral health services for any eligible incarcerated person during at least the 30-day period before the person's release ○ Scaling up the approval of regulatory measures that waive Medicaid's Institutes of Mental Disease Exclusion for adults with serious mental illness, children with serious emotional disturbance, and short-term residential stays for substance-use disorder treatment ○ Improving regulatory or legislative policy that waives and modernizes Institutes of Mental Disease Exclusion restrictions for short-term crisis stabilization facilities ● In 2023, The Commonwealth Fund launched a call for a national strategy to strengthen the youth behavioural health workforce through: <ul style="list-style-type: none"> ○ Equitable pay for behavioural health providers ○ Loan forgiveness and stipends for behavioural health professionals working in organizations serving the nation's at-risk youth and families ○ Funding for professional capacity-building centers such as Nebraska's Behavioural Health Education Center (BHECN) ○ Streamlining interstate licensure ○ Advancing diversity and equity in the behavioural health workforce, and looking at exam pass rates by race and ethnicity and address disparities ○ INTEGRATING the youth behavioural health workforce into community settings, such as primary care, schools and rural settings 	

Appendix 4: Documents excluded at the final stages of reviewing

Document type	Hyperlinked title
Single study	Recommendations for maternal mental health policy in India
Single study	A qualitative exploration of the views of policymakers and policy advisors on the impact of mental health stigma on the development and implementation of mental health policy in Singapore

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