



# *Improving the Health of Canadians through Mental Health*

**11<sup>th</sup> Canadian Conference on Collaborative  
Mental Health Care**

**May 14<sup>th</sup> 2010**

*Taking health information further*

*À l'avant-garde de l'information sur la santé*



Canadian Institute  
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# Strategic directions 2009 to 2012



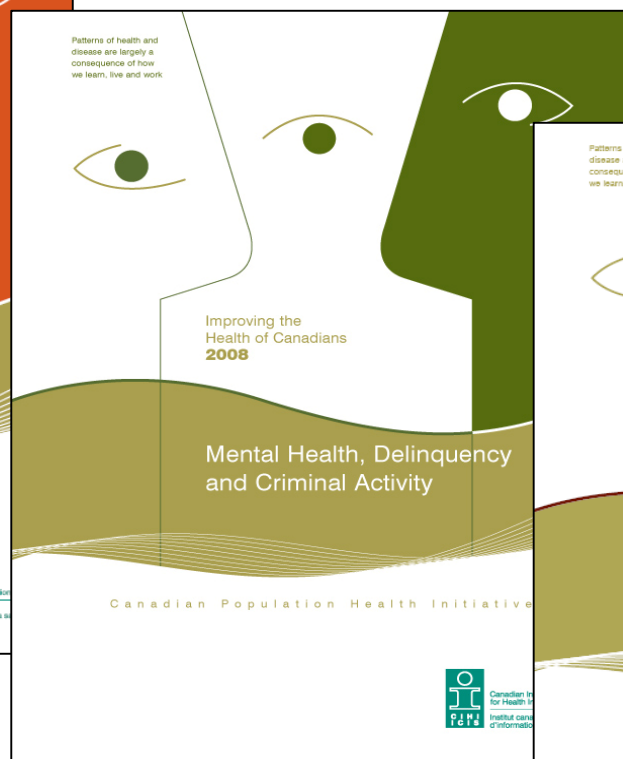
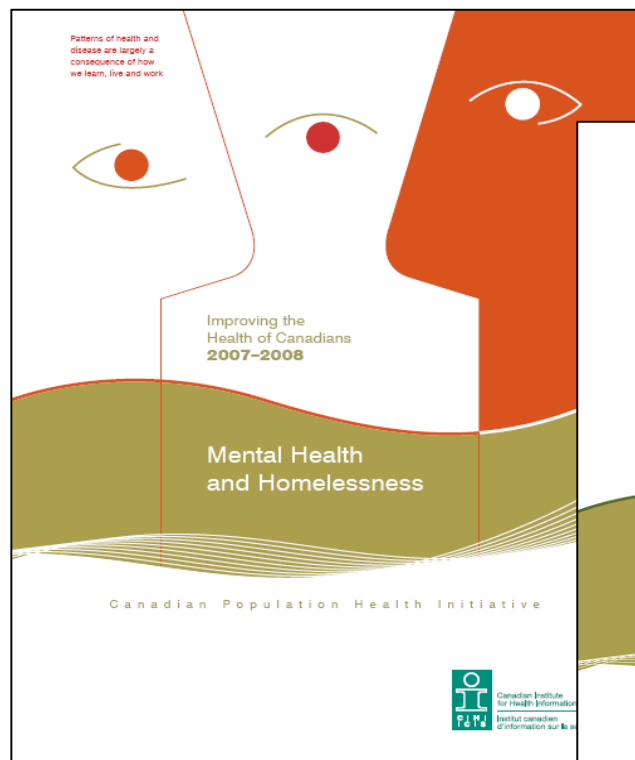
- **DATA:** CIHI will enhance the **scope, quality** and **timeliness** of our data holdings
- **ANALYSIS:** CIHI will continue to produce **quality information** and **analyses** that are relevant and actionable
- **UNDERSTANDING & USE:** CIHI will work with **stakeholders** to help them better understand and use our data and analyses; we will do this in a timely and privacy-sensitive manner



# Improving the Health of Canadians Series

## Mental Health and Resilience

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# Promoting Positive Mental Health Among the Population as a Whole

## What Does Data Tell Us?

# *Improving the Health of Canadians: Exploring Positive Mental Health*

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“Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to **enjoy life** and **deal with the challenges** we face. It is a **positive sense of emotional** and **spiritual well-being** that respects the importance of culture, equity, social justice, **interconnections** and personal dignity.”



# Positive Mental Health in Canada



**Life Enjoyment:** **30%** reported they '*almost always*' enjoyed life, had good morale, found life exciting and smiled easily.

**Coping Ability:** **24%** reported having *excellent or very good ability* to handle day-to-day demands and unexpected problems.

**Emotional Well-being:** **24%** reported they '*almost always*' felt emotionally balanced, at peace with self, self-confident, and had pride in themselves.

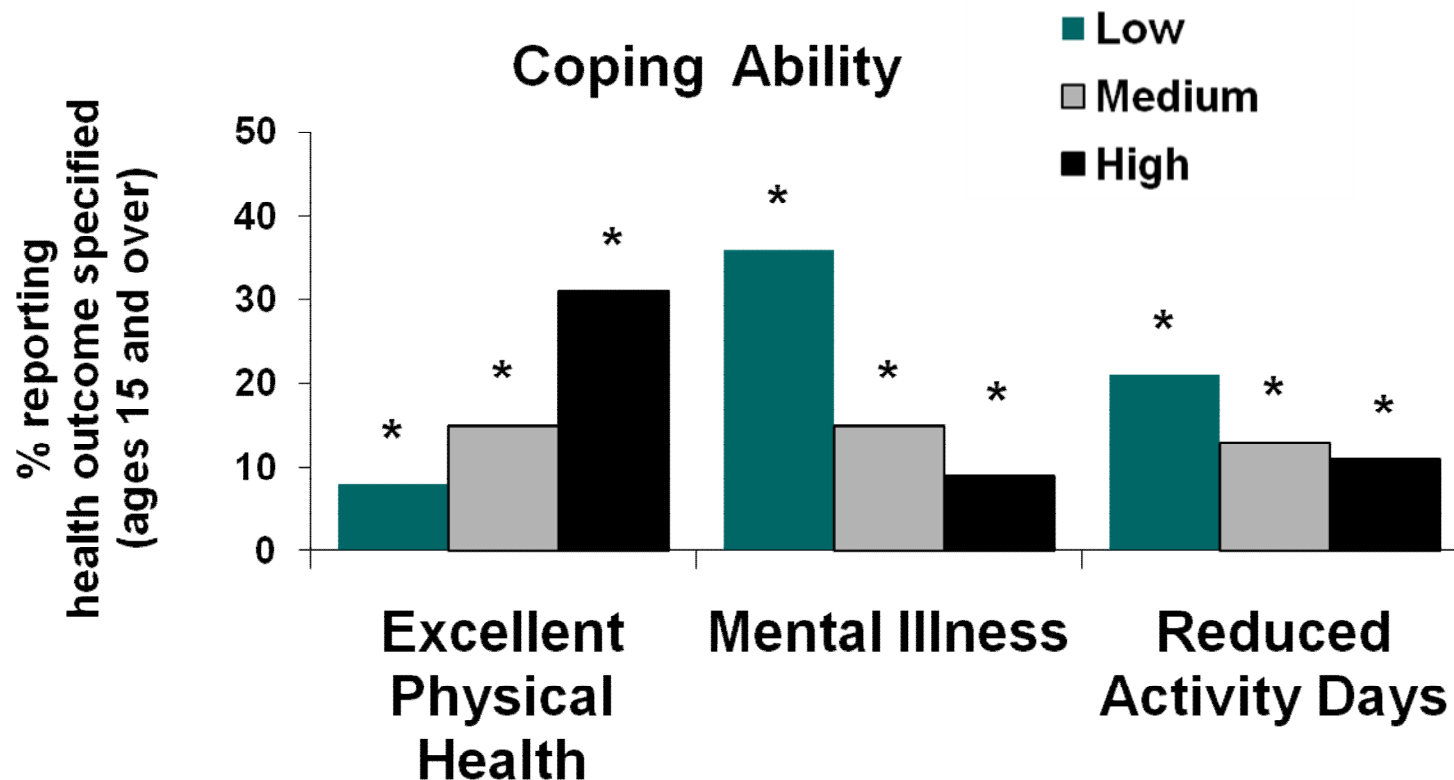
**Spiritual Values:** **33%** reported that spiritual values played an important role in life and helped them find meaning.

**Social Connectedness:** **45%** reported they '*almost always*' got along well with others and listened to friends.

**Source:** Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada.



# Positive Mental Health & Health Outcomes



**Source:**

CPHI analyses of Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada

\* Pairwise comparisons significantly different at  $p < 0.05$  adjusted for multiple comparisons.



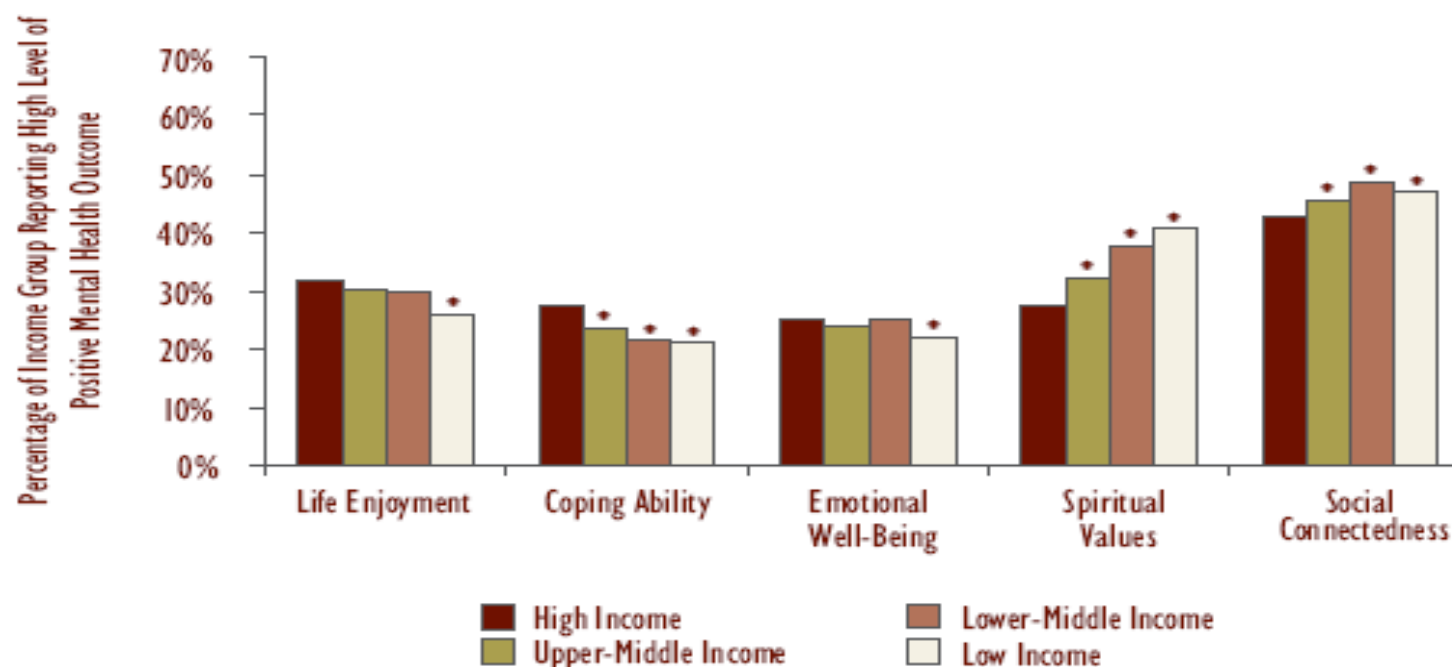
# Potential Determinants for the Population

- Bi-variate analyses showed positive mental health outcomes varied, but not consistently across:
  - Geographic location
  - Age, sex, race/culture
  - Income and education level
- The following factors were associated with high levels more consistently across all or most positive mental health outcomes:
  - High job security and self-employment
  - Having available social support
  - High community belonging





# Household Income



## Notes

\* Significantly different than high-income group at  $p < 0.05$ .

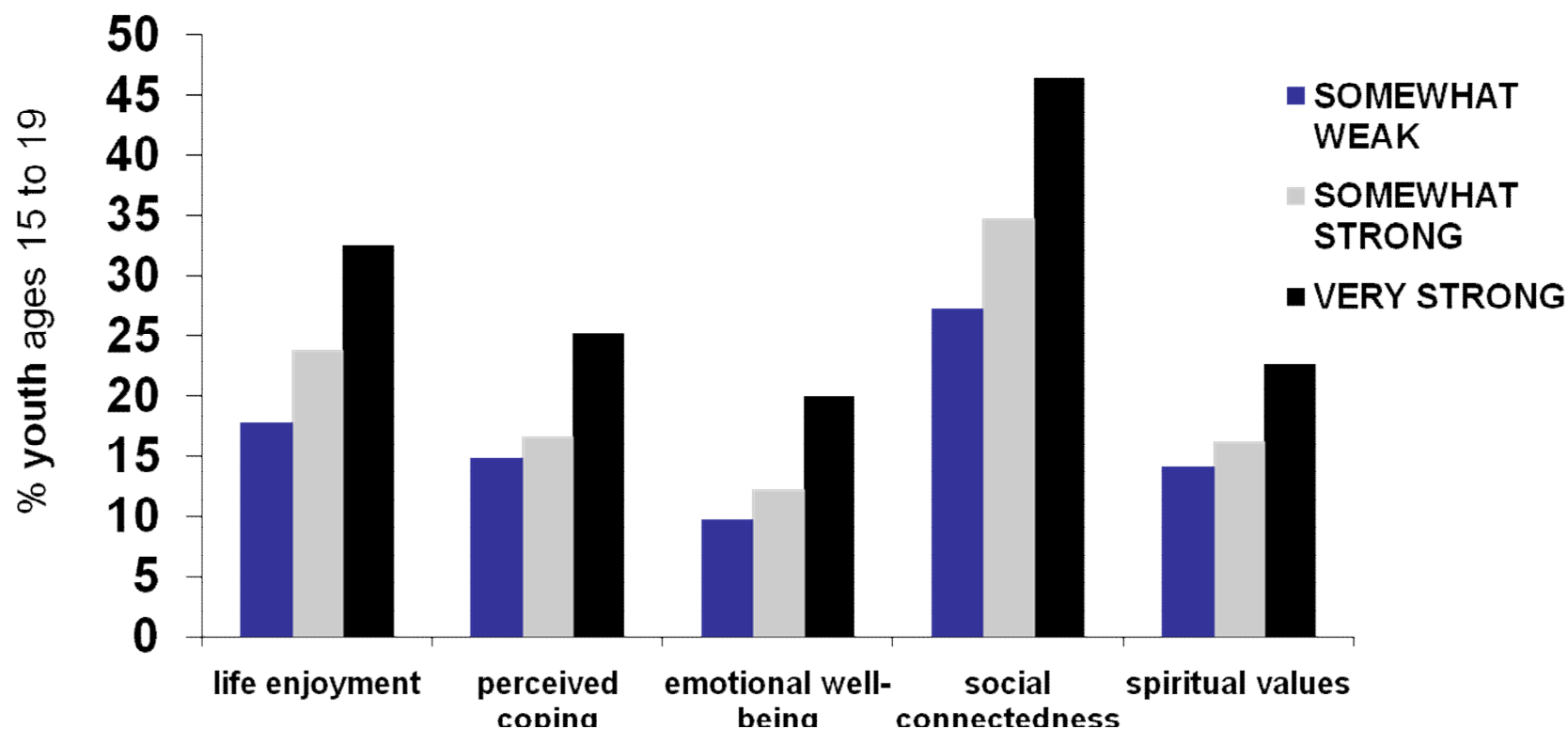
As noted in the Questionnaire and Reporting Guide to Statistics Canada's CCHS Cycle 1.2 on mental health and well-being, high income adequacy represents respondents in a household of one or two making over \$60,000, or a household of three or more making over \$80,000.

## Source

CPHI analysis of Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada.



# Community Belonging



Source  
CPHI analysis of Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada.

# The Needs of Homeless Populations

## What Does Data Tell Us?

## Scope of Homelessness Across Canada?

- Approximately, more than 10,000 people are homeless on any given night in Canada
- Not knowing how many homeless individuals there are, who they are and what their needs are, can make it difficult to accurately determine the need for, or effectiveness of, policies, programs and services.



# Top 5 Reasons for Inpatient Hospitalization, 2005-06

HOMELESS	%
<b><i>Mental disease and disorders</i></b>	52
Significant trauma	7
Respiratory diseases	7
Digestive diseases	3
Injuries, poisonings and toxic effect	3
OTHERS	%
Pregnancy and childbirth	13
Circulatory diseases	12
Newborns and other neonates	11
Digestive diseases	10
Respiratory diseases	7



# Mental Health and Illness

- Most common Mental Illnesses
  - Psychoactive substance use (54%)
  - Schizophrenia and related disorders (20%)
- Mental **Health** complications
  - Past stressors/victimization
  - Coping
  - Social support
  - Self-esteem



# The Needs of Populations with a Criminal History

## What Does Data Tell Us?

# Patients with Criminal Involvement Admitted to a Mental Health Bed



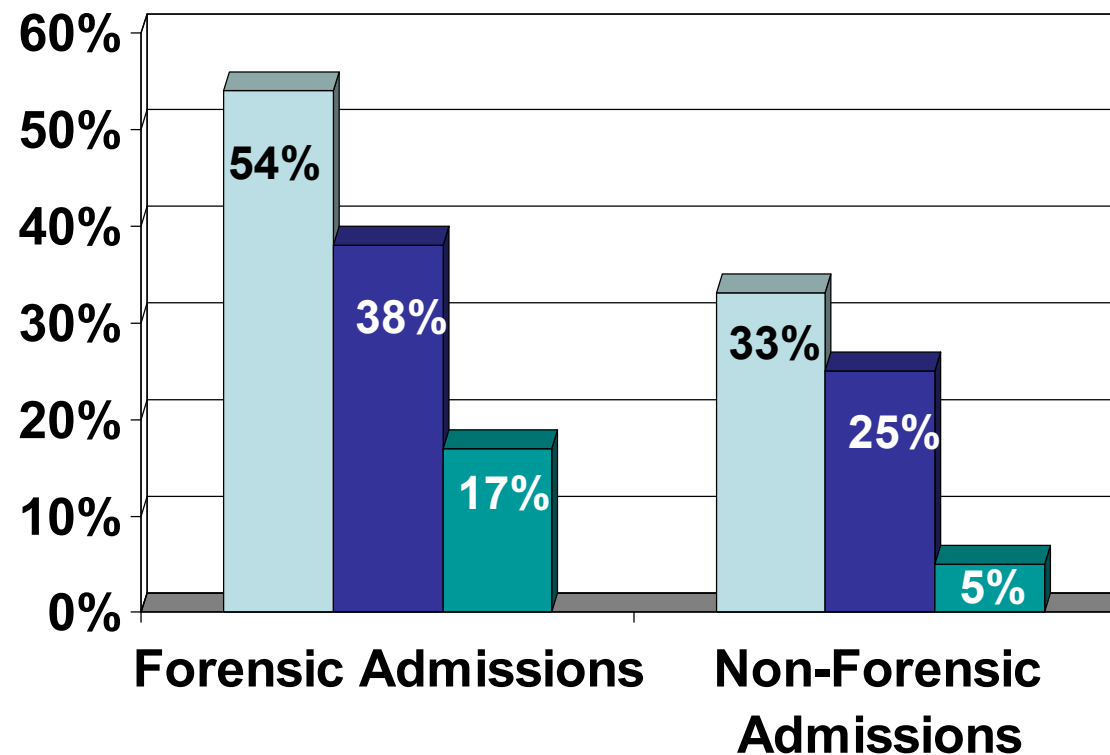
- Of 30, 606 unique patients admitted to a mental health bed between 2006 and 2007
  - 28% reported a violent or non-violent criminal history
- Compared to other patients they tended to be younger and a higher proportion were male, never married, and had lower education levels and less stable income and housing





# Schizophrenia and Substance Abuse Diagnoses Among Patients Admitted to a Mental Health Bed

■ Schizophrenia ■ Substance Abuse Disorder ■ Both



# Risk Factors at Admission and Discharge

Compared to patients without a criminal history, patients in mental health beds with a criminal history reported significantly more risk factors at admission and discharge including:

- History of service use
- Substance use/issues with medication adherence
- Victimization
- Negative life events
- Poor relationships and social support
- Unstable living arrangements



# Common Factors Across Populations



Populations with a history of homelessness or criminal activity seem to face a number of common factors including:

- Substance use/Schizophrenia
- Lack of mental health
- Victimization
- Stressful life events
- Poor relationships and social support
- Unstable living conditions



# The Needs of Youth - Linking Delinquency and Mental Health

## What Does Data Tell Us?

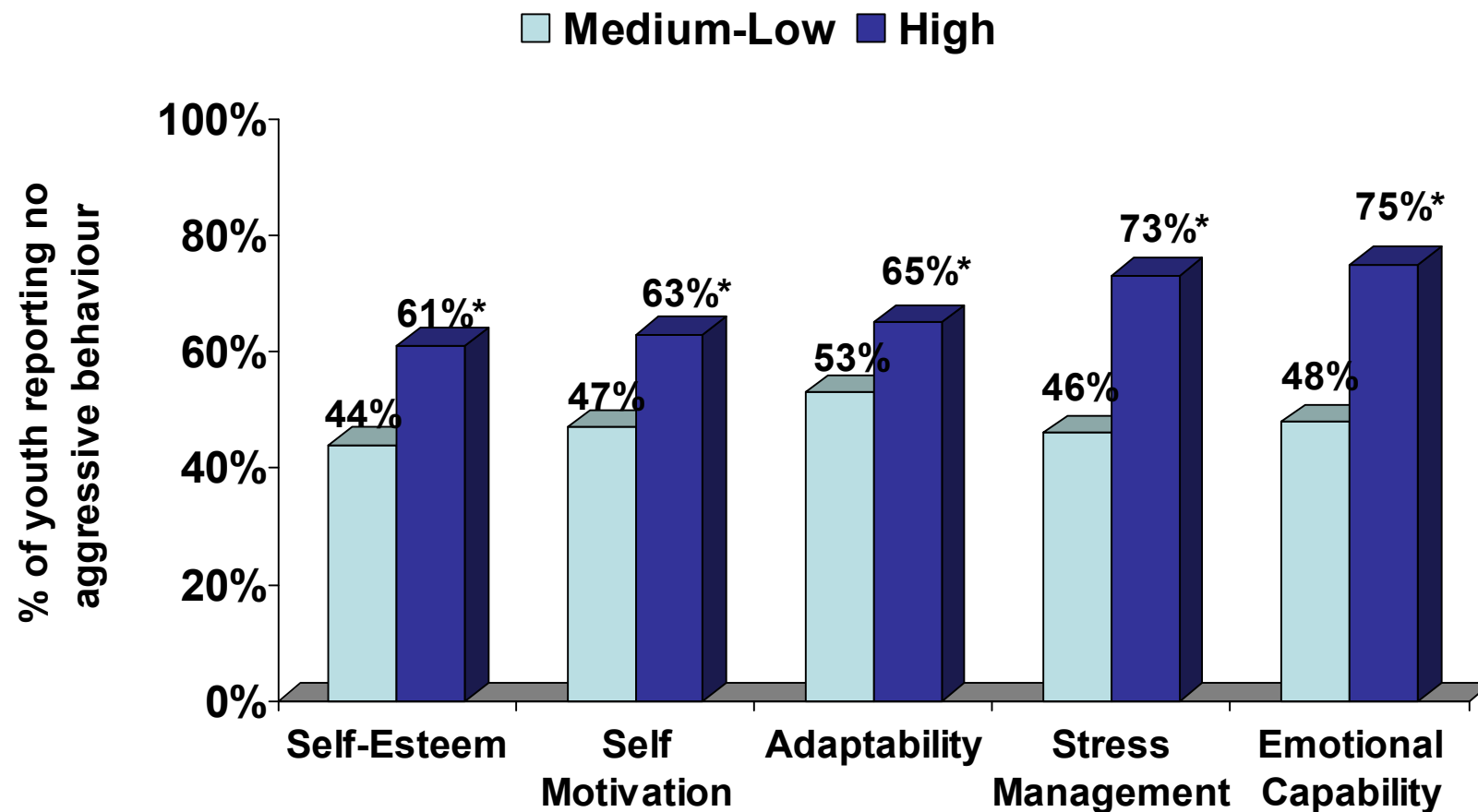
# Mental Health, Delinquency and Criminal Activity: Individual Level

Various mental health-related factors specific to the individual level may be associated with delinquency.

INDIVIDUAL LEVEL	
<b>Protective Factors</b>	High levels of optimism, life satisfaction and emotional capability, trustworthiness, sense of belonging
<b>Risk Factors</b>	Low self-worth, hyperactivity, victimization



# CPHI Analysis: Aggression and Individual-level Protective Factors



Source: CPHI Analysis of NLSCY (cycle 6, 2004-2005).

\* Significant difference between levels within each mental health factor at  $p < 0.05$ .



# Mental Health, Delinquency and Criminal Activity: An Ecological Approach

Other factors working at different levels outside of the individual may also be associated with delinquency:

- Family Level:
  - Nurturing parenting style, high level of parental monitoring (protective)
  - Parental rejection, punitive parenting (risk)
- Peer and School Level:
  - School environment that youth like and in which they feel involved (protective)
  - Few positive peer connections, having peers with behaviour problems, feeling like an outsider (risk)
- Community Level:
  - Feeling a positive bond to society (protective)
  - High turnover of neighbourhood residents, high rates of violent crimes, feelings of hopelessness (risk)



# Common Factors Across Populations

- Value of both *reducing risk factors* and *promoting protective factors*
- Basic needs (income, housing) are necessary but not sufficient for promoting mental health
- Other factors also seem to be key:
  - The availability of supports and relationships
  - The quality of those relationships including feelings of belonging and being connected and engaged with our surroundings





# Addressing the Issues Through Collaboration

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# Promoting Positive Mental Health

## *A Role For Everyone*



Strategies that focus on mental health promotion:

- Apply to all people and communities
- Emphasizes supporting individual resilience, creating supportive environments and addressing the influence of broader determinants

Across the three reports collaborative mental health promotion strategies and activities often involve:

- Working in the community to address basic needs
- Collaborating outside of health
- Engaging in different sectors and contexts



# Working in the Community to Address Basic Needs



- Housing first programs
  - These programs consider housing as a fundamental need for recovery
  - Improved health outcomes and less hospital use compared to approaches that provide treatment first
- Community mental health programs
  - Outreach services; Assertive community treatment (ACT); Intensive case management (ICM); Service integration
  - Reduce hospitalization, need for crisis –oriented services, substance use, and housing instability as well as improve community functioning



# GROVE Avenue

- A partnership with the Ottawa Canadian Mental Health Association, Salus Housing Corporation and the Royal Ottawa Healthcare Group

“sometimes when people start to stabilize and recover, then they have to recall the event that led them in there and ...it can cause a lot of grief...this group often needs high intensity support and supportive housing. They have high needs and they need the support of access to care from a range of different professionals.”



# Collaborating Outside of Health

## Diversion Programs

- Aim to intervene during the various points at which persons with a mental illness may come into contact with the criminal justice system
- Can include pre-arrest diversion, court programs, and specialized mental health courts
- Participants spend less time in jail and have more involvement with mental health professionals and community mental health services



# Mental Health Mobile Crisis Team



- A partnered crisis intervention service for individuals, families, and communities involving health and police services

“to have this kind of partnership you really need somebody from each partnered service at the table on a regular basis that has decision making power; so that if things come up, we have the ability to address them fairly quickly”.



# Engaging Different Sectors and Contexts



- Link between various skills-training programs within family and school contexts and improved outcomes among youth:
  - Reduced aggressive behaviour , delinquency and involvement in criminal activities
  - Improvements in social behaviours
  - Increased self-efficacy and fewer mental health problems
  - Improvements in school and work functioning



# SNAP (Stop Now and Plan)

“the goals of our program are aimed at promoting self-esteem, positive coping skills, competence, building resiliency and reducing risk factors that lead to poor life span outcomes.”

- Success as a result of partnerships, evaluation and working from an evidence base





# Potential Success Factors

Strategies that appear to be effective at promoting mental health and reducing mental illness:

- Bring about change in a variety of settings, such as the family, school, workplace and community
- Address the social determinants of health
- Target different groups across the lifespan

“When someone is being assessed in a hospital, we seem to be very focussed on...how the illness impacts the individual. But when we look at actually discharging into the community, it really shifts the focus on...addressing the social determinants of this individual’s health so that they can actually fully recover and be a successful member of the community...helping people to get friends and sustain friendships, to get access to employment, to get access to regular housing provision are things that are key in being able to have an opportunity for recovery and gain hope.”



# Potential Success Factors Cont.

- Combine promotion and prevention activities
- Ensure strategies are tailored and sensitive to the needs of the target group
- Involve collaboration and action across a range of sectors
- Communication and continually working on maintaining relationships

“I can’t speak enough to the fact that that relationship is key...having the partnership and thinking “we’re going along fine, we don’t need to meet anymore now that we have this service”, would be a mistake for anyone. That ongoing coming to the table and sustaining those relationships is really key.”



# It's Your Turn



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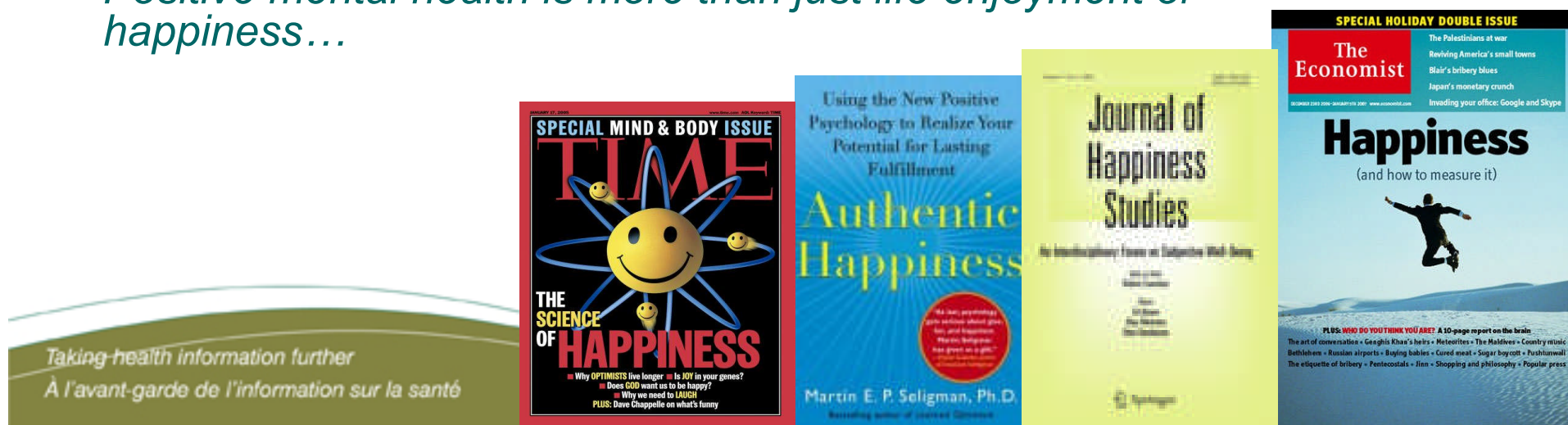
# Ability to Enjoy Life

*What comes to mind regarding positive mental health?*

**Life enjoyment measured using concepts such as happiness, life satisfaction and subjective well-being**

Life enjoyment can change over time based on life circumstances, family and social environments, social structures, and behaviours

*Positive mental health is more than just life enjoyment or happiness...*



# Dealing with Life Events

Ability to cope as well as our resilience in overcoming adversity

Coping can involve engaging and actively dealing with events or disengaging and avoiding them

- Engaging (such as focusing efforts on managing problems) is linked to more positive outcomes

Resilience is a process that involves the interaction of risk and protective factors that work at multiple levels

*Coping and resilience are not about avoiding change or adversity but rather supporting people to grow from and engage with all life events.*



# Other elements of Positive Mental Health



**Emotional well-being** involves **experiencing positive emotions** (joy, interest, contentment, love); and **regulating emotions** to maximize the benefits and limit negative aspects

**Spiritual values/well-being** can involve **religious practices**, as well as searching for, and finding meaning and **purpose in life**, and feelings of **connectedness** to oneself, others and **something larger than oneself**

**Social well-being/connectedness** refers to the **quality of connections** we have in the environments in which we live, learn, work and play the **connections with others** we have in the environments in which we live, learn, work and play.



