



MENTAL HEALTH AND MENTAL ILLNESS

CANADIAN FEDERATION OF NURSES UNIONS BACKGROUND

What is mental health?

Health Canada defines mental health as “the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”¹

The Public Health Agency of Canada, in its 2006 report, *The Human Face of Mental Health and Mental Illness in Canada*, added the concept of a capacity to deal with the unexpected to the definition of what is healthy. “Unexpected problems are part of everyday living. An individual’s ability to handle them is a good indicator of mental health.”²

What is mental illness?

The Human Face of Mental Health and Mental Illness in Canada explains that mental illness is “characterized by alterations in thinking, mood or behaviour — or some combination thereof — associated with significant distress and impaired functioning.”³

The symptoms of mental illness vary in nature and severity, and there are many defined disorders each with their own characteristics, including mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders and addictions such as substance dependence and gambling.

Mental health and physical health are directly linked. Those who have physical health problems may develop anxiety or depression and those with mental illness can develop physical health problems as a result. Those with mental illnesses may also experience multiple comorbid disorders. Mental illnesses can be treated effectively.⁴

Who is affected by mental illness

All Canadians, at some point, are affected by mental illness either as sufferers themselves or through someone they know. Precise numbers of Canadians who currently have disorders are difficult to estimate since many sufferers are not diagnosed or treated and there is no consensus on the list of disorders for inclusion. However, some experts have estimated that about one in five persons experiences a mental illness at least for a time in any given year.^{5,6}

Hospitalization data indicates that 3.8% of hospitalizations in Canada were for one of seven mental illnesses (anxiety disorders, bipolar disorders, schizophrenia, major depression, personality disorders, eating disorders and suicidal behaviour). Rates of hospitalization for these diseases were highest in the 25-44 and 15-24 age groups.⁷

Mental illness affects people of all ages, educational and income levels, and cultures, however, the onset of mental illness occurs predominantly during adolescence and young adulthood.⁸ The reported prevalence of depression is increasing and will rank second only to heart disease as the leading cause of disability worldwide by 2020.⁹

Stress and mental health

Stress is a recognized physical and mental health risk. The Canadian Mental Health Association explains that there is a complicated co-relationship between stress and poor mental health. “Employees who considered most of their days to be quite a bit or extremely stressful were over three times more likely to suffer a major depressive episode, compared with those who reported low levels of general stress.”¹⁰ While an inability to manage normal everyday stress

may be a symptom of mental illness, higher than normal stress is also a risk factor for illness. In addition, recovery from a mental illness may be compromised if an individual's stress is too high. Mental stress has been linked to physical illness including infectious disease, cardiovascular problems, higher incidence of back pain, repetitive strain injuries, and colorectal cancer.¹¹ Stress on the job can double the risk of heart attack.¹²

Concurrence with other medical conditions, addictions and developmental disabilities

Mental health problems frequently occur together with other conditions, disabilities and challenges. Those with a mental illness may be diagnosed as having a concurrent addiction disorder: 30% will have a substance use disorder at some time in their lives. Of those diagnosed with an alcohol disorder 37% will have a mental health disorder at some point in their lives.¹³

Which came first — the mental illness or the concurrent addiction disorder — is a common question. The Centre for Addiction and Mental Health puts the answer this way: “Often it is more useful to think of them as independent problems that interact with each other.”¹⁴

People with developmental disabilities are three to four times more likely to develop emotional, behavioral and psychiatric difficulties than the general population.¹⁵

Suicide

Suicide is among the 10 leading causes of death in Canada. The World Health Organization launched the first world report on violence and health on October 3rd, 2002. This report included a chapter on self-directed violence, which estimates that 815,000 people died by suicide around the world in 2000.¹⁶

Suicide is not an illness, it is an action, however, almost all of those who commit suicide have a mental illness such as major depression, bipolar disorder, schizophrenia, or borderline personality disorder. Although people who commit suicide are commonly depressed, only a minority of people who are depressed are suicidal.¹⁷

The suicide rate within Aboriginal communities is about twice the rate for the general Canadian population. Among Inuit, the rate is higher still – 6 to 11 times higher than the general population.¹⁸

Suicide accounts for 24% of all deaths among 15-24-year-olds and 16% among 25-44-year-olds. Suicide is one of the leading causes of death in both men and women from adolescence to middle age. The mortality rate due to suicide among men is four times the rate among women.¹⁹

The economic cost of mental illness

The annual impact of mental illness in Canada was estimated at \$14.4 billion in the Public Health Agency of Canada report, *The Economic Burden of Mental Health Problems in Canada*, although the authors admitted that, due to under-reporting, this was likely an underestimate.²⁰

More recent calculations which include indirect costs suggest that upwards of \$30 billion is lost to the Canadian economy annually due to mental health and addiction issues.²¹

In 1999-2000, 9,022,382 hospital days were utilized by individuals with mental illnesses. These were almost equally distributed between provincial psychiatric and general hospitals. The average length of stay was 45 days. The length of stay in psychiatric hospitals was 160 days compared to 27 days in general hospitals.²²

Disability represents anywhere from 4% to 12% of payroll costs in Canada; mental health

claims (especially depression and anxiety) have overtaken cardiovascular disease as the fastest growing category of disability costs in Canada. The economic costs of mental illness (all forms) in Canada today are the equivalent of nearly 14% of corporate Canada's net operating profits and about 3% of the country's national debt.²³ Research has shown that stress and mental illness associated with stress in a business contribute to:

- 19% of absenteeism costs;
- 40% of turnover costs;
- 55% of Employee Assistance Program costs;
- 30% of short-term disability and long-term disability costs;
- 60% of workplace accidents;
- 10% of drug plan costs;
- 100% of stress-related lawsuits.²⁴

A Public Health Agency of Canada study estimated that absenteeism represented 7.1% of all payroll costs. The majority of absences are considered stress-related.²⁵

Stigma and discrimination

The stigma associated with mental illness is a significant barrier to diagnosis, treatment and acceptance in the community. Studies have shown that only 30% of people with depression seek help, partly because of the stigma of mental illness and partly because they do not know they have depression.²⁶

Another study considered how many Ontarians with mental illnesses never received help: 47.7% with a serious mental illness, 72.3% with a moderate mental illness, and 89.6% with a mild mental illness.²⁷

Educating the public and the media about mental health and illness is an important step toward reducing stigma and encouraging acceptance and understanding of mental illness. Developing and enforcing policies that increase public awareness while reducing discrimination and human rights violations is essential.

Costs of accommodation

The costs of providing mental health-related accommodations in the workplace (e.g. leave for counseling, adjustments to physical work environment, flexibility to work from home or flexible hours of work) are fairly low, usually well under \$500 per person per year.²⁸

A potential savings of up to \$10,000 per employee per year in the cost of prescription drugs, sick leave, and average wage replacement can be achieved with minor accommodation. Employees who are diagnosed with depression and take appropriate medication will prevent an average of 11 days a year in absenteeism.²⁹ Employers can save up to an extra \$595 per year per person who is successfully treated for alcohol abuse.³⁰

Apart from the obvious preference of patients not to be institutionalized, it is much less expensive to provide care in the community, including income support (\$34,418 annually), than in an institutional setting (\$170,820 annually).³¹

Poverty, social determinants and access

Income has a significant impact on mental health as it influences a person's ability to meet basic needs, provide for those who rely on them, make choices and be prepared for the unexpected. Financial insecurity is a substantial stress on mental health.³²

Poverty alone does not cause mental illness but it may exacerbate illness or make it impossible to mitigate the effects of illness. Just as there are

social determinants of physical health, there are social determinants of mental health, including nutrition, education, economic security, social and cultural connections, employment, housing, support services and access to transit.³³

Addressing the psychological and social determinants of mental health and illness will lead to greater public mental health. Those with attachments, good parenting, social supports, meaningful employment and social roles, adequate income, physical activity, and an “internal locus of control” are less likely to become ill and find it easier to recover from illness or trauma. While many of these determinants rely, at least to some degree, on individual strengths, there is an important public role in the creation of strategies that can create supportive environments, strengthen community action, provide income and opportunity supports and help prevent trauma.³⁴

There remain serious gaps in the services and supports provided to Aboriginal communities and rampant poverty within them. Aboriginal communities frequently lack access to the social determinants of good health, such as access to clean water and adequate housing as well as adequate access to medical services.³⁵

Non-Aboriginal Northern and remote communities also face challenges accessing medical and social services in part due to the lack of health human resources in those communities.

Homelessness

Even using a narrow, limited definition, there were some 35,000-40,000 homeless people in Canada in 2000.³⁶ The homeless are more likely to have compromised mental health and difficulty accessing health services. Mental illness can precede the onset of, or contribute to, homelessness. CIHI found that over a third of visits to emergency rooms in the study were for

mental health issues, and these were the most common single reason for the visits (more than injury and poisoning). More than 50% of homeless patients receiving inpatient care were hospitalized for mental health reasons.³⁷

Seniors

While many seniors live healthy fulfilling lives, others face severe challenges not only to their physical health but also to their mental health. These challenges may be due to physical ailments, mobility issues, chronic pain, cognitive and sensory impairments, or stress from retirement, changes in income, widowhood, the loss of friendships through death, new caregiving responsibilities, social and emotional isolation. Addiction to alcohol or drugs (including prescription drugs) and elder abuse may also affect seniors. Seniors’ mental health issues usually affect family members many of whom experience caregiver stress and risk developing physical and mental health problems of their own.

Seniors generally prefer home care to long-term care institutions and remain at home as long as they are able. Of seniors in long-term care, 90% suffer from a mental disorder, yet 88% of long-term care institutions have only five hours or less of psychiatric services per month for the entire resident population.³⁸

Children and youth

The onset of most mental illnesses occurs during adolescence and young adulthood. The incidence of mental health problems among children and youth is increasing and is expected to increase a further 50% by the year 2020. Still many children and adolescents face difficulty and delays in accessing professional help.³⁹

WHAT NEEDS TO BE DONE:

The Mental Health Commission of Canada

There has long been a patchwork of policies, approaches and supports with respect to mental health across the country. A coordinated national strategy on mental health is required. The Mental Health Commission of Canada was incorporated as a non-profit corporation in March 2007. The purpose was to provide an ongoing national focus for mental health issues.⁴⁰ The Canadian Federation of Nurses Unions fully supports the Mental Health Commission of Canada role in creating a national mental health research strategy, and the national mental health promotion strategy being developed with the involvement of all stakeholders including health care providers. Much of the focus of the commission is around the need to reduce social stigma.

The Mental Health Commission is supporting the start-up of a not-for-profit organization called Partners for Mental Health which will be presented to the public in 2012. The new organization will introduce a series of campaigns to press for action and change in the social perceptions of mental illness and the availability of services. The program will engage people “at home, in our community, in the workplace, and throughout the country” using both traditional and “cutting edge” means. The CFNU supports initiatives to raise awareness on mental health and will join the Commission and others in pushing for improved services. Please visit the Mental Health Commission of Canada web site to view the progress of this important program.⁴¹

More must be done to improve public education and reduce stigma and discrimination. A wide range of public policies must be reviewed to ensure consistency with this approach, including an approach to addictions, that emphasizes harm reduction and evidence-based treatment rather than criminalization and punishment.

Policies addressing the social determinants of health and the social determinants of mental health must be integrated into any strategy for the promotion of mental health.

National health human resources strategy

As is required for health human resources in general, there must be a national strategy for mental health human resources, addressing the need to ensure access to mental health professionals in all communities. In addition there must be greater training for health professionals on mental illness and addictions. There need to be national standards developed for the occupational health and safety of mental health professionals as well as other health professionals. This must include adequate protection from violence and bullying in the workplace both for health care workers and patients and a reduction in stress caused by excessive reliance on overtime.

In June of 2011, the federal government announced funding for a new voluntary national standard for psychological health and safety in the workplace to be created by the Mental Health Commission of Canada.⁴²

Provincial initiatives

Some provinces are taking significant initiatives on their own, such as that of the Manitoba Government: *Rising to the Challenge: A strategic plan for the mental health and well-being of Manitobans.*⁴³

The Ontario government released a ten-year mental health and addictions plan entitled *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy.*⁴⁴

It is hoped that these provincial initiatives can become a model for national action.

Homelessness

Canada is experiencing a homelessness crisis. The connection between homelessness and mental illness is undeniable, and comprehensive and integrated housing and mental health solutions are required to address the needs of the homeless.

Employment and income support

Any approach to mental health must include a recognition of the need to have a national jobs strategy to reduce unemployment, as well as adequate income support for those who are retired, unemployed or unable to work due to illness.

Aboriginal communities

It is essential that federal and provincial policies and practices be more supportive of Aboriginal solutions and that they are developed within Aboriginal communities. Strategies to address Aboriginal poverty and the lack of public services in Aboriginal communities must be central to public policy. The recruitment of more Aboriginal youth into health and mental health professions is an essential part of addressing the needs of those communities.

Children and youth

Children and youth must have enhanced access to mental health services in both urban and remote areas. Early recognition of mental illness can lead to life-altering treatment. Public health strategies must include provisions for early diagnosis and a strategy to shorten wait lists for mental health resources. We need to increase the capacity for research and resources for children’s mental health.

Long-term care and home care

Additional investments must be made in long-term care and home care. These must include not

only greater access to both home and long-term care but also the provision of adequate mental health resources both in the community and in care homes, as well as improvements to care standards and nurse-patient ratios.

Pharmacare

Many of those who require medications for mental health issues also experience economic instability. While those on social assistance may have drug coverage, the lack of coverage for working people is a barrier to many who want to stay working or return to work. A national comprehensive pharmacare plan is a long overdue component of medicare, that would positively influence mental health in Canada.

Workplace and community accommodations

Supports and regulations for employers to accommodate the mental health needs of their workers is not only sound health policy, it also makes good economic sense. A greater emphasis on workplace accommodation as well as community treatment will reduce the costs of income supports for those who might have remained working and hospitalizations of those who may have been treated in the community.

A focus on wellness

The Canadian Alliance on Mental Illness and Mental Health summarizes its approach to care: “Mental health promotion and the treatment of mental illnesses must be timely, continuous, interdisciplinary, culturally appropriate, and integrated across the full life cycle and the continuum of care (i.e. physical and mental health; social supports and tertiary care to home/community care).”⁴⁵ The Canadian Federation of Nurses Unions fully endorses this approach and calls on the government to include these principles within a holistic health promotion approach.

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All web links were verified as of September 2011.