



# Ontario Chronic Disease Prevention Alliance

Evidence-Informed Messages:  
Promoting Positive Mental Health



For more information, please visit: [www.ocdpa.on.ca](http://www.ocdpa.on.ca)

## Context

The Ontario Chronic Disease Prevention Alliance (OCDPA), in consultation with external experts, has developed messages for use by individuals, groups and organizations to focus attention and promote collective action on chronic disease prevention issues and to improve the health of Ontarians. The evidence-informed messages address the following chronic disease risk factors:

- High-Risk Alcohol Consumption
- Physical Inactivity
- Poor Mental Health
- Tobacco Use/Exposure
- Unhealthy Eating

The messages use a “socio-environmental approach” (Birse, 1998) to chronic disease prevention and are framed around the central themes of “availability and accessibility”. Each of the evidence-supported messages relate to actions that can be taken as part of a comprehensive approach to support healthier living conditions and to make healthy choices the easy choice for Ontarians.

It is important to note that the messages represent a comprehensive package, all of which need to be pursued over time in order to achieve a comprehensive approach to health promotion and chronic disease prevention. Partnership and shared responsibility across sectors are needed to influence sustainable system change. Different organizations might be involved in the various aspects of the promotion, use, and action of the messages which may not occur simultaneously. In order to maximize impact, all messages are necessary.

## Benefits in Advancing Key Messages

Working in parallel to advance OCDPA's evidence-informed messages can result in:

- Focused attention and action on chronic disease prevention issues;
- Strategic alignment of policy, planning and practice to support chronic disease prevention efforts;
- A shift in policy and practice to an evidence-informed, multiple-risk factor, multiple-setting approach that strengthens the chronic disease prevention agenda;
- Increase impact of chronic disease prevention efforts; and
- A comprehensive, system-wide approach to chronic disease prevention.

The production of OCDPA's evidence-informed message documents was made possible through in-kind contribution from the OCDPA membership and its stakeholders.

## Mental Health & Chronic Disease

Positive mental health is more than the absence of a mental illness (WHO, 2007). The Public Health Agency of 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 the positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity. (Government of Canada, 2006; Lakaski and Trottier, unpublished)

Having positive mental health means having the ability to enjoy life, deal with life's challenges, emotional and spiritual wellbeing and social connections, and respecting culture, equity, social justice and personal dignity (CIHI, 2009). Positive mental health is often referred to as "flourishing," that is having positive emotional, psychological and social wellbeing (Keyes, 2007).

An individual's mental health is impacted by everyday experiences in all settings. Supportive work, family, and social environments can enhance the capacity of individuals to enjoy life, deal with life's challenges, and achieve wellbeing. Positive mental health can be fostered through mental health promotion, defined as "the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice, interconnections and personal dignity" (Joubert & Raeburn, 1998).

### Health-Related Consequences

People with positive or flourishing mental health experience greater resilience and stronger bonds with friends and family, miss fewer days at work, use fewer health care services, and experience lower levels of chronic conditions (Keyes 2007). Communities also benefit from enhanced social interaction and mentally healthy environments at school, work and in social settings (WHO et al., 2004). Conversely, poor mental health and mental illness can have debilitating effects on a person's life and on the population's health (Government of Canada, 2006; WHO et al., 2004).

Mental and physical health share similar risk factors and symptoms, and are similarly affected by the social determinants of health, social isolation, and lack of social support (Bunker et al., 2003; CMHA Ont., 2008). Mental and physical health are closely associated: people with poor mental health are more likely to develop or experience a worsening of a wide range of chronic physical illnesses such as diabetes, heart disease or respiratory problems, and vice versa (CMHA Ont., 2008, Government of Canada, 2006). Conversely, positive mental health is a protective factor against chronic physical conditions. People with high levels of positive mental health tend to experience lower rates of physical health problems than those with moderate or poor mental health or mental illness (Keyes, 2005).

## Prevalence

In 2002, 6.9% of Ontarians (15 years and older) rated their mental health as fair or poor and 4.8% of Ontarians reported symptoms of a major depressive episode experienced in the previous 12 months (Statistics Canada, 2002). The Canadian lifetime prevalence is estimated at 12.2% for depression and 11.5% for anxiety disorders (Government of Canada, 2006), but these figures may be underestimated (Patten, 2009).

## Cost

Depression has one of the highest disease burdens and economic costs of a chronic condition in Ontario (Jain, 2008). Across Canada, the economic burden of mental illness was close to \$51 billion in 2003 (Lim et al., 2008). Mental health claims are the fastest growing category of disability payments (Canada Safety Council, 2005).

## Reason for Action

Research demonstrates that mental health status is a key consideration in influencing and changing the health status of a community (WHO 2005). Anything less than flourishing mental health is associated with higher rates of chronic disease, impairment and experiences with disability (Keyes, 2007). Emotional, psychological, social and spiritual wellbeing are vital components of overall health and lead to greater social connectedness and psychosocial functioning.

## OCDPA's Messages to Address Mental Health

The OCDPA encourages the dissemination, promotion, and integration of OCDPA messages to ensure consistent communication to promote positive mental health. Depending on the purpose, please incorporate and/or use the information provided below:

### 1. For Actions at the Individual Level:

Provide individuals with information to help them maintain good mental health, recognize mental health problems and get support.

- For example, the Canadian Mental Health Association's "Now More than Ever... Invest in Yourself" document, available: [http://cmha.ca/MHW2009/assets/CMHA\\_Brochure\\_FULL\\_Web.pdf](http://cmha.ca/MHW2009/assets/CMHA_Brochure_FULL_Web.pdf)

### 2. To Influence System Level Change:

Create the conditions necessary for good mental health:

- Address the socioeconomic conditions which promote positive mental health: social inclusion, freedom from discrimination/violence and access to economic resources.
- Improve people's understanding and ability to maintain good mental health, recognize mental health problems and get support.
- Increase availability and access to depression screening and early intervention.
- Reduce the stigma associated with mental illness.

## Evidence Supporting OCDPA's Messages

### 1. Individual Level

**Message: Provide individuals with information to help them maintain good mental health, recognize mental health problems and get support.**

People's knowledge, beliefs and attitudes concerning mental health are essential dimensions of help-seeking. If people do not recognize the signs and symptoms of depression or anxiety they likely will not seek appropriate help. The Canadian Alliance on Mental Illness and Mental Health (2008) has developed a national framework for mental health literacy to enhance the knowledge and skills that enable Canadians to access, understand and use information to promote positive mental health.

Efforts to promote positive mental health at the individual level focus on developing personal skills, strengths and resiliency (CIHI, 2009). This approach supports personal and social development and increases the options available to people to exercise greater control over their own health and their environments (Jane-Llopis et al., 2005).

### 2. System Level

**Message: Address the socioeconomic conditions which promote mental health: social inclusion, freedom from discrimination/violence and access to economic resources.**

Social inclusion, freedom from discrimination and violence, and access to economic resources are the three most significant factors contributing to positive mental health (Keleher and Armstrong, 2006; CMHA Ont et al., 2008).

A socially inclusive society is one where all people are valued, differences are respected and basic needs are met. A socially inclusive society allows people to live in dignity and participate in the social, economic, political and cultural systems in Ontario. Structured opportunities for participation and volunteerism, physical activity, arts and cultural programs, healthy workplace, school programs, and strategies that foster social networks have been effective in increasing social inclusion and promoting positive mental health (VicHealth, 2005; Policy Research Initiative, 2005).

Discrimination and violence are risk factors for poor mental health. Racial discrimination is associated with low self-esteem and loss of sense of control, major depression, anxiety disorder, and psychological distress (VicHealth, 2007). Women who are exposed to violence are also at greater risk of poor mental health (WHO, 2000). Effective interventions include anti-bullying strategies, anti-discrimination programs and policies in schools and workplaces. Also effective are initiatives that focus on at-risk populations who may be perpetrators or victims of discrimination and violence (VicHealth, 2007).

Access to economic resources such as housing, education, work, and income impact a person's socio-economic status, social connectedness and personal sense of control (Mulvihill, Mailoux & Atkin, 2001). Low levels of education or outdated job skills can trap people in low-income jobs that perpetuate the cycle of poverty and block access to resources. The stress and strain resulting from a lack of resources can lead to depression and anxiety (Eaton & Muntaner, 1999). Evidence-based interventions to increase economic participation include adult literacy programs, job training and employment programs for youth, new Canadians and people with disabilities, high quality affordable childcare, and safe affordable housing (CMHA et al., 2009; VicHealth, 2007).

**Message: Improve people's understanding and ability to maintain good mental health, recognize mental health problems and get support.**

Mental health and well-being is key for individuals, populations and societies to function well (Williams et al., 2005). Promoting positive mental health involves building and supporting individual resilience, creating supportive environments, and influencing the broader determinants of mental health. Canadians are aware of some of the personal actions that can promote positive mental health; such as stress reduction, social support and physical activity. To this end, it is important that mental health promotion strategies and activities apply to all people, including at-risk individuals and people living with mental or physical illnesses (CIHI, 2009).

Culture influences the way that mental health problems are experienced and recognized (CAMH, 2007). Mental health literacy needs to incorporate diverse societal attitudes and beliefs regarding mental health and mental illness in order to be meaningful. Initiatives can then be implemented that seek to improve people's understanding and ability to recognize, and promote positive mental health (CAMIMH, 2007a). This includes fostering the capacity for collective action on the social determinants of mental health.

Ensuring appropriate services and supports are accessible when people seek them is an important component in promoting positive mental health.

**Message: Increase availability and access to depression screening and early intervention.**

The Canadian Task Force on Preventive Health Care (MacMillan et al., 2005) recommends routine screening in primary health care settings for depression in adults. However, screening on its own has little benefit unless there is appropriate diagnosis and treatment available as follow-up (MacMillan et al., 2005; U.S. Preventive Services Task Force, 2009). Screening programs that include access to mental health care or case management have been particularly effective in reducing the symptoms of depression (MacMillan et al., 2005).

Early intervention in mental health problems should also focus on treatment and support for individuals who present with poor mental health, but whose symptoms fall below clinical thresholds for mental disorders. Moreover, people who present in distress may be inadequately served if there is lack of attention given to addressing the social, economic, occupational and physical issues they also face (Middleton & Shaw, 2000).

**Message: Reduce the stigma associated with mental illness.**

Canadians generally have a fairly good understanding of the early signs of mental illness and are able to recognize mental disorders. However, only one in three Canadians who display symptoms of an anxiety or mood disorder seeks professional help (Government of Canada, 2006). Fears of negative repercussions from a diagnosis of mental illness are key barriers to people seeking help (CAMIMH, 2007b; CAMIMH, 2008; Everett, 2006). Recent surveys show that many Canadians feel reluctant to speak with their family members, employers or health care professionals about their mental health (CAMIMH, 2007b; CMA, 2008).

The impact of stigma on help-seeking behaviour varies across population groups (Golbertstein et al., 2008). Emerging evidence suggests that stigma may delay younger individuals (Golberstein et al., 2008) and adults (McNair et al., 2002) from seeking care, or from adhering to treatment plans (Sirey et al., 2001).

The Mental Health Commission of Canada is initially targeting health care professionals and youth as priorities in the launch of its anti-discrimination and stigma campaign: Opening Minds.

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