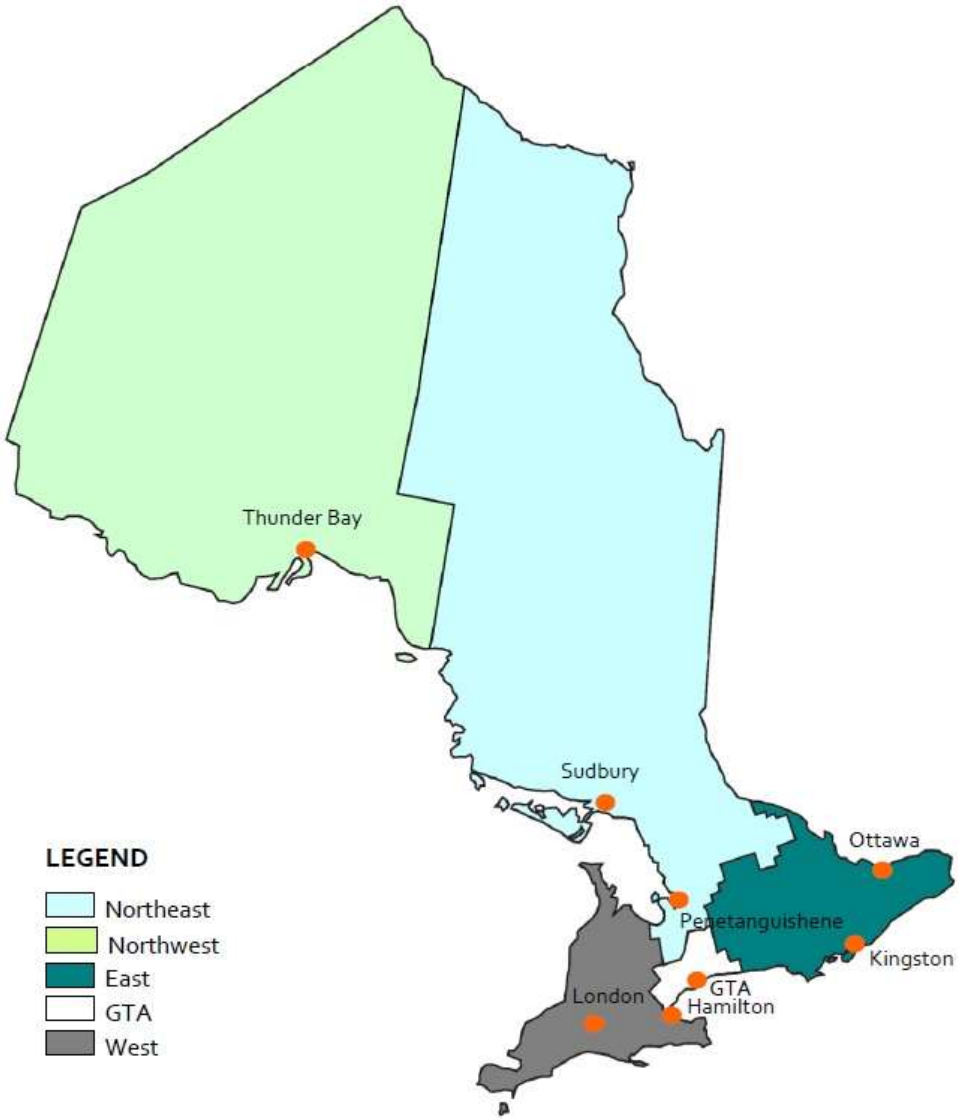
Substance Use, Mental Health and Mental Health Promotion:

Presentation for the Municipal Drug Strategy Network Day

October 30, 2015

ABOUT PSSP

- Supports Ontario's 10-year Comprehensive Mental Health and Addictions Strategy
- Offices across Ontario
- Capacity and expertise in knowledge exchange, information management, implementation, equity and engagement, and evaluation



camh PSSP
Provincial System Support Program

CAMH Health Promotion Resource Centre

- Part of the Provincial System Support Program at CAMH
- Ontario's source for health promotion evidence regarding mental health and substance use
- Builds capacity in health promotion, public health and allied health professionals
- www.porticonetwork.ca/web/camh-hprc

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Agenda

- Part 1: Overview of mental health and mental illness: concepts and definitions
- Part 2: Dual continua model
- Part 3: Prevalence and trends in substance use and mental health in Eastern Ontario
- Part 4: Resource spotlight: *CAMH Best Practice Guidelines for MHP Programs: Children & Youth*

Part 1:
Basic definitions, terms and language

What We've Heard

- There's confusion about mental health and mental illness concepts and terms

- The confusion can cause operational challenges especially when working across sectors

Commonly used terms

Mental illness

- ✓ Mental disorder
- ✓ Mental health problems/ challenges
- ✓ Emotional problems/ challenges
- ✓ Mental ill-health
- ✓ Psychiatric illness

Mental health

- ✓ Well-being
- ✓ Mental wellness
- ✓ Emotional health
- ✓ Mental capital
- ✓ Social / emotional well-being

Stigma

Stigma refers to negative attitudes (prejudice) and negative behaviour (discrimination).

Stigma includes:

- Having fixed ideas and judgments
- Fearing and avoiding what we don't understand

From: Stigma: Understanding the impact of prejudice and discrimination on people with mental health and substance use problems. CAMH, 2007.

Terms used in this presentation:

Mental illness

Mental health

Mental Illness	Mental Health
▪ A serious disturbance in **thinking**, **emotions**, or **behaviour** ▪ Impacts 1 in 5 Canadians every year ▪ “Mental illnesses“ are conditions where our thinking, mood and behaviours severely and negatively impact how we function in our lives. ▪ Can occur with a substance use problem or disorder which is known as concurrent disorder or issue	

Mental Illness	Mental Health
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Terms we are using in this presentation:

Mental illness

conditions where our thinking, mood and behaviours
severely and negatively impact how we function in our lives

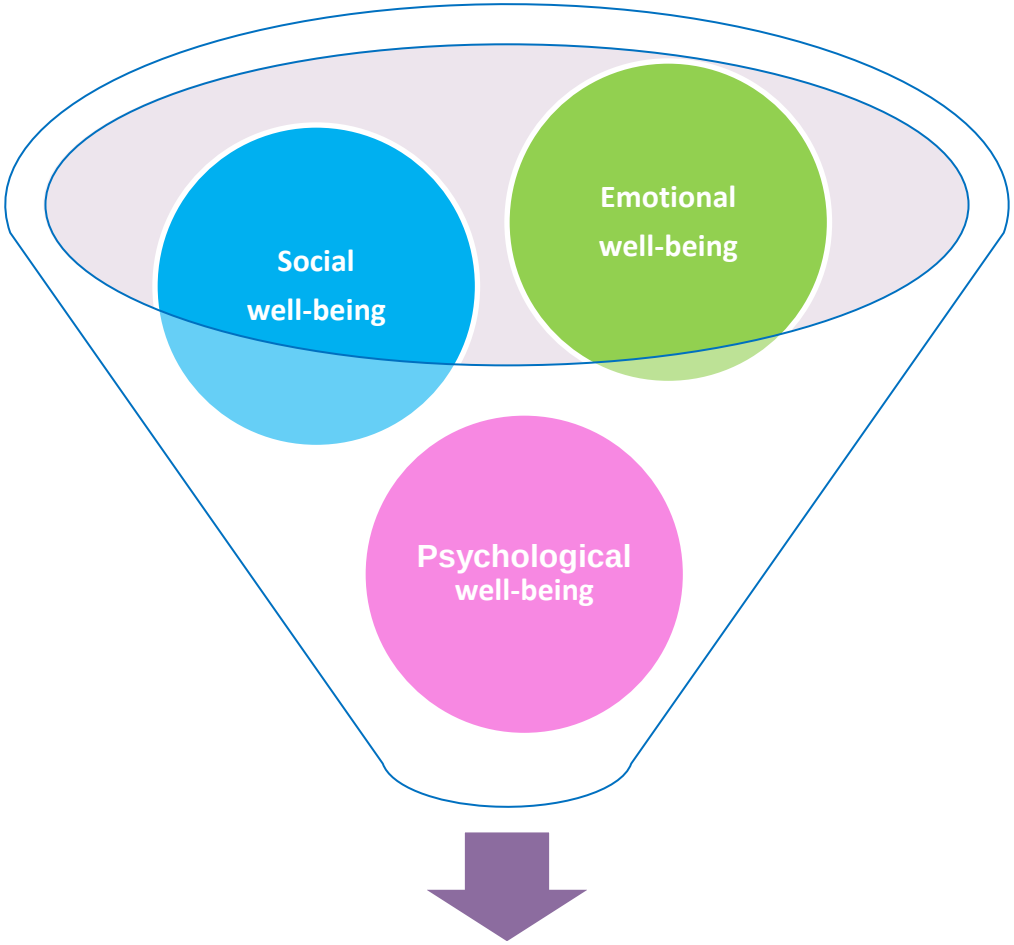
Mental health

a positive concept to describe the strengths, capacities and abilities of individuals, communities and populations

Part 2:
Dual Continua Model

Single continuum model

Evidence base



Mental Health

Health Reports

Positive mental health and mental illness

by Heather Gilmour

Release date: September 17, 2014

Statistics Canada Statistique Canada

Positive mental health and mental illness

by Heather Gilmour

Abstract

Based on the Health Continuum Short Form administered in the 2012 Canadian Community Health Survey – Mental Health (CCHS-MH), the percentages of Canadians aged 15 or older classified as having flourishing, moderate or languishing mental health were 76.9%, 21.6% and 1.5%, respectively. Compared with estimates for other countries, a higher percentage of Canadians were flourishing. In accordance with the complete mental health model, mental health was also assessed in combination with the presence or absence of mental illness (depression; bipolar disorder; generalized anxiety disorder; alcohol, cannabis or other drug abuse or dependence). An estimated 72.5% of Canadians (19.8 million) were classified as having complete mental health; that is they were flourishing and did not meet the criteria for any of the six past 12-month mental or substance use disorders included in the CCHS-MH. Age, marital status, socio-economic status, spirituality and physical health were associated with complete mental health. Men and women were equally likely to be in complete mental health.

Keywords

Cross-sectional studies, health surveys, mood disorders, quality of life, subjective well-being, substance use disorders

Author

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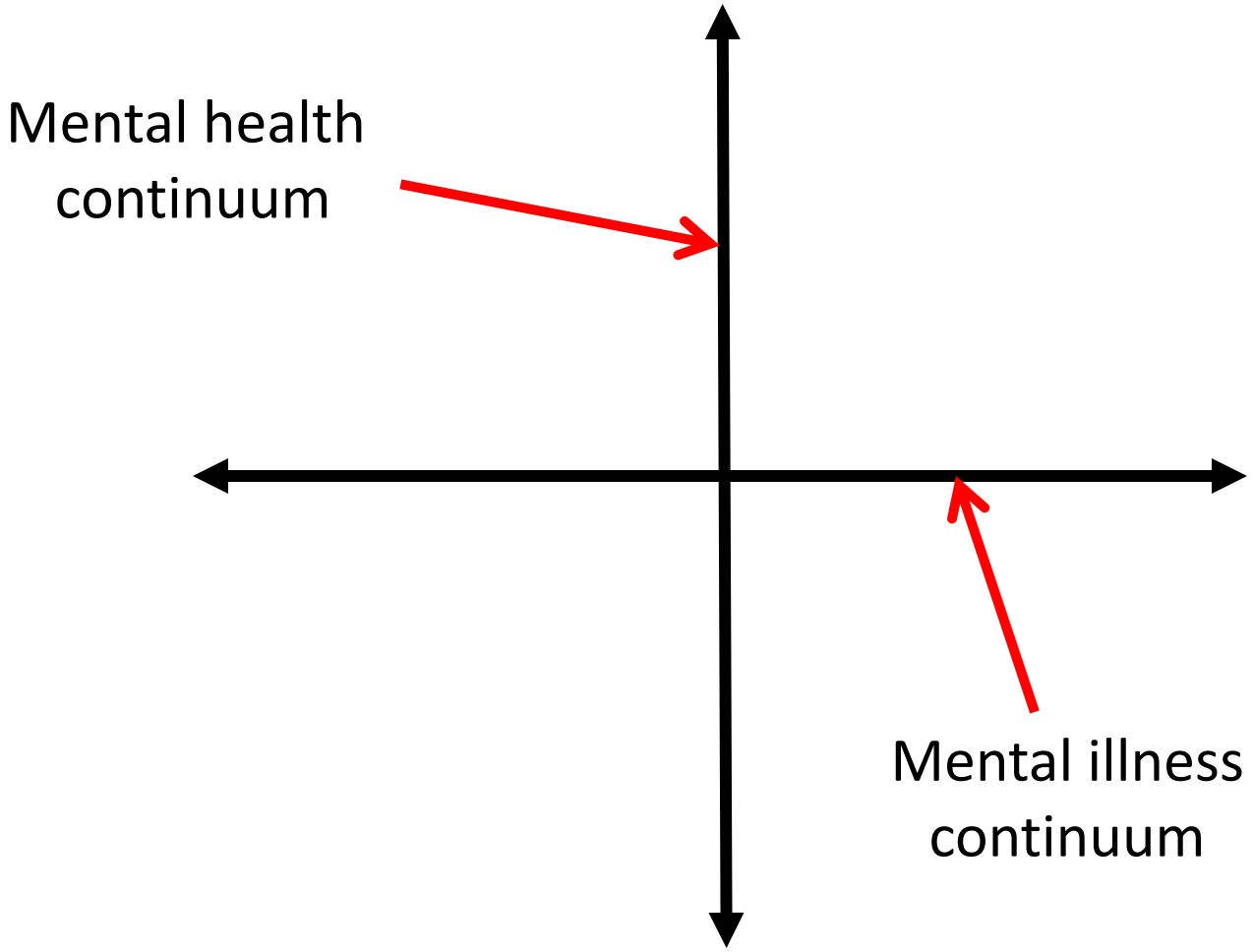
The World Health Organization defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."[1] This definition emphasizes that mental health is more than the absence of mental illness. Knowledge about the prevalence and determinants of mental health is important for informing promotion and intervention programs.

This analysis examined the percentages of Canadians aged 15 or older in three mental health categories—flourishing, languishing and moderate mental health—defined by the Mental Health Continuum–Short Form (MHC-SF).[2] In accordance with the complete mental health model,[2] mental health was assessed understand the characteristics of people with the highest level of mental health, prevalence and adjusted odd ratios of complete mental health were examined in relation to socio-demographic and health correlates.

Complete mental health model

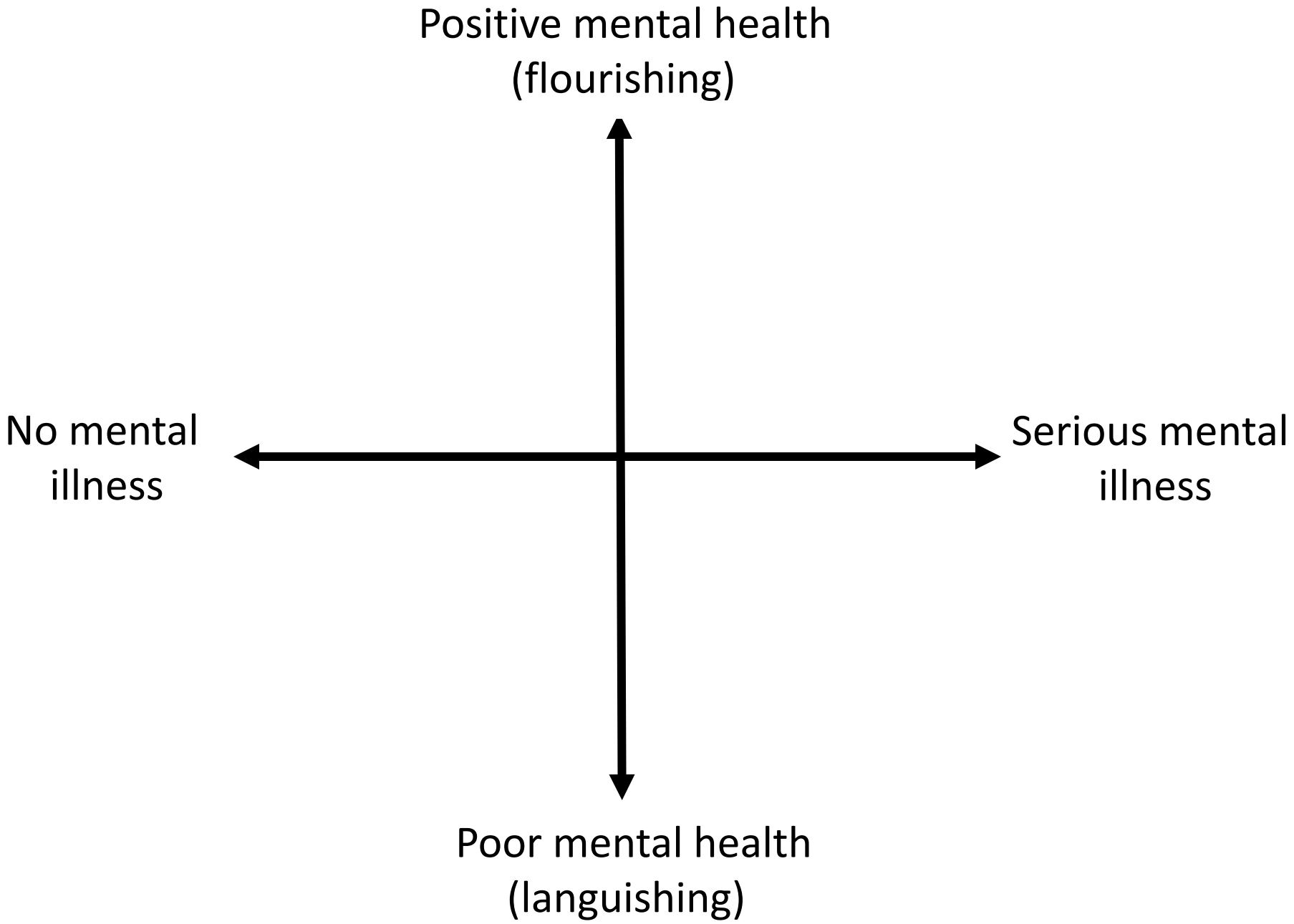
Dual continua model

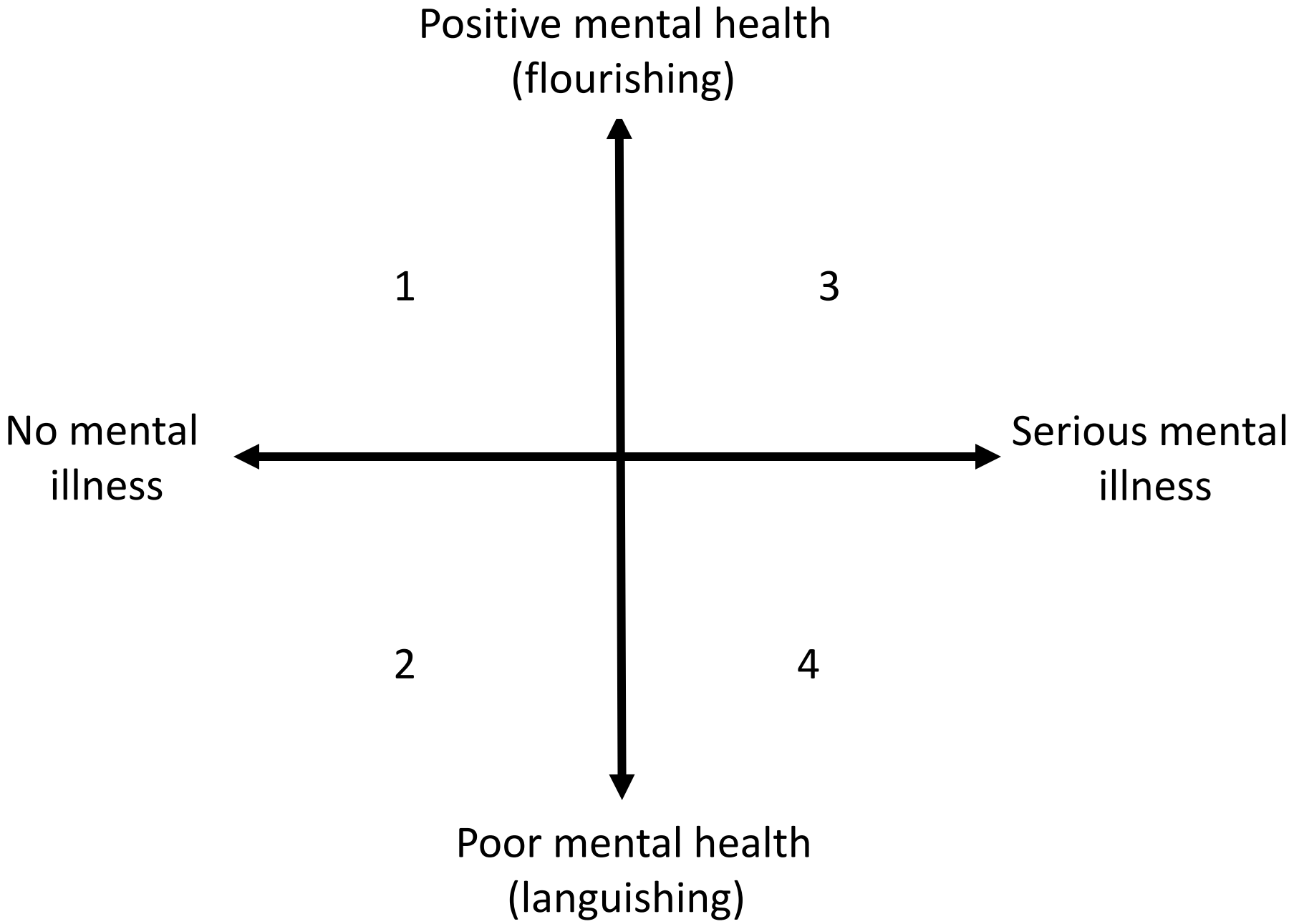


(Keyes, 2002)
The Mental Health Continuum: From Languishing to Flourishing in Life

Positive mental health
(flourishing)

Poor mental health
(languishing)


Positive mental health
(flourishing)
No mental
illness
Serious mental
illness
Poor mental health
(languishing)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(flourishing)
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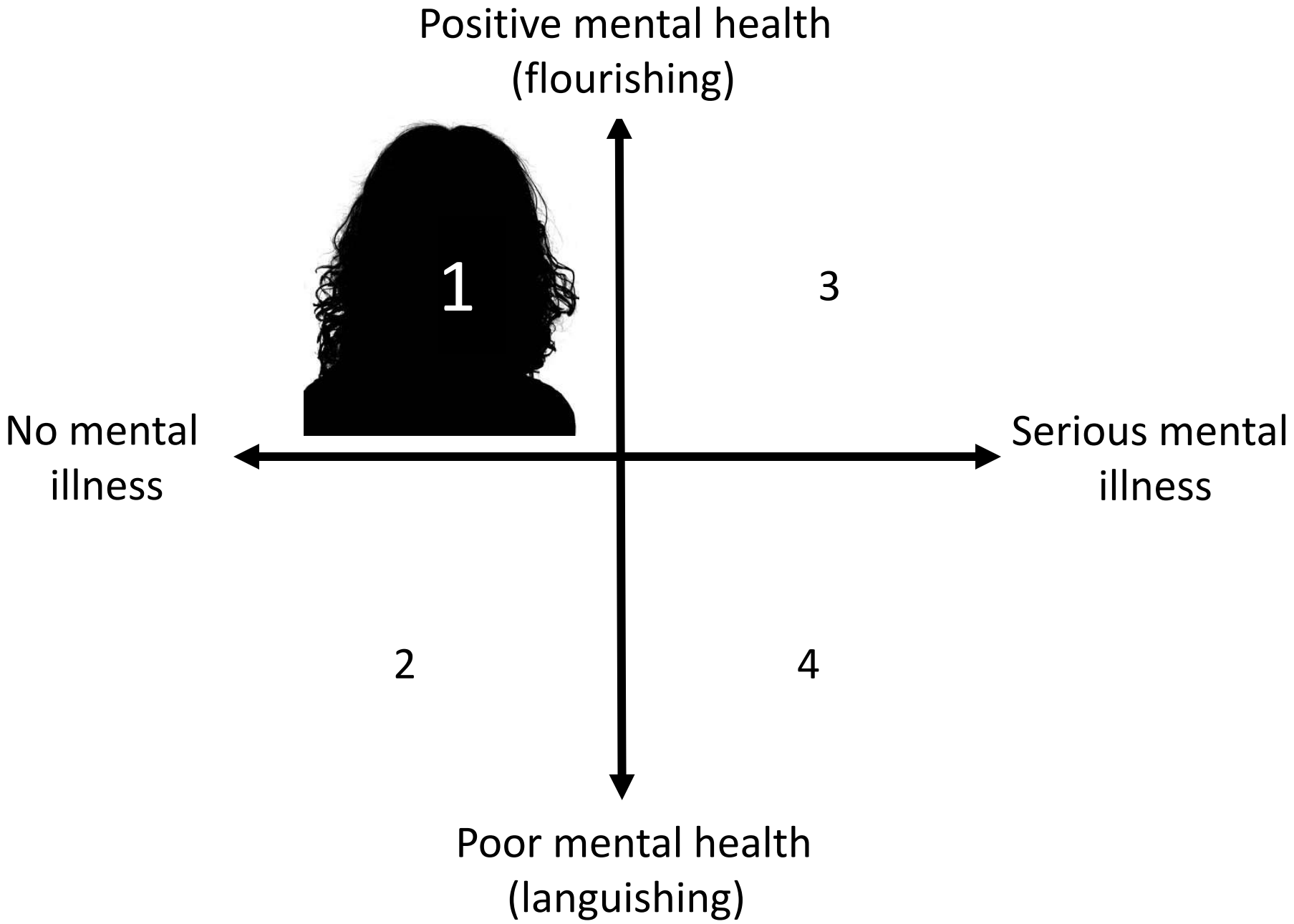
No mental
illness
Serious mental
illness
2
4
Poor mental health
(languishing)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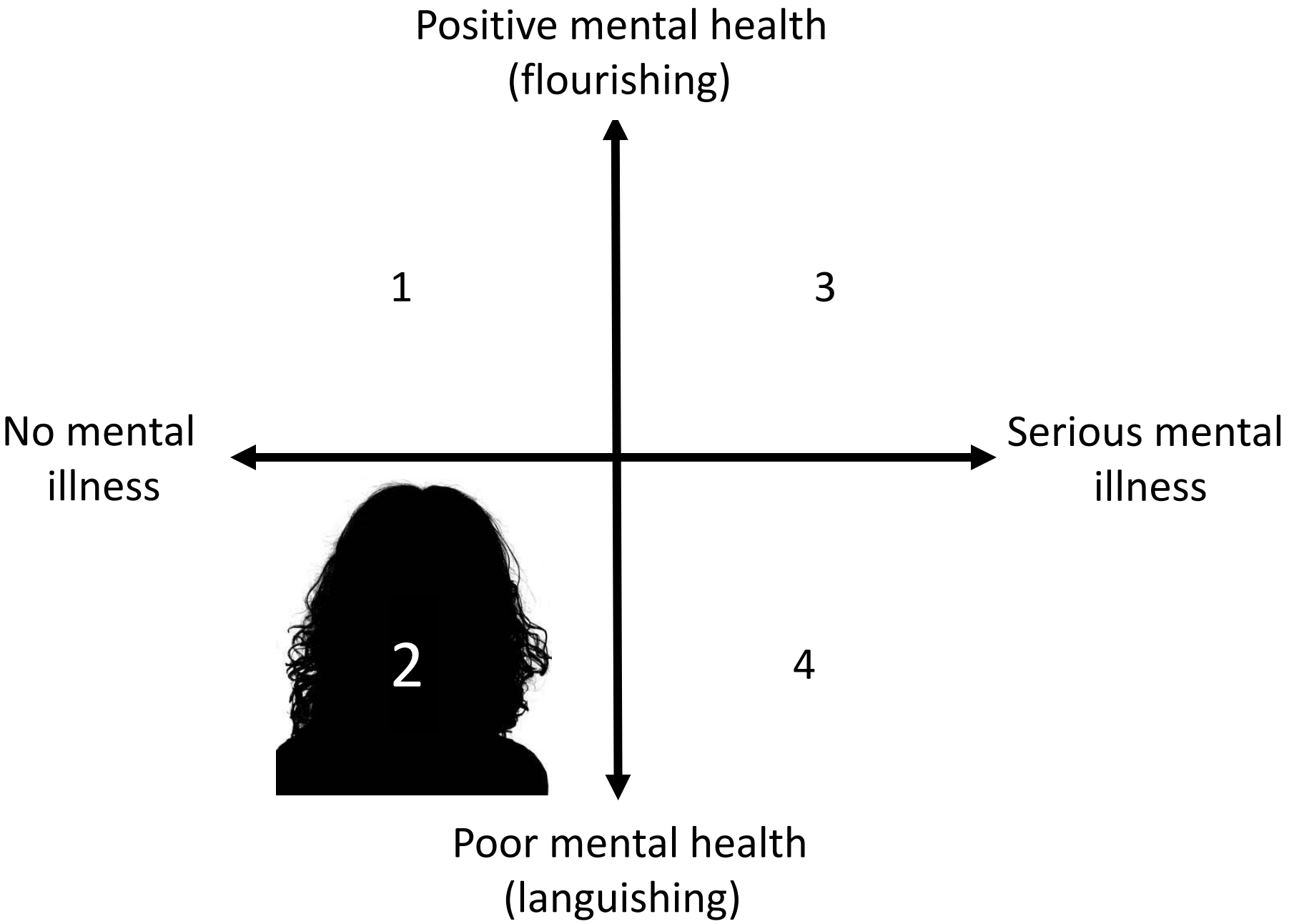
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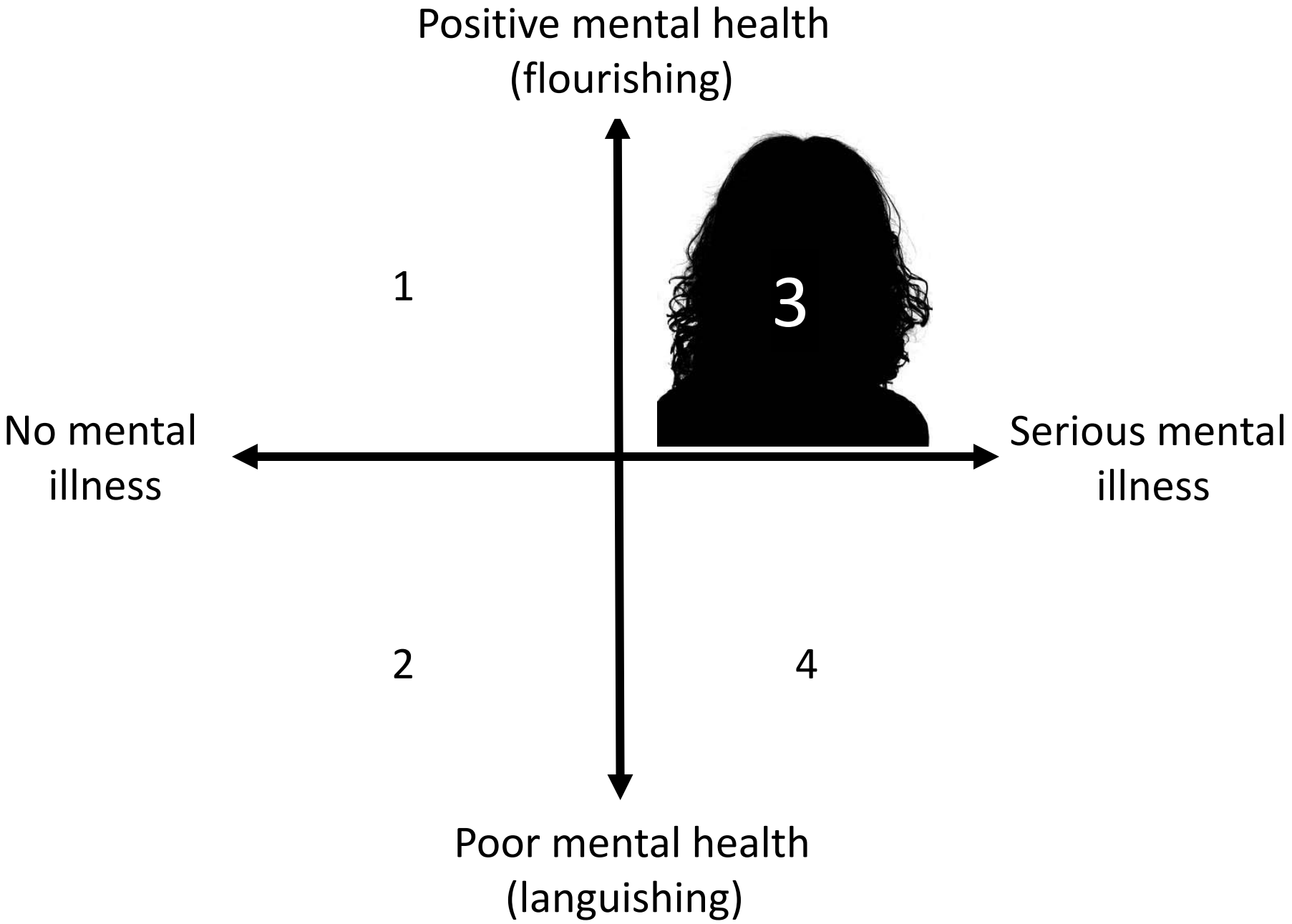
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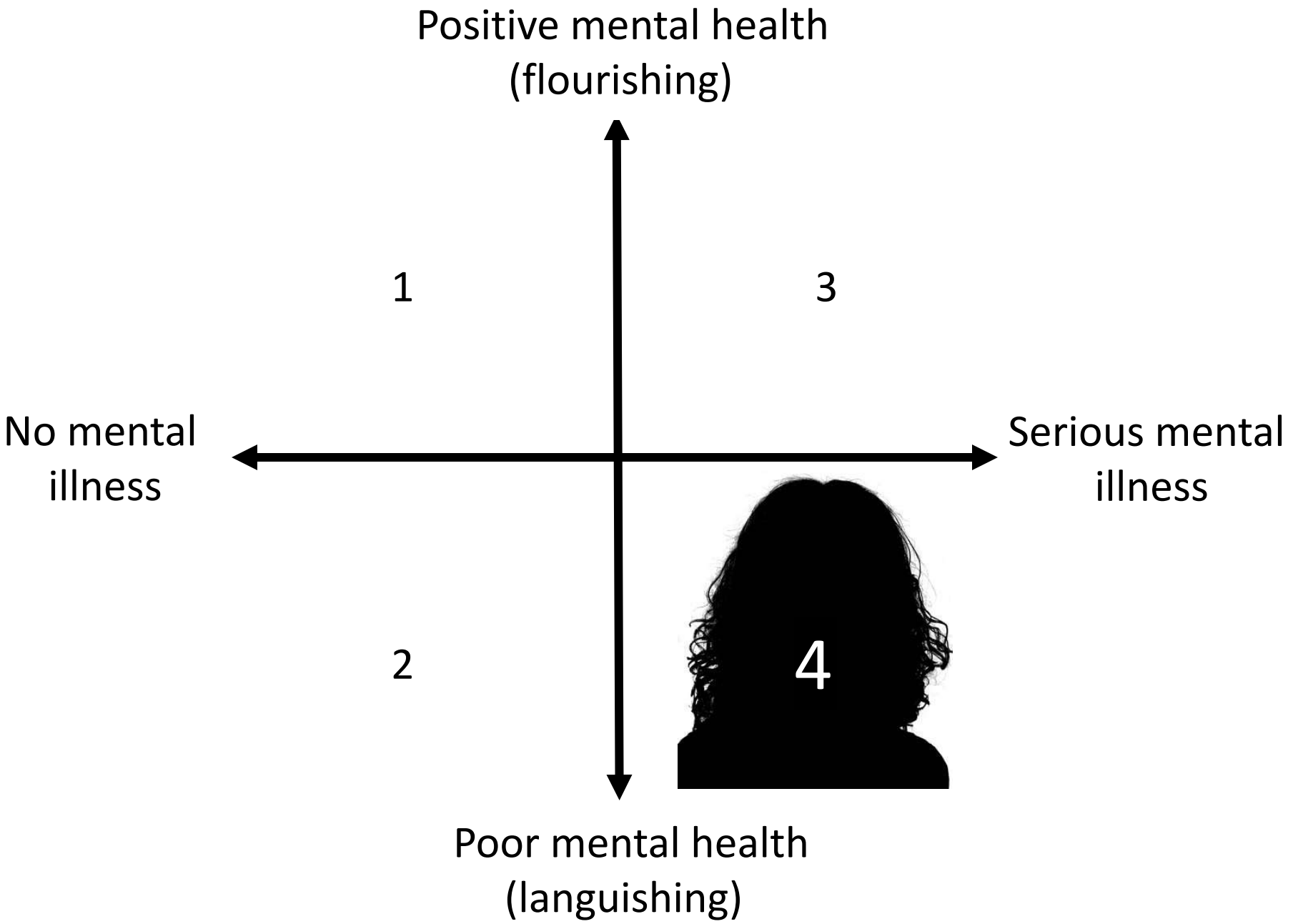
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Poor mental health
(languishing)

Mental health and mental illness are modifiable

Positive mental health
(flourishing)

No mental
illness

Serious mental
illness

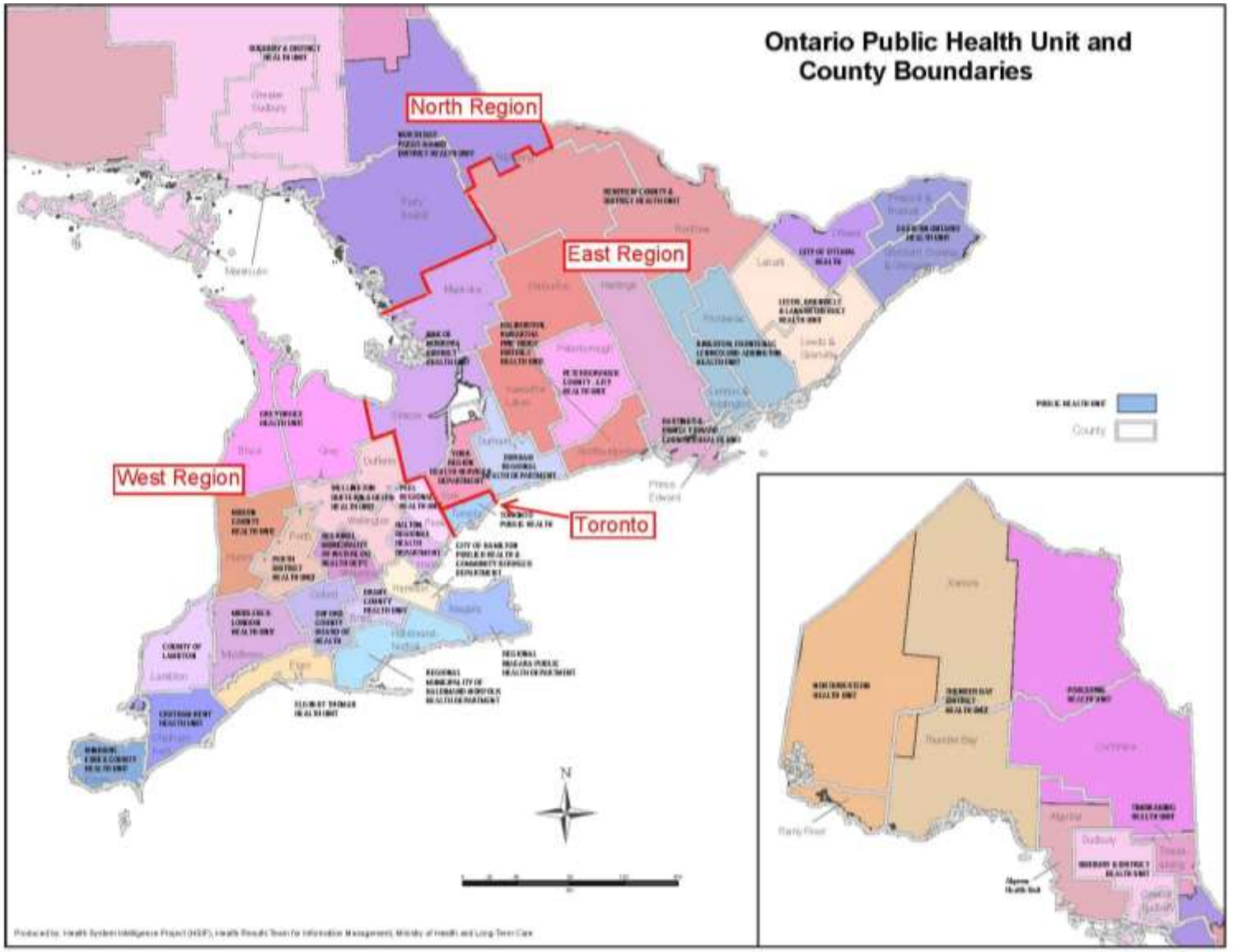
Poor mental health
(languishing)

Part 3:
Prevalence and trends in substance use and mental health in Eastern Ontario

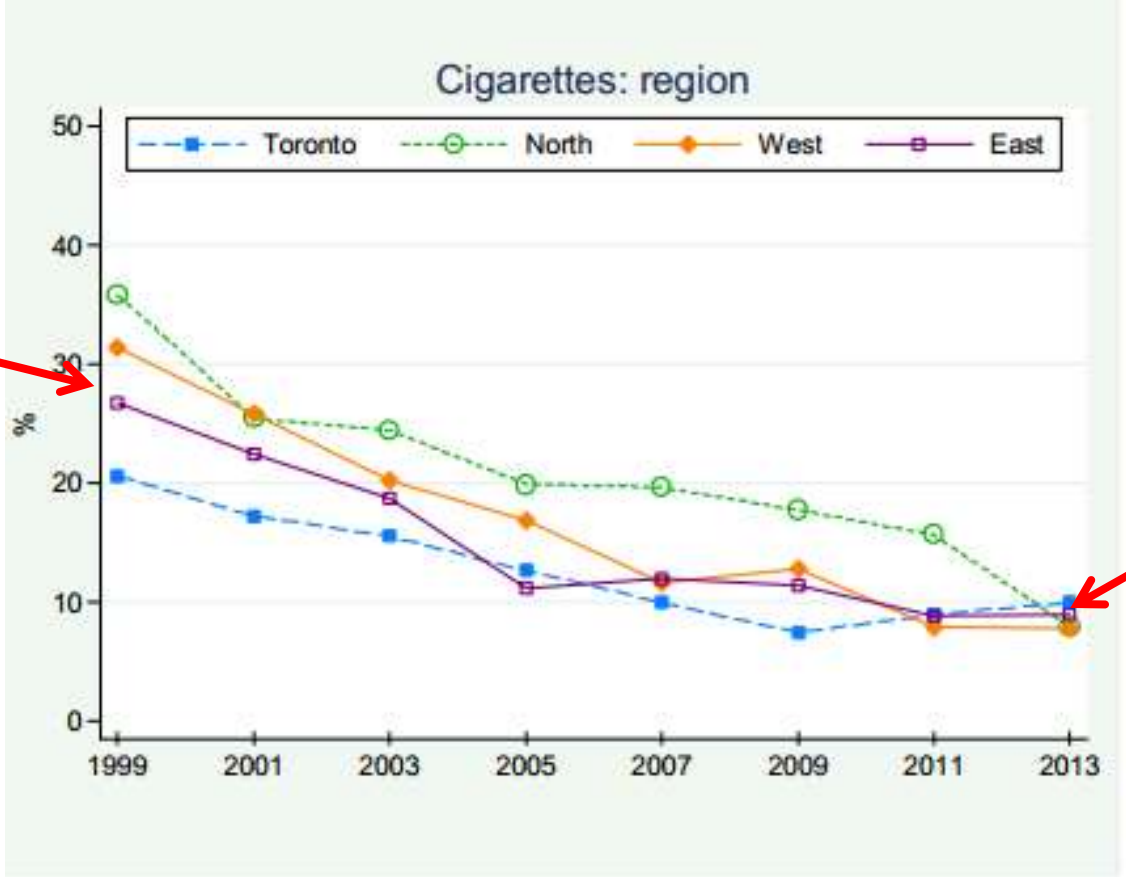
Substance Use & Mental Health Among Ontario Students in the East Region: Prevalence and Trends

- Past year cigarette smoking
- Current hazardous or harmful drinking
- Past year cannabis use
- Past year non-medical prescription opioid use
- Past year non-medical over-the-counter cough/cold medication use
- Mental health care visits

Who is Included in the East Region Sample in the OSDUHS?



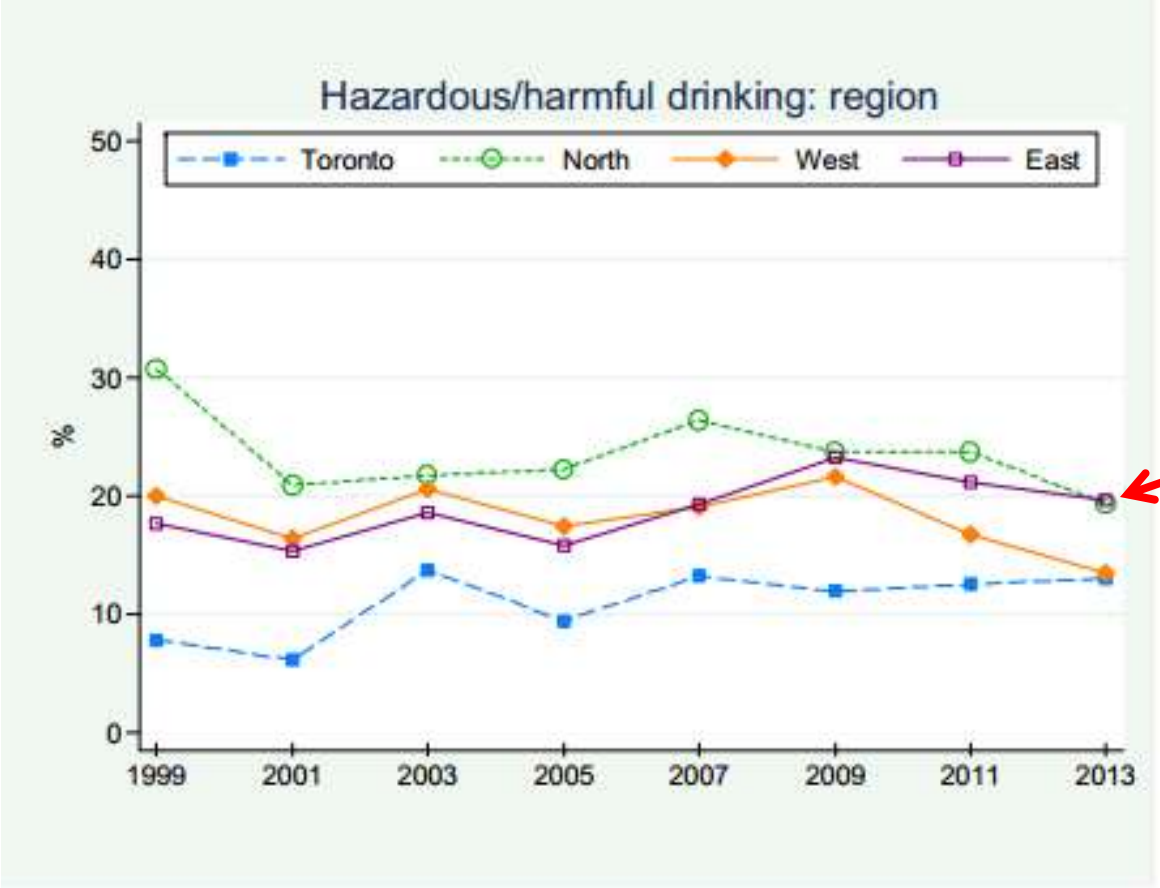
Past Year Cigarette Smoking, 1999 – 2013 (Gr 7-12)



27%

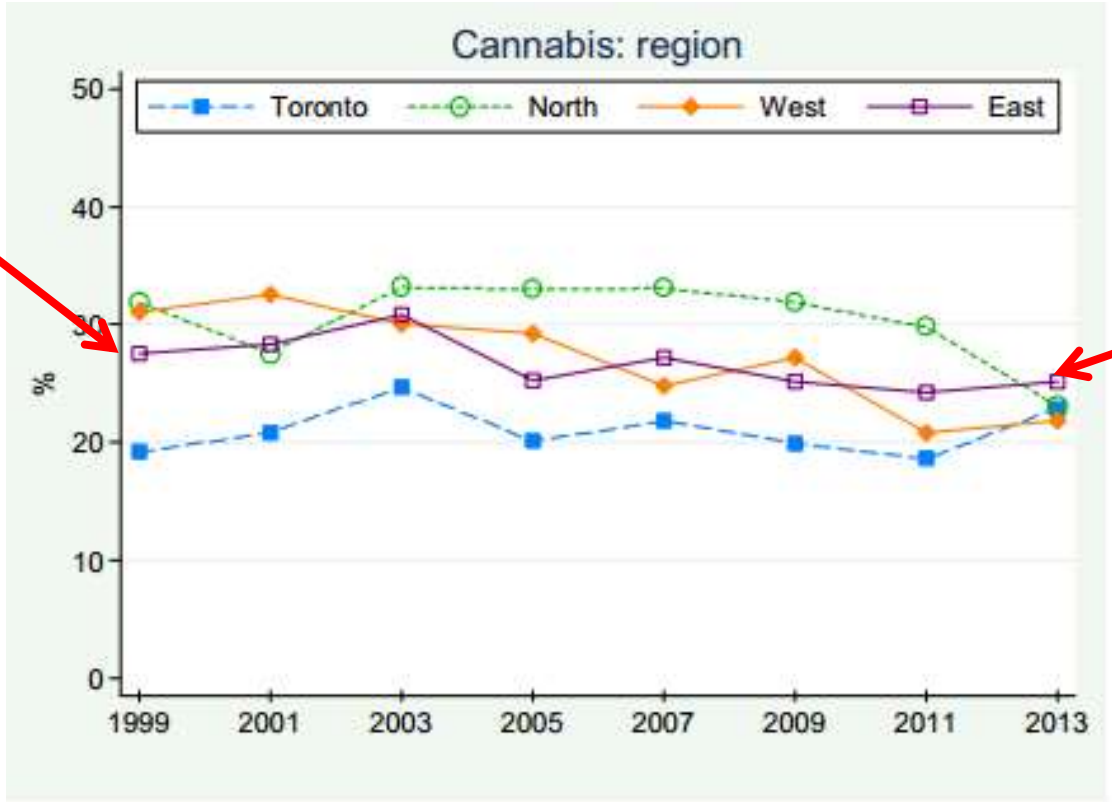
9%

Hazardous and Harmful Drinking in 2013 (Gr 7- 12)



Past Year Cannabis Use, 1999-2013 (Gr 7-12)

28%

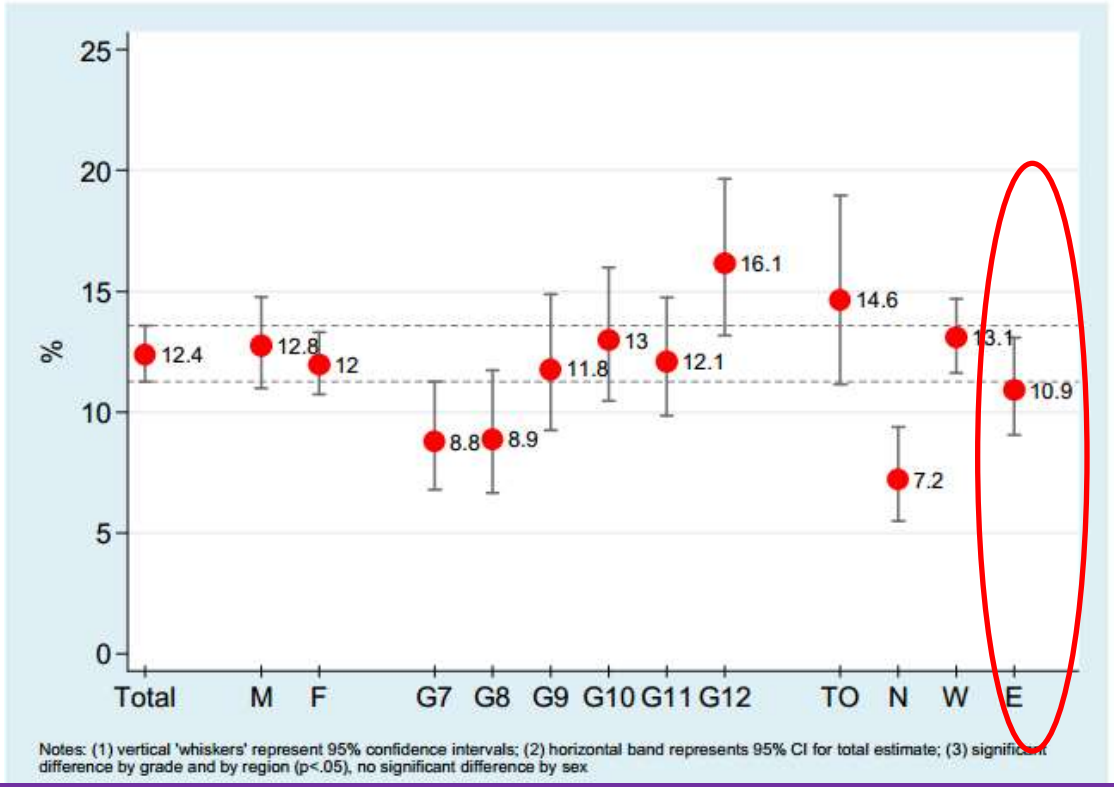


25%

)1

Past Year Nonmedical Use of a Prescription Opioid Pain Reliever, 2007-2013 (Gr 7-12)

Past Year Nonmedical Use of a Prescription Opioid Pain Reliever by Sex, Grade, and Region, 2013 OSDUHS



Eastern Ontario

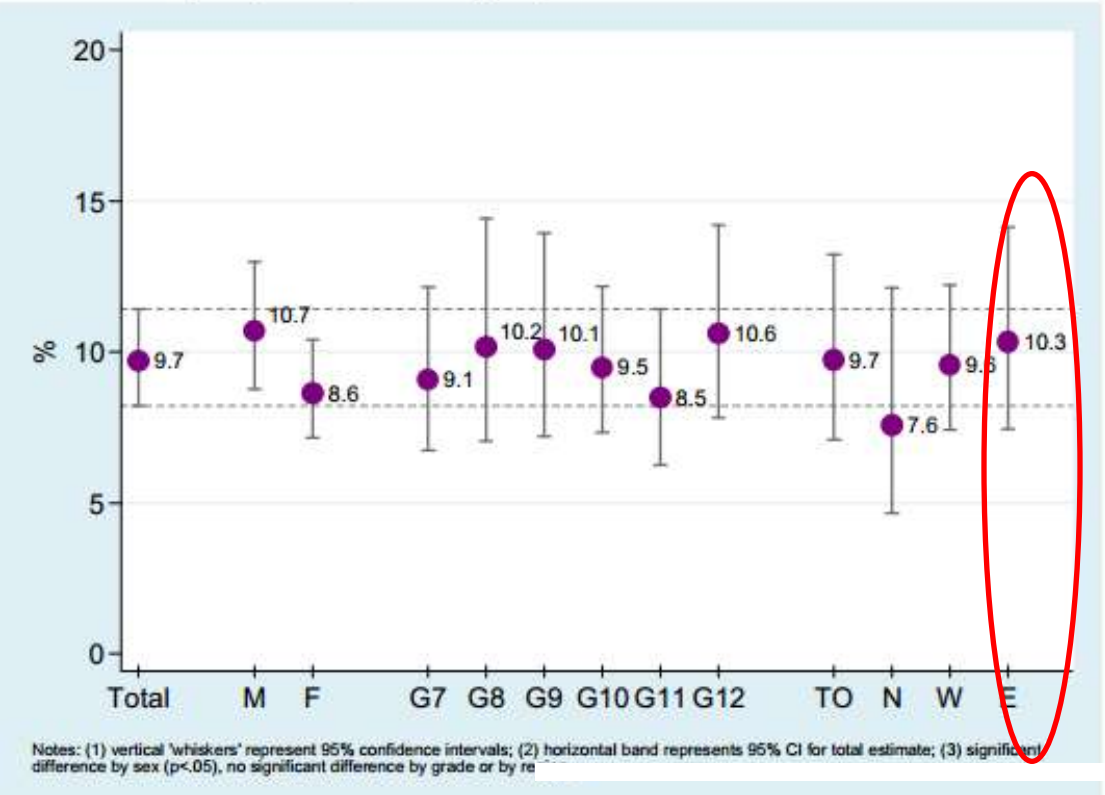
2013 =11%

2011= 13%

2007= 19%

Past Year Nonmedical Use of Over-the-Counter Cough/Cold Medication, 2011 – 2013 (Gr 7-12)

Past Year Nonmedical Use of Over-the-Counter (OTC) Cough or Cold Medication by Sex, Grade, and Region, 2013 OSDUHS



Notes: (1) vertical 'whiskers' represent 95% confidence intervals; (2) horizontal band represents 95% CI for total estimate; (3) significant difference by sex ($p<.05$), no significant difference by grade or by re

Eastern Ontario

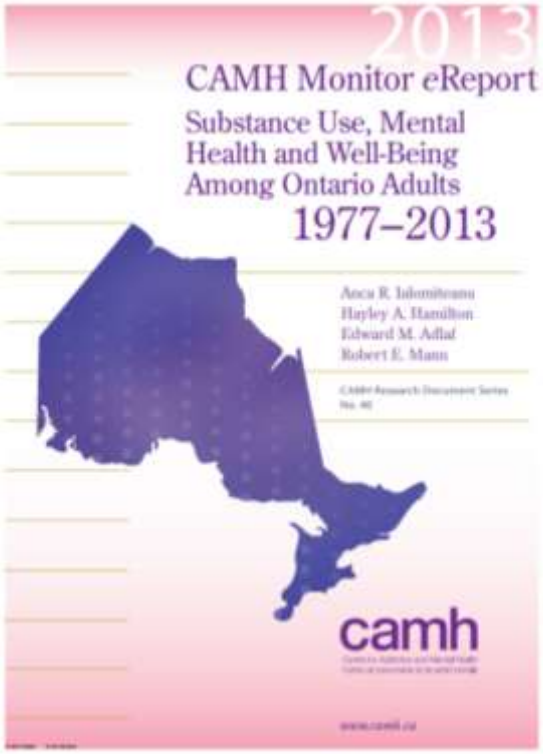
2013 =10%

2011= 6%

Mental Health and Well-Being Highlights for Students in East Region (Gr 7-12)

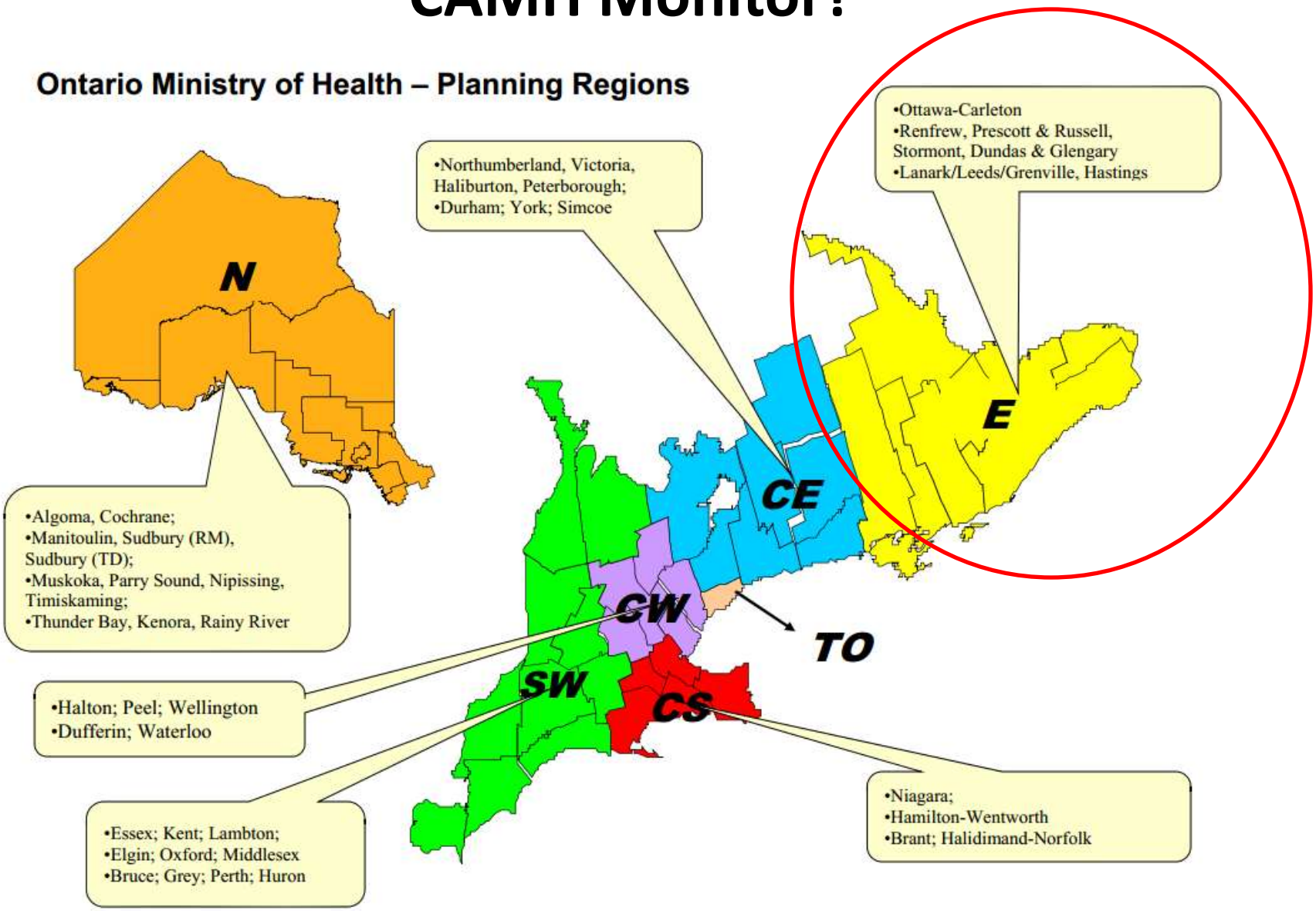
- 23% of students reported at least one mental health care visit in the past year reflecting an increase since 1999
- 30% of students reported an unmet need for mental health support in the past year
- 16% of students reported fair or poor mental health

Substance Use & Mental Health Among Ontario Adults in the East: Prevalence and Trends

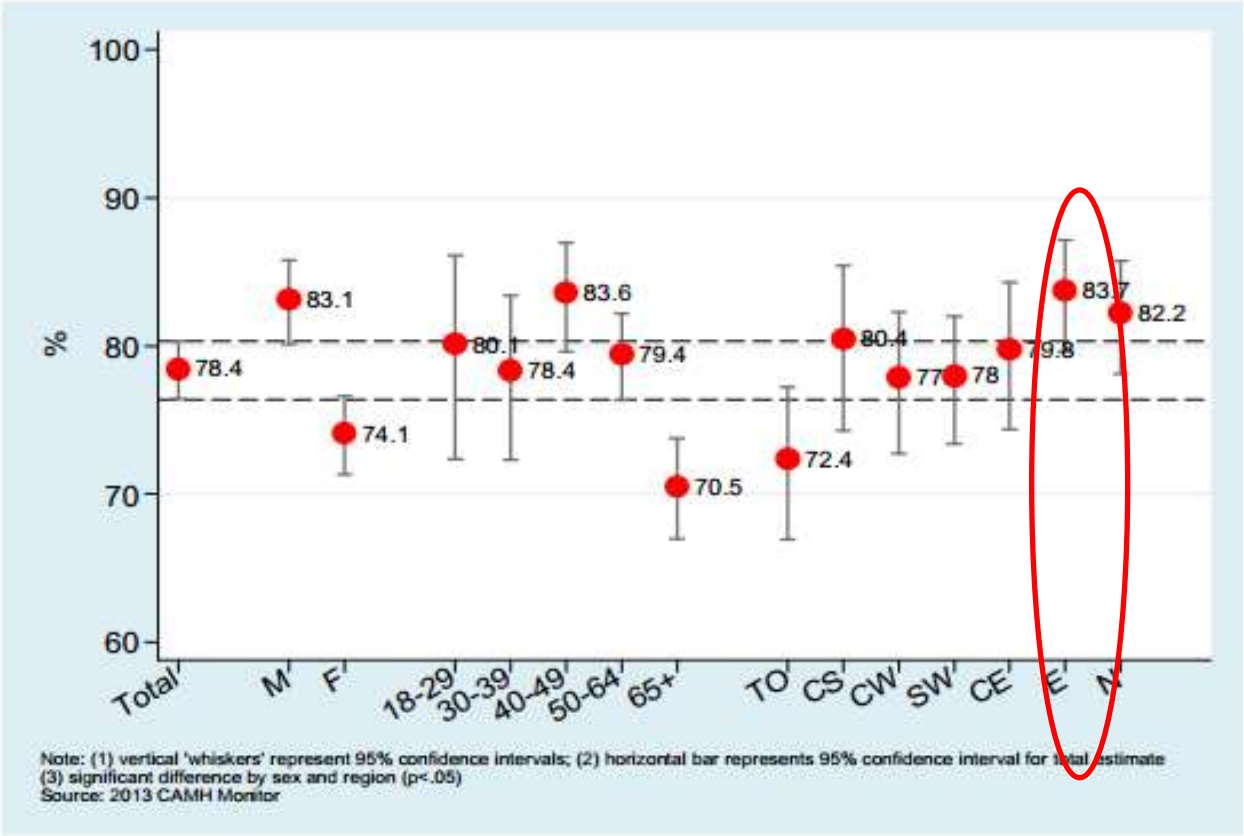


- Past year alcohol use
- Percentage exceeding the LRADG
- Current cigarette smoking
- Past year cannabis use
- Any use of prescription opioid pain relievers
- Mental health and well-being highlights

Who is Included in East Region Sample in the CAMH Monitor?



Past Year Alcohol Use, 1996-2013 (Adults 18 yrs +)



Eastern Ontario

2013 =84%

1996= 81%

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Percentage Exceeding the LRADG During Past Year, 2003-2013 (Adults 18 yrs +)

Eastern Ontario

2013 = 19%

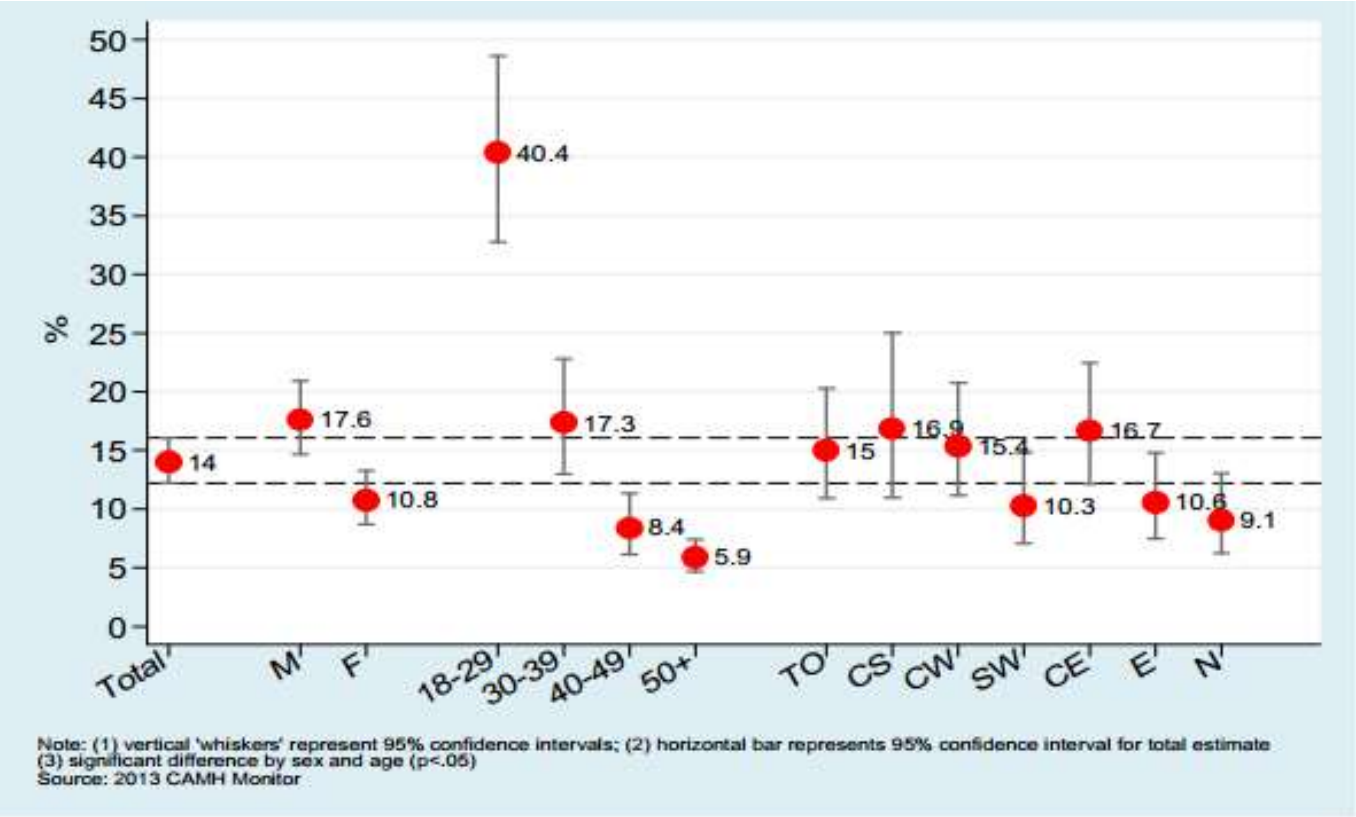
2003 = 17%

Current Cigarette Smoking, 1996-2013 (Adults 18 yrs +)

1996 - 2013

24% - 11%

Past Year Cannabis Use, 1996-2013 (Adults 18 yrs +)

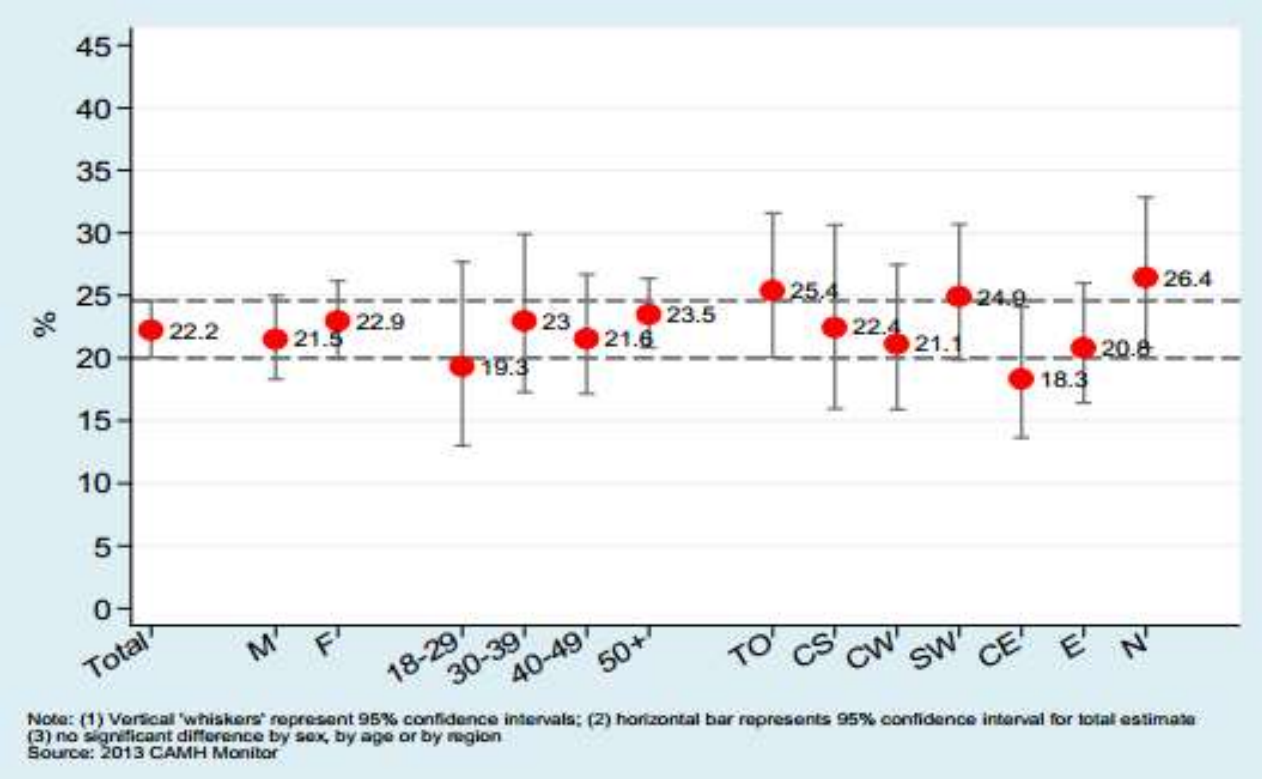


Eastern Ontario

2013 = 11% ↑

1996 = 8%

Any Use of Prescription Opioids Pain Relievers, 2010-2013 (Adults 18 yrs +)



Note: (1) Vertical 'whiskers' represent 95% confidence intervals; (2) horizontal bar represents 95% confidence interval for total estimate
(3) no significant difference by sex, by age or by region
Source: 2013 CAMH Monitor

Eastern Ontario

2013 = 21%

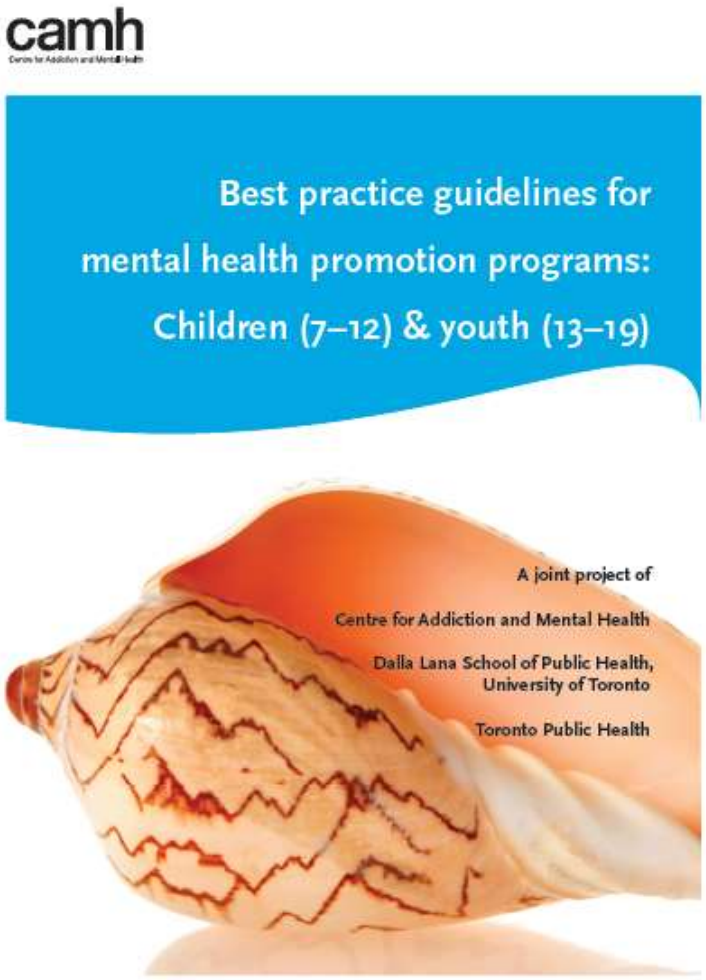
2010 = 27% ↓

Mental Health and Well-Being Highlights for Adults in Eastern Ontario (18 yrs +)

- 15% of adults experienced psychological distress in 2013 which does not reflect a significant change since 2000

- There was an increase in adults using medication to treat depression in the past year (3% in 1997 vs 9% in 2013)

Part 4:
Resource spotlight: CAMH Best Practice Guidelines for Mental Health Promotion Programs: Children and Youth



- Provides current, evidence-based approaches to incorporating mental health promotion principles and practices in interventions directed toward children including 10 best practice guidelines
- Part of a series of MHP guides
- Available on the CAMH Health Promotion Resource Centre website: https://www.porticonetwork.ca/web/camh-hprc

What is Mental Health Promotion?

"The process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. [MHP] uses strategies that foster supportive environments and individual resilience while showing respect for culture, equity, social justice, interconnections and personal dignity."

(Joubert et al, 1996)

Risk Factors

- Risk factors increase likelihood & burden of mental disease & arise from within individual, family, support networks, broader social & institutional environments (WHO 2004).

- Operate at multiple levels:
  - Individual
  - Family
  - Social and Institutional

Protective Factors

- Protective factors buffer a person in times of adversity & moderate impact of stress – can be internal and/or external

- Operate at multiple levels (individual, family, societal)

- Presence of protective factors lowers risk of mental health problems (Resnick et al, 1997)

Best Practice Guidelines for Mental Health Promotion: Children & Youth

Summary of guidelines

1. Address and modify risk and protective factors, including determinants of health, that indicate possible mental health concerns.

2. Intervene in multiple settings.

3. Focus on skill building, empowerment, self-efficacy and resilience.

4. Train non-professionals to establish caring and trusting relationships with children and youth.

Best Practice Guidelines for Mental Health Promotion: Children & Youth (cont'd)

5. Involve multiple stakeholders.
6. Help develop comprehensive support systems.
7. Adopt multiple interventions.
8. Address opportunities for organizational change, policy development and advocacy.
9. Demonstrate a long-term commitment to program planning, development and evaluation.
10. Ensure that information and services provided are culturally appropriate, equitable and holistic.

Tools: Worksheet for program planning

Questions based on the guidelines	Actions relating to the guidelines (Use as a checklist)	What has your initiative achieved so far?	What would you like your initiative to further achieve in the next year?	What specific action(s) do you plan to take to achieve this?	When do you hope to achieve this by?
1. Does your initiative address and modify risk and protective factors (including the determinants of health) that indicate possible mental health concerns, substance use or violence in children, youth and/or parents or caregivers by…	☐ …identifying the population(s) of concern?				
	☐ …identifying relevant protective factors, risk factors, and determinants of health?				
	☐ …assessing which factors and health determinants can be modified and how?				
	☐ …developing a plan to enhance protective factors, reduce risk factors, and influence the DOH relevant to the population(s) of concern				

Tools: Outcome and process indicators

Intervention type	Possible outcome indicator
Changing a risk factor	• percentage of children and youth reporting experiences of bullying • percentage of children and youth reporting experiences of depression or other mental health concerns
Changing a determinant of health	• percentage of families living above the poverty line • percentage of children and youth who live in safe housing
Intervening in multiple settings	• percentage of programs for children and youth that link schools, families and communities • percentage of schools that are recognized as part of the "Healthy Schools" movement

Got questions? Want more information?

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Provincial System Support Program, CAMH
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