Mental Health in Atlantic Canada:

A Snapshot

Public Health Agency of Canada
Agence de la santé publique du Canada

Canada

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Table of Contents

List of Figures

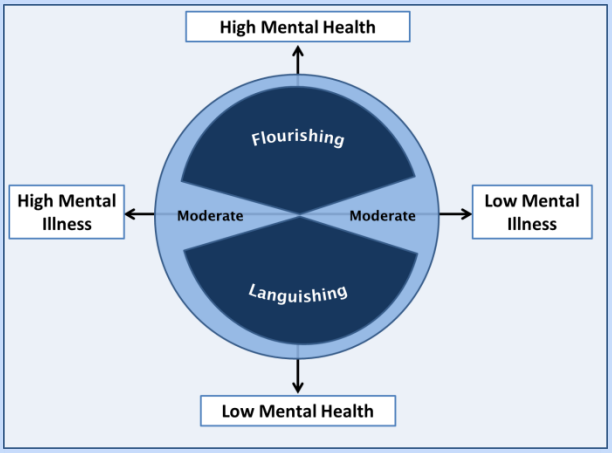
Introduction

Mental health is widely recognized as an essential part of our well-being and overall health.[1] Promoting positive mental health in our population could prevent mental illness, improve outcomes related to physical health and increase social and economic prosperity.[2] These benefits affect both the individual and his or her community.

The way we view mental health and mental illness has evolved. We now know that mental health is different from the absence of mental illness (See Box 1). It is a positive sense of emotional well-being that allows us to realize our full potential and to cope with the stresses of life.[1] We also understand that determinants of health including biological, psychological, social, cultural and environmental factors interact and affect mental health over the course of a person's life.[2,3]

Box 1. The mental health dual continuum model

Keyes and colleagues present mental health and mental illness as two intersecting continuums pictured here. Mental health is described in terms of flourishing (optimum positive mental health) and languishing (poor mental health).



Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Behavior Research, 43,* 207–222.

Taking action to promote mental health can be challenging and complex. The first step toward action is to understand trends in mental health and mental illness in Atlantic Canada, and the prevalence of risk and protective factors. This will help us make informed decisions around promoting positive mental health in our region.

Therefore, the purpose of this document is to report on some of the indicators identified by researchers, social scientists, health practitioners and other professionals that are known to influence mental health. We also intend to provide some context for what these measures mean in the Atlantic Region. We hope this document can be used to guide decisions about mental health promotion, interventions and policy, as well as future research.

Technical Notes

Data Sources

This document presents data on indicators from many different sources and different time periods. Data from different sources are not always comparable because of the methodology used for collection. For more information on data sources used in this report please see Appendix 2.

Measuring Mental Health and Mental Illness

It should be noted that many aspects of mental health and mental illness are difficult to measure. Mental illness often goes undiagnosed. Care-seeking behaviors, reporting behaviors and access to care may vary between groups or geographical locations. Reporting bias is of particular concern for mental health indicators. For example, some survey questions may be perceived as sensitive because they deal with behaviors or disorders that are illegal, socially unacceptable, or stigmatized. Reporting bias usually causes disorders or behaviors to be underreported.

Confidence Intervals

The 95% confidence intervals presented with this data show an estimated range of values which are likely to include the true prevalence rate 19 times out of 20. In this document, values are referred to as higher or lower if the associated confidence interval does not overlap with that of the reference group (usually the rate or percentage for Canada as a whole).

Key to Interpreting Graphs

I = 95% confidence interval

E = Estimates should be interpreted with caution because of high sampling variability

Abbreviations and Acronyms

CCDPC	Centre for Chronic Disease Prevention and Control
CCHS	Canadian Community Health Survey
COPD	Chronic Obstructive Pulmonary Disease
NB	New Brunswick
NL	Newfoundland and Labrador
NS	Nova Scotia
PEI	Prince Edward Island

Mental Health in Atlantic Canada

What is mental health?

Mental health is more than just the absence of mental illness. It is recognized as an essential part of our general health and well-being.[1] The definition of mental health used by the Public Health Agency of Canada is shown on the right.

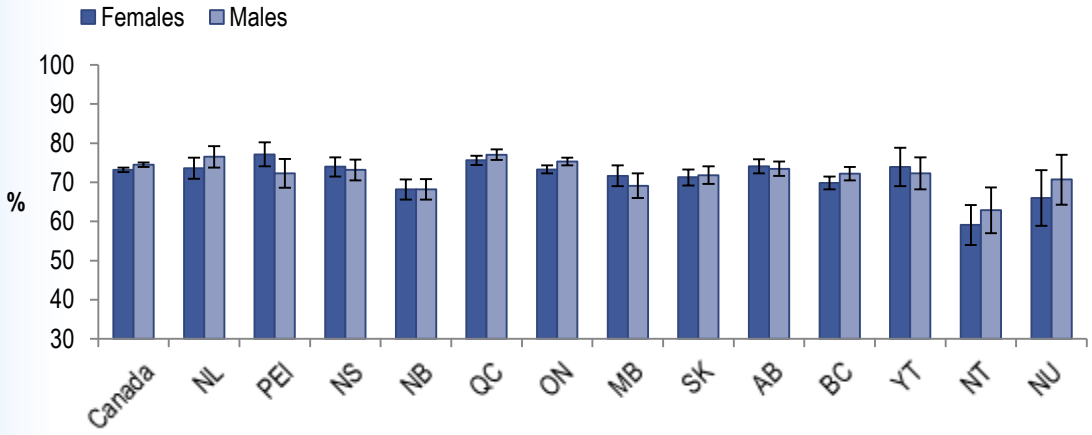
Data in the Atlantic Region

Self-rated mental health is a useful, general indicator for monitoring mental health in our population.[4] Recent data from the Canadian Community Health Survey (CCHS) shows us that the percentage of people in Newfoundland and Labrador (NL), Prince Edward Island (PEI) and Nova Scotia (NS) who rate their own mental health as very good or excellent is comparable to that of Canada as a whole (Figure 1). A lower percentage of both men and women in New Brunswick (NB) rate their mental health as very good or excellent. Perceived positive mental health appears to decline with age (Figure 2) (also see page 27).

Mental health is the capacity of each 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.

The Standing Senate Committee on Social Affairs, Science, & Technology. (2004). Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Canada.

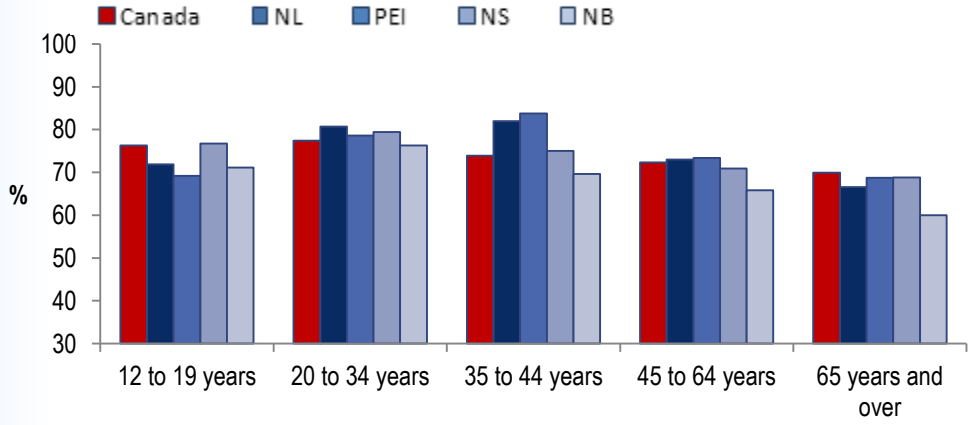
Figure 1. Self-rated mental health (very good or excellent) by sex, 2009-2010



Notes: This chart shows the percentage of people age 12 and over who rated their own mental health as very good or excellent.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

Figure 2. Self-rated mental health (very good or excellent) by age group, 2009-2010

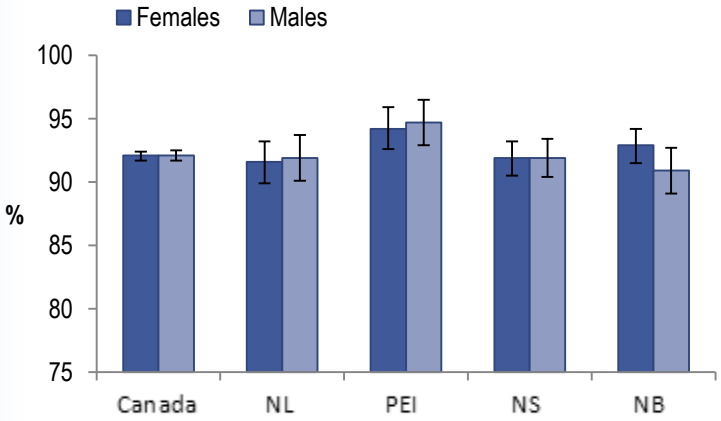


Notes: This chart shows the percentage of people age 12 and over who rated their own mental health as very good or excellent.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

Our ability to enjoy life is linked to positive mental health and well-being.[5] Although the difference is small, a greater percentage of people in PEI report being satisfied or very satisfied with life compared with Canada as a whole (Figure 3). The percentage of people reporting high life satisfaction declines in older age groups (Figure 4) (see page 25).

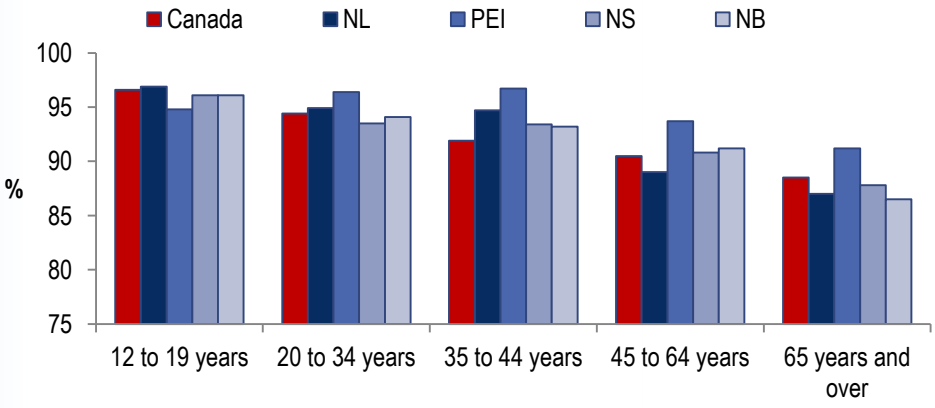
Figure 3. Life satisfaction by sex, 2009–2010



Notes: This chart shows the percentage of people age 12 and over who reported that they were satisfied or very satisfied with life.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

Figure 4. Life satisfaction by age group, 2009–2010



Notes: This chart shows the percentage of people who reported that they were satisfied or very satisfied with life.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

Factors Affecting Mental Health in Atlantic Canada

Mental health is influenced by many interacting social, environmental, psychological and biological factors.[1] We can use indicators for these factors to help us understand the experiences of Atlantic Canadians and what might be affecting their mental health.

Urban and Rural Environments

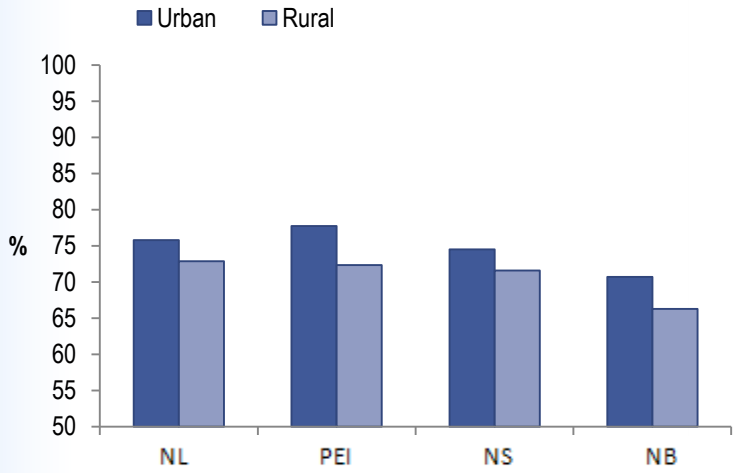
Over 40% of Atlantic Canadians live in rural environments compared with 20% of the Canadian population overall (see Appendix 1). Some research suggests that living in a rural environment is protective of mental health. For example, one analysis of the CCHS (2002) found that Canadians living in urban centres were more likely to report life stress, while people living in rural areas reported lower rates of depression.[6] Rural residents are also consistently more likely to report strong social cohesion and community belonging.[7] Despite the apparent high prevalence of these protective factors, the situation in rural communities is more complex.

Rural Atlantic Canadians have recently faced unique challenges related to changes in the economic and social landscape. For instance, a disproportionate number of Atlantic Canadians living in rural communities are reliant on primary industries, such as forestry, mining and fishing for employment.[7] Fewer opportunities in these sectors have caused many young people to move to larger cities in search of employment. Outmigration of younger people from rural areas can have a large impact in the community, causing a reduction in available services and supports. These changes may erode the sense of place and community that preserves mental health in rural communities. Potentially compounding these issues is the fact that people living in rural areas also experience challenges related to access and availability of mental health services.[8]

Data in the Atlantic Region

Recent data from the CCHS (2009-2010) suggests that people living in rural environments are less likely to report their own mental health as very good or excellent compared with those living in urban environments in each of the Atlantic Provinces (Figure 5).

Figure 5. Self-reported mental health in rural and urban environments, 2009-2010



Notes: This chart shows the percentage of people age 12 and over in rural and urban environments who reported their own mental health as very good or excellent.

Source: Statistics Canada, Canadian Community Health Survey (CCHS), Custom tabluations using CCDPC internal data cubes

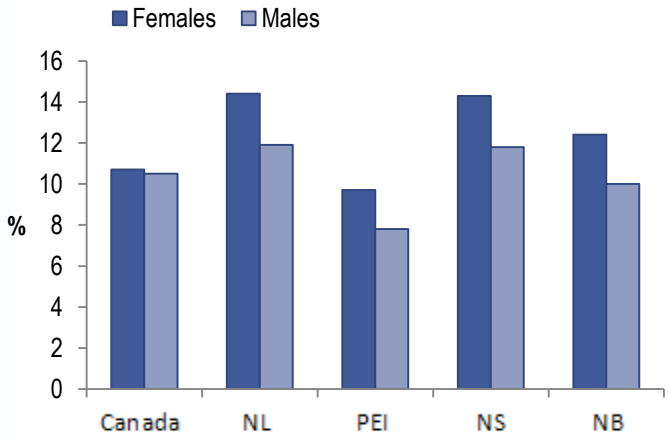
Financial Security and Employment

A large body of evidence suggests that low income and poor mental health are strongly associated.[5,9] However, the nature of this relationship is not well understood. For example, it is possible that poor mental health leads to lower income (lack of resources to obtain education) or that low income leads to poor mental health through exposure to stressors in the environment (social causation). Research suggests that financial problems and job strain are more often experienced by those in lower income categories, which may contribute to poor mental health.[5,10] Employment status and working conditions can also be important factors influencing mental health as they are tied to income and stress in the workplace.

Data in the Atlantic Region

By certain measures, a greater percentage of individuals in NL, NS and NB live in low income[a] compared with Canada as a whole (Figure 6). Women are more likely than men to be living in low-income households in each of the Atlantic Provinces.

Figure 6. Low income by market basket measure, 2009

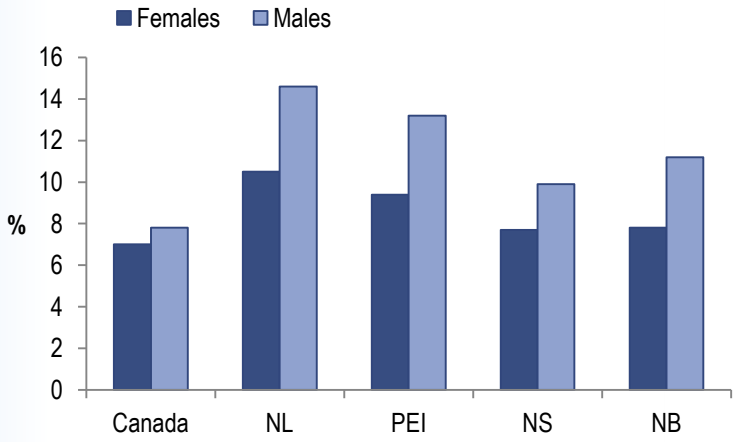


Notes: This chart shows the percentage of people living in low income by market basket measure[a].

Source: Statistics Canada, Survey of Labour and income dynamics

The unemployment rate in each of the Atlantic Provinces exceeds the national rate (Figure 7). The unemployment rate is greater for men than women in each of the Atlantic Provinces, and exceeds 14% for men in NL. The prevalence of seasonal employment in the Atlantic Region is likely affecting these rates. Unemployment in the off-reserve Aboriginal population in Atlantic Canada is almost double that of the non-Aboriginal population, and exceeds the national unemployment rate for Aboriginal populations by over three percentage points (Figure 8).

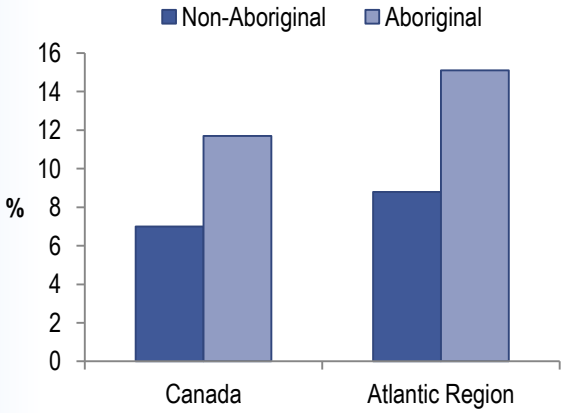
Figure 7. Unemployment rate, 2011



Notes: This chart shows the unemployment rate for people age 15 and over.

Source: Statistics Canada, Labour Force Survey

Figure 8. Unemployment rate by Aboriginal identity (off-reserve), 2009



Notes: This chart shows the unemployment rate by Aboriginal identity for those between 25 and 54 years of age.

The data exclude people living on reserves or in the territories.

Source: Statistics Canada, Labour Force Survey

Food and Shelter

Uncertainty about obtaining the necessities of life such as food and shelter is a significant source of stress for those in low-income circumstances.

Food Insecurity

Food insecurity can cause worry and emotional distress. Analyses of national population health surveys have shown that people experiencing household food insecurity may have an increased risk of stress and depression.[11]

Food insecurity is reportedly more common in Aboriginal populations (see Appendix 1). It is estimated that almost 30% of Aboriginal Canadians over the age of 18 and living off-reserve live in food insecure households.[12] Analysis of the 2004 CCHS showed that food insecurity in off-reserve Aboriginal populations is associated with poor general and mental health.

Families with young children may be especially vulnerable to environmental stressors associated with low income, such as food insecurity. Single parent families are particularly at risk as the rate of food insecurity among single parent households is about four times the rate of two parent households. Research has shown that children and adolescents who grow up in poor economic conditions may be at a greater risk of experiencing poor mental health later in life.[13]

In 1996, countries at the World Food Summit agreed that:

"**Food security** exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life."

"**Homelessness** or the risk of homelessness is a harsh reality for many Canadians. It is not confined to any one group in society, but may affect youth, men and women, one or two-parent families, the elderly, new immigrants, Aboriginal peoples and others."

S. Shortt, S. Hwang and H. Stuart, *Homelessness and Health: A Policy Synthesis on Approaches to Delivering Primary Care for Homeless Persons* (Kingston: Centre for Health Services and Policy Research, Queen's University, 2006).

Homelessness

It is well known that people who are homeless are more likely to experience mental illness and poor mental health, and are also more likely to have difficulty accessing health services.[3,14] Poor mental health may contribute to homelessness through interaction with social determinants such as income and employment.[15] Homeless people are also more likely to experience stress, victimization or abuse before and after becoming homeless.

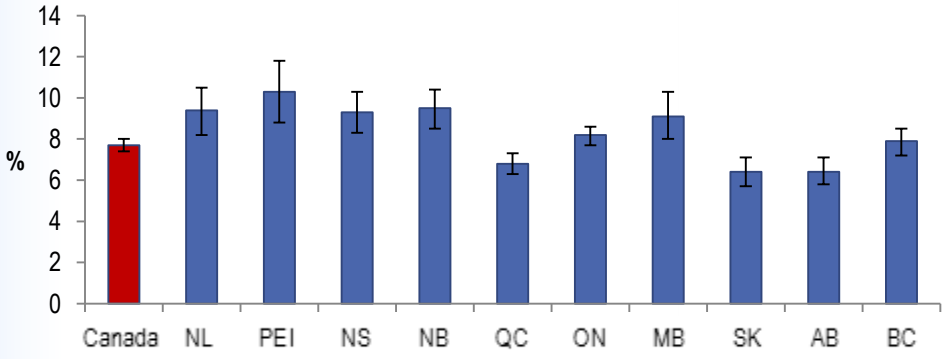
Studies show that there is a greater incidence and prevalence of serious mental illness, such as schizophrenia, substance abuse and major depressive disorder, among homeless people compared with the general population.[14] Mental and behavioral disorders are reported to represent the majority of emergency department visits (35%) and inpatient hospitalizations (52%) among the homeless population.[15]

On a survey of health among the homeless population in Halifax (Community Action on Homelessness)[16], almost half (48%) of all respondents rated their own mental health as fair or poor, and over half (52%) of respondents reported having been diagnosed with a mental illness at some point.

Data in the Atlantic Region

The rate of household food insecurity is higher in all of the Atlantic Provinces relative to Canada as a whole (Figure 9). The rate of food insecurity among single parent households in NS and NB is higher than the Canadian rate. Importantly, lone mothers make up over 80% of single parent families (Figure 10).

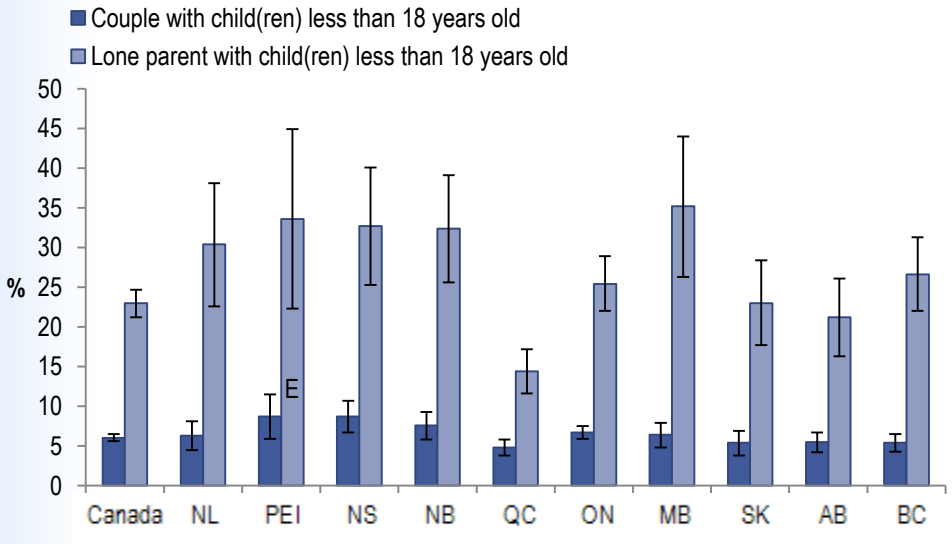
Figure 9. Food insecurity (all households), 2007-2008



Notes: This chart shows the percentage of households (all living arrangements) reporting moderate to severe food insecurity.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

Figure 10. Food insecurity in families with children, 2007–2008



Notes: This chart shows the percentage of households (selected living arrangements) reporting moderate to severe food insecurity.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

Social Support and Exclusion

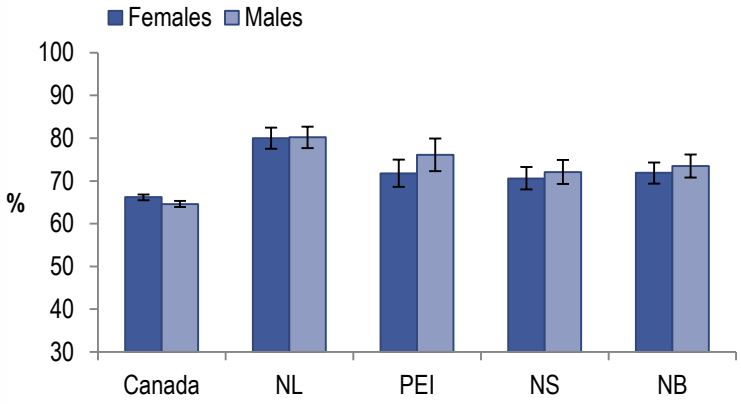
Connection to a social network contributes to positive mental health.[12] Certain groups such as recent immigrants, racial minorities, persons with disabilities, Aboriginal peoples and Lesbian-Gay-Bisexual-Transgender-Other people are more likely to experience social exclusion and discrimination. For example, a recent survey found that over 30% of First Nations people living on reserve reported experiencing racism in the last 12 months.[17] These marginalized groups may have difficulty accessing needed social support, putting them at greater risk for poor mental health.

Immigrant families often face challenges relating to social support when they arrive in Canada. As family and close friends are left behind, recent immigrants may experience a loss of support that contributes to social isolation. Creating new social networks can be challenging in an unfamiliar cultural environment and a lack of available support may put immigrants at risk for poor mental health[18]. Furthermore, cultural norms and language ability have been found to pose barriers for immigrants to seeking help from mental health services.[19] Evidence suggests that living in a neighbourhood with a higher density of individuals from the same ethnicity may be beneficial to the mental health of immigrants.[20] This may reflect the importance of social cohesion as protective of mental health within immigrant populations. Smaller, less ethnically diverse urban centres, such as those in Atlantic Canada, may provide fewer opportunities for immigrants to obtain support from peers of the same ethnicity.

Data in the Atlantic Region

In general, Atlantic Canadians are more likely to report a strong sense of community belonging compared with Canadians as a whole (Figure 11). People in NL are more likely to report a strong sense of community belonging compared with Canada and the other Atlantic Provinces across all defined age groups (Figure 12).

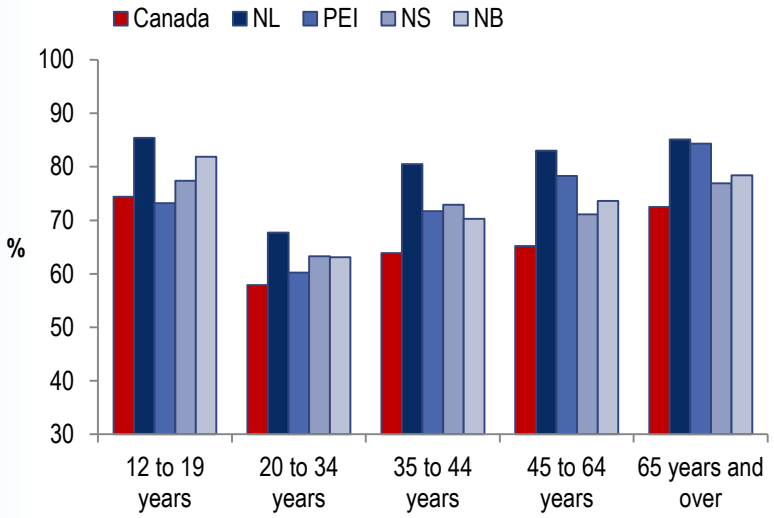
Figure 11. Community belonging by sex, 2009-2010



Notes: This chart shows the percentage of people age 12 and over who reported a somewhat strong or very strong sense of belonging to the local community.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

Figure 12. Community belonging by age, 2009-2010



Notes: This chart shows the percentage of people age 12 and over who reported a somewhat strong or very strong sense of belonging to the local community.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

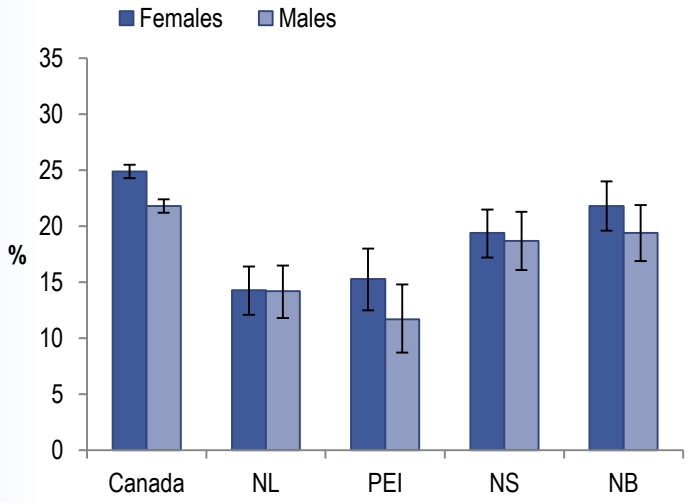
Stress and Coping

The ability to cope with adversity, or resilience, has been identified as a protective factor for good mental health.[1,2] Resilience is important for individuals, families and communities. Dealing with stress and adversity is influenced by a number of factors including values, culture, the social environment and the availability of resources and social supports.[5]

Data in the Atlantic Region

A lower percentage of people in NL and PEI report high life stress compared with Canada as a whole (Figure 13). The age group with the largest percentage of people reporting high life stress is 35 to 44 years. The percentage of people reporting high life stress appears to be higher in NS and NB compared to NL and PEI for those over the age of 35 (Figure 14).

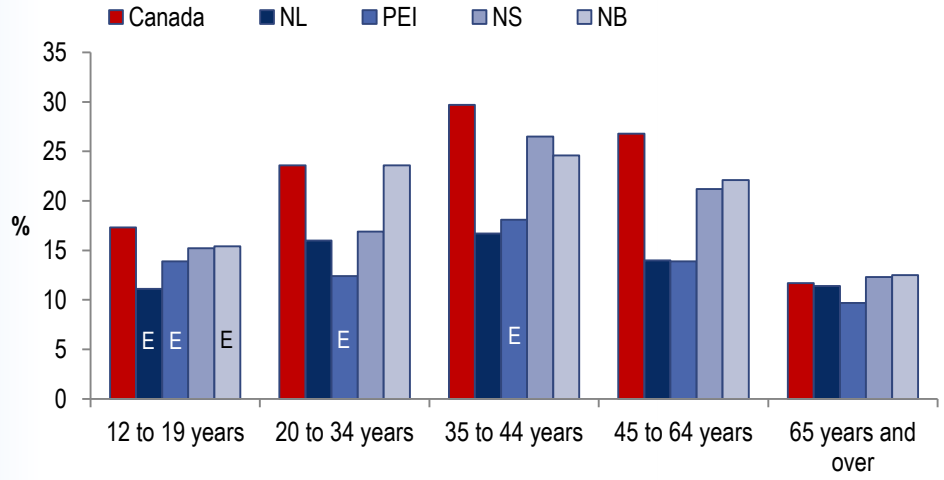
Figure 13. Life stress by sex, 2009-2010



Notes: This chart shows the percentage of people age 12 years and older who reported having "quite a lot" of life stress.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

Figure 14. Life stress by age, 2009-2010



Notes: This chart shows the percentage of people age 12 years and older who reported having "quite a lot" of life stress.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

Alcohol Consumption

Alcohol consumption is a major risk factor for many mental illnesses and for poor mental health. Men are more likely to use and abuse alcohol compared with women.[3] Sometimes alcohol is used as a method of coping with life stress or adversity.[5] Alcohol use/abuse and mental illness commonly overlap, suggesting the importance of integrated substance abuse and mental health services.[21,22] Research shows that certain populations, such as individuals living in low income, Aboriginal peoples and lesbian, gay, bisexual, transgendered and transsexual persons may be at greater risk for alcohol abuse and dependency.[3] Alcohol may be used to cope with the effects of marginalization and discrimination experienced by these groups.

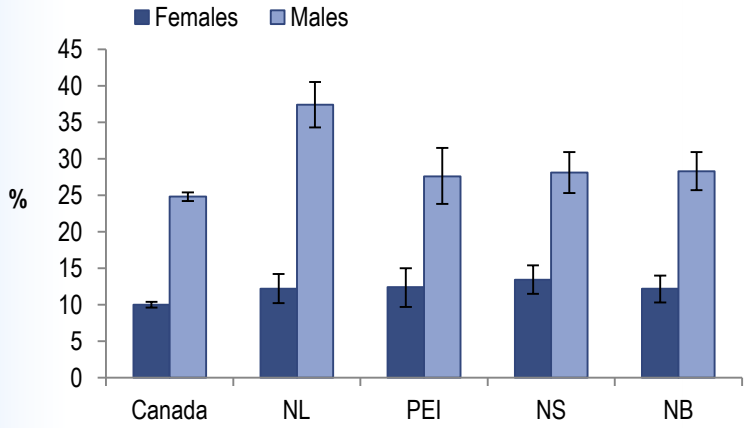
While alcohol abuse is less common among women, there are unique factors associated with use in this group. For example, women who have problems with alcohol use often also experience mental illnesses such as depression and anxiety. Women who have experienced trauma, such as abuse or assault, are much more likely to develop a substance abuse problem.[3]

Reports consistently indicate that heavy, frequent use of alcohol is more common in the Atlantic Region than in the rest of Canada. Cultural norms that promote underage drinking, and normalize (and glamorize) heavy alcohol use, particularly among youth (see page 26), may be contributing to the higher rates of heavy drinking in the Atlantic Provinces.[23]

Data in the Atlantic Region

Over one-third of males in NL (38%) report heavy, frequent use of alcohol exceeding the rate for Canada and the other Atlantic Provinces (Figure 15). Males in the 20-34 year age group are most likely to report heavy frequent use (just over 60% in NL) (Figure 16).

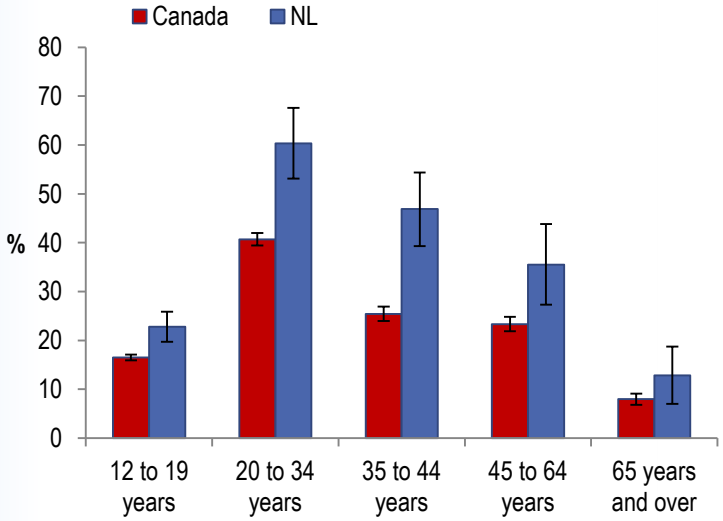
Figure 15. Heavy drinking, 2009-2010



Notes: This chart shows the percentage of people age 12 years and older who reported consuming five or more drinks on one occasion 12 or more times in the past year.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

Figure 16. Heavy drinking, males in NL, 2009-2010



Notes: This chart shows the percent of the male population age 12 years and older who reported having five or more drinks on one occasion, at least once a month in the past year.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

Physical Health

There is an undeniable connection between our physical health and mental health. For reasons that are not fully understood, severe mental illness is often associated with physical chronic disease such as diabetes, cardiovascular disease and respiratory conditions.[24,25]

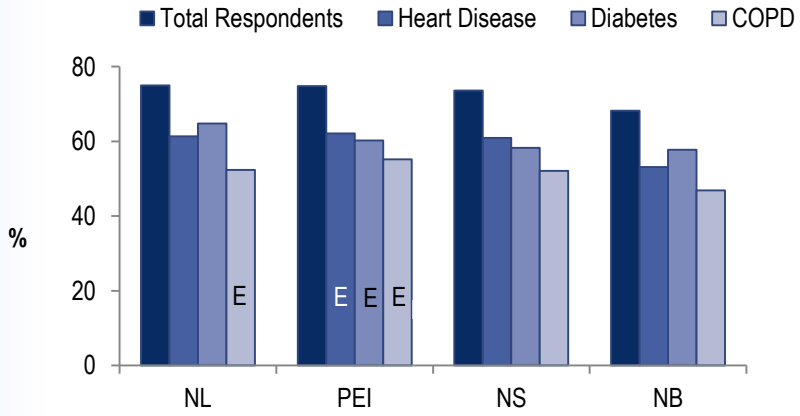
Physical limitations associated with some chronic diseases may make it difficult to manage basic activities, such as participating in social activities, performing household chores, or finding and maintaining employment.[26-28] Living with chronic disease has a profound impact on mental health. In a recent survey, almost one third of Canadians living with arthritis rated their own mental health as fair or poor.[26]

The association between chronic disease and mental health is particularly important for our region. Atlantic Canada has some of the highest rates in Canada of common chronic diseases, such as diabetes and heart disease. Behavioral risk factors associated with chronic illness, such as smoking, physical inactivity and poor eating habits, are also more common in the Atlantic Provinces.[29]

Data in the Atlantic Region

Data from the CCHS suggests that Atlantic Canadians who report having been diagnosed with diabetes, heart disease or chronic obstructive pulmonary disease (COPD) are less likely to report very good or excellent mental health (Figure 17).

Figure 17. Mental health and chronic disease, 2009-2010



Notes: This chart shows the percentage of people age 12 and over who rated their mental health as very good or excellent. It compares the total respondents to those who reported having either diabetes, heart disease or COPD.

Source: Statistics Canada, Canadian Community Health Survey, Custom tabluations using CCDPC internal data cubes

Factors Affecting Children, Youth and Families

It is estimated that 14% of Canadian children aged 4 to 17 years are experiencing mental health problems.[30] Finding comparable data on mental health in children is difficult. Markers of mental health in children are not monitored by national surveillance systems and, at present, most provinces do not gather comprehensive data on children's mental health. However, some important concepts have been identified around children's mental health and well-being (Box 2).

Box 2. Important concepts in mental health for children and youth

Attachment between caregivers and their children is a key factor in social and emotional development and has been found to impact psychological well-being in childhood, in adolescence and into adulthood.

Resilience, defined as the process of positive adaptation to adversity, is a key concept relating to the mental health of children and families.

Mental Fitness refers to our personal sense of psychological wellness (thoughts and feelings).

Abuse and Neglect

Child abuse and neglect has been identified as a key risk factor for poor mental health.[1] Children who experience maltreatment have a greater lifelong risk of anxiety, depression, behavioral disorders, substance abuse and suicidal behaviors.[31]

Data collected on child abuse and neglect is limited. According to the Canadian Incidence Report[32], there were 85,440 substantiated child maltreatment-related investigations in Canada in 2008. Exposure to intimate partner violence (34%) and neglect (34%) represented the majority of substantiated investigations, followed by physical abuse (20%).

Reports suggest that First Nations children are substantially overrepresented in the child welfare system.[33] A longstanding history of marginalizing government policies that disrupt communities and cultural practices, intergenerational effects of caregiver experiences in residential schools, as well as challenges faced by caregivers in First Nations communities such as family violence, substance abuse and social isolation are believed to be contributing factors.

Early Childhood

Early life experiences are linked to mental health outcomes occurring in adulthood. Though data relating to mental health in young children in the Atlantic Provinces is rare, we do have some information from certain communities in Nova Scotia (Pictou, Antigonish, Guysborough and Cape Breton – Victoria) collected through the Understanding the Early Years study (UEY).[34,35] This study collected information from grade primary students and their parents regarding social skills and behaviour, physical health and well-being in 2008-2009 (see Appendix 2).

The results of this survey suggest that low pro-social behavior and inattention were more common in boys (12-15%) than in girls (5-6%) and were associated with socioeconomic indicators including low maternal education and low income. Although most parents indicated high social support in their community (77%), they were less likely to do so relative to Canada overall. In the Cape Breton – Victoria region, high social support was less likely to be reported by those living in low income circumstances, single-parent families, families in which the father was unemployed and families in which either the mother or father had not completed secondary school. About half of parents surveyed rated their neighbourhoods as high quality (having good schools, recreation for children and health facilities) compared with 77% of Canadian parents.

Adolescence and Youth

Adolescence and youth is an important time for emotional, social, intellectual and physical development. It is also a time when mental health problems and mental illness often become evident. In adolescence and youth, supportive relationships with parents, teachers and peers take on an increasingly key role in emotional health.[36,37] While peer support is key, peer relationships can also have a negative impact on mental health in youth. For example, it is well known that young people who experience bullying are more likely to have emotional and behavioral problems, depression and suicidal behavior.[38] Recent survey data suggests that 65% of NB students in grades 6-12 have experienced bullying, while about 50% report bullying another student.[39]

Mental fitness and resilience are important for the mental health of young Canadians. For example, the 2009-2010 New Brunswick Student Wellness Survey (grades 6-12) found that higher levels of mental fitness were associated with positive social behaviors such as sharing and helping others.[39] Over 70% of youth surveyed reported positive social behaviors, an increase of more than 10% since 2006-2007. Engagement in positive social behaviors and activities has been found to be a protective factor for mental health among adolescents.

Aspects of mental health in adolescence are related to gender. A recent report on mental health in youth and adolescence (ages 11-15) found that girls were more likely to have low levels of emotional well-being and life satisfaction compared with boys.[37] Emotional well-being for girls also appeared to decline with age.

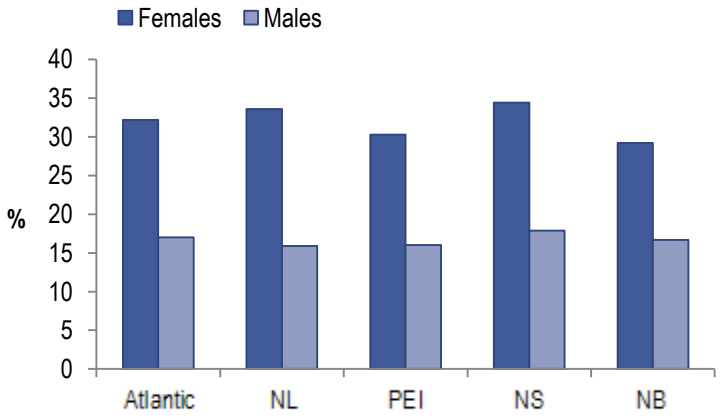
Risky behaviors, such as alcohol use, are often initiated during adolescence and youth.[40] In rural Nova Scotia, health risk behaviors such as substance use among adolescents have been associated with socioeconomic factors.[41] For instance, heavy drinking was found to be less common among adolescents whose father had postsecondary education.

Studies of suicide and health risk behavior among rural adolescents in Nova Scotia have found that while depression is a strong risk factor for suicidal behavior in both sexes[42], suicidal behavior was more common among females. Females with suicidal behavior were also more likely than males to seek help. In Central Nova Scotia, depression has been associated with health risk behavior among adolescents including risky sexual activity and substance use.[43] A recent study also found that although youth suicide rates in Canada are declining overall, suicide rates among female youth are increasing.[44]

Data in the Atlantic Region

According to the Student Drug Use Survey, approximately 30% of female students (grades 7, 9, 10 and 12) reported somewhat or very elevated depressive symptoms when screened (Figure 18). This is twice the percentage of male students who reported depressive symptoms (approximately 15%).[45]

Figure 18. Depressive symptoms, adolescents and youth, 2007

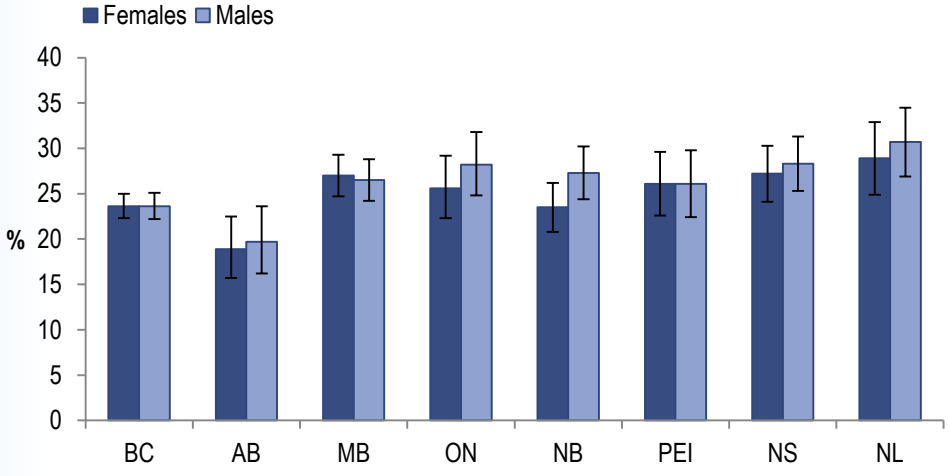


Notes: This chart shows the percentage of students in grades 7, 9, 10 and 12 who had somewhat or very elevated depressive symptoms based on a screening tool.

Source: Student Drug Use Survey, Atlantic Provinces

According to an analysis of provincial student drug use surveys[46], heavy use of alcohol may be higher in NL compared with other provinces (Figure 19).

Figure 19. Heavy drinking, adolescents and youth, 2007



Notes: This chart shows the percentage of students in grades 7, 9, 10 and 12 who reported consuming five or more drinks on one occasion in the past month.

Source: Student Drug Use Survey, Cross-Canada Report, 2011

Factors Affecting Seniors and Older Canadians

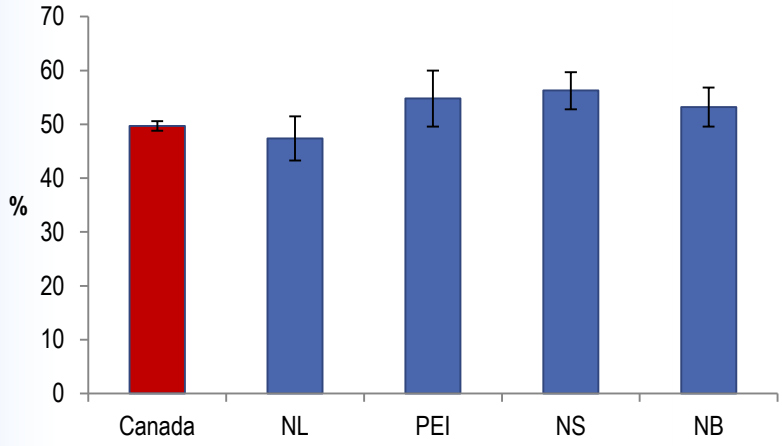
It is well known that the population in Canada is aging, especially in Atlantic Canada (see Appendix 1). The decline in physical and functional health that is often experienced with age can cause psychological distress and contribute to social isolation. As mentioned earlier in this report, self-reported measures of mental health, such as perceived mental health and life satisfaction, decline with age (see page 8). Seniors may also be particularly vulnerable to victimization, discrimination and abuse. Functional health, personal and financial security, freedom from discrimination, social participation and social support have all been identified as key aspects of wellness in seniors according to the National Framework on Aging.[47]

In particular, social participation has been proposed as a determinant of overall health status in seniors. Analysis of national population health surveys as well as international studies found that social participation is associated with good overall health.[48,49]

Data in the Atlantic Region

Seniors in Atlantic Canada are less likely to report high life stress, and are more likely to report a strong sense of community belonging (Figure 12 and Figure 14). Seniors in NS are more likely to report being limited in their daily activities because of a health problem (Figure 20).

Figure 20. Activity limitation among seniors, 2009-2010

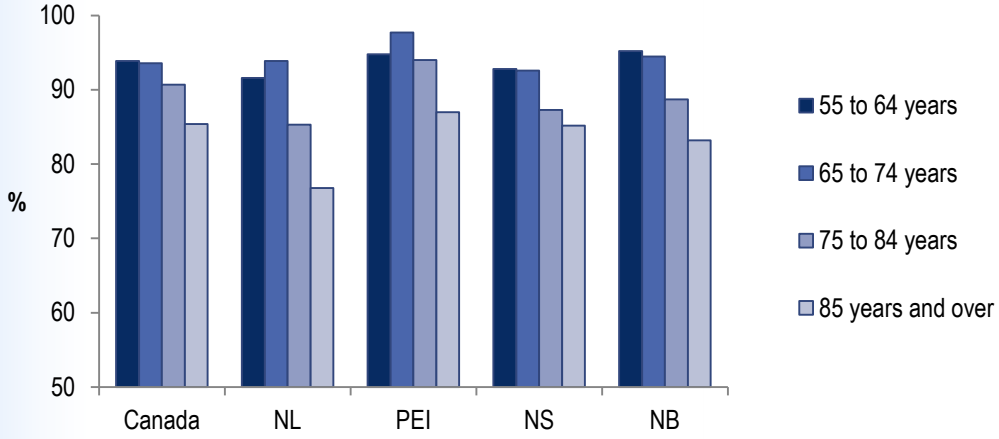


Notes: This chart shows the percentage of seniors who reported being limited in selected activities (home, school, work and other activities) because of a physical condition, mental condition or health problem which has lasted or is expected to last six months or longer.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

Most Atlantic Canadians over the age of 55 report some form of social participation at least once a month (Figure 21). Social participation appears to decline somewhat with age.

Figure 21. Social participation among seniors and older Canadians, 2008-2009



Notes: This chart shows the percentage of seniors and older Canadians who reported some form of social participation at least once a month.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

Mental Illness in Atlantic Canada

Mental illnesses are characterized by changes in mood or behavior that cause distress and impair the ability to function in daily life. They are usually associated with a clinical diagnosis. Mental illnesses are common; it is estimated that one in five Canadians will experience mental illness in their lifetime.[3]

In most current conceptualizations, mental illness is thought of as distinct from mental health. However, improving mental health in our population can act preventatively by reducing mental illness.

Mood Disorders

Mood disorders, which include depression and bipolar disorder, are among the most common forms of mental illness in Canada.[50]

An analysis of data from the 2002 CCHS points to an association between depression and several demographic factors.[51] Depression was found to be more common in women, younger age groups, those who were single or previously married, those who reported having one or more chronic conditions and those who were unemployed.

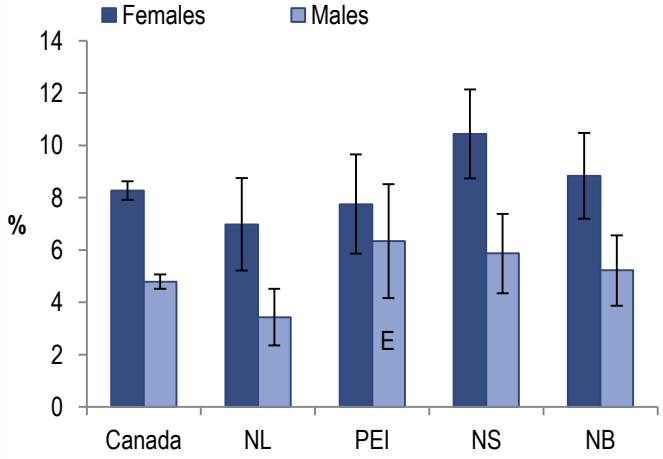
Mental illnesses are characterized by alteration in thinking, mood or behaviour – or any combinations thereof – associated with some significant distress and impaired functioning. Mental illnesses take many forms, including mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders and addictions such as substance dependence and gambling.

The Standing Senate Committee on Social Affairs, Science, & Technology. (2004). Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Canada.

Data in the Atlantic Region

Recent data from the CCHS (2009-2010) have assessed the prevalence of mood disorders by self-reported diagnosis (by a physician). Based on this data, the prevalence of mood disorders appears to be higher among females than males in each of the Atlantic Provinces and Canada (Figure 22). Females in NS have the highest self-reported rate of mood disorders outside of the territories (over 10%).

Figure 22. Mood disorder (self-reported), 2009-2010



Notes: This chart shows the percentage of people age 12 and over who reported having been diagnosed with a mood disorder by a physician.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

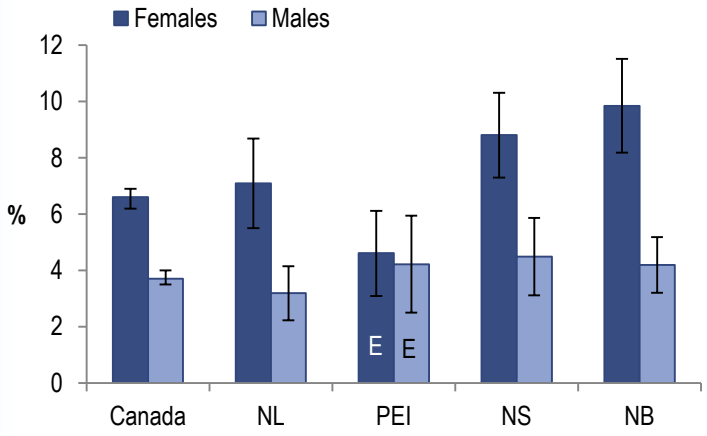
Anxiety Disorders

Anxiety disorders, including generalized anxiety, phobias and panic and obsessive compulsive disorders, affect about 12% of the population in Canada.[50] Women are more often diagnosed or hospitalized with anxiety disorders than men, although it is not clear if this is due to differences in reporting and help-seeking behaviors between men and women.

Data in the Atlantic Region

More females than males report having been diagnosed with an anxiety disorder in each of the Atlantic Provinces (Figure 23). A higher percentage of females in NS and NB reported an anxiety disorder diagnosis relative to Canada.

Figure 23. Anxiety disorder (self-reported), 2009-2010



Notes: This graph shows the percentage of people over age 12 who reported having been diagnosed with a anxiety disorder by a physician.

Source: Statistics Canada, Canadian Community Health Survey (CCHS)

Suicide and Self-harm

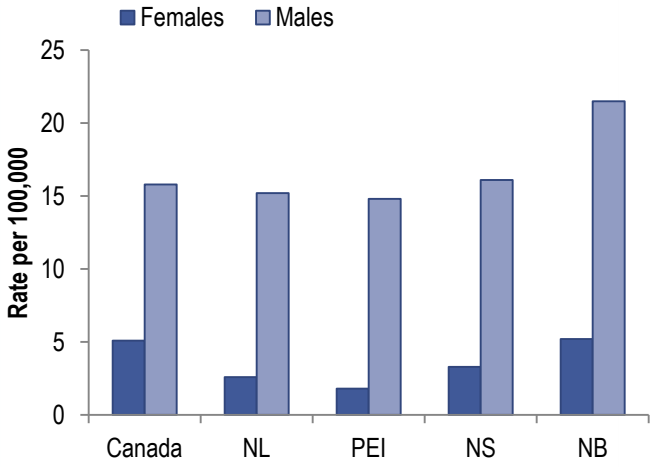
Suicide and suicidal behavior are often associated with mental illness. Suicide also represents one of the leading causes of death among young people. While women are more often hospitalized for suicidal behavior, the suicide mortality rate is four times higher for men than for women.[50]

Suicide rates in the Aboriginal population are reported to be between three and six times the national rate.[50] Rates of suicide and suicidal behavior are particularly high among Aboriginal youth. Historical elements such as trauma related to residential school experiences, as well as cultural alienation are thought to contribute to an increased prevalence of risk factors related to suicidal behavior in some Aboriginal communities. These risk factors include violence, substance abuse, poverty and social and geographic isolation.[52]

Data in the Atlantic Region

The suicide mortality rate in 2008 was higher among males in NB compared with males in Canada and the other Atlantic Provinces (Figure 24). In 2009, the self-injury hospitalization rate was higher among females in NL and males and females in NB relative to Canada (Figure 25).

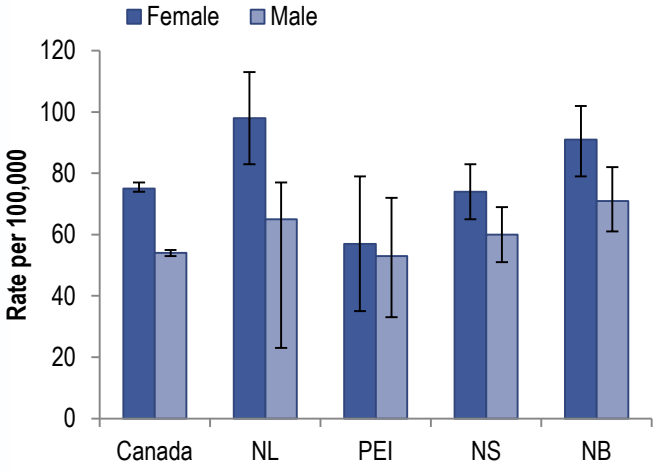
Figure 24. Suicide mortality, 2008



Notes: This chart shows the age-standardized mortality rate for intentional self-harm (suicide) per 100,000 of the population.

Source: Statistics Canada, Canadian Vital Statistics, Death Database and population estimates

Figure 25. Self-injury hospitalization, 2009



Notes: This chart shows the age-standardized rate of self injury hospitalization per 100,000 of the population.

Source: Canadian Institue for Health Information (CIHI)

Moving Forward on Mental Health in the Atlantic Region

This document profiles some of the key indicators associated with mental health and mental illness in the Atlantic Region. We have identified some factors that may be protective of mental health. For example, Atlantic Canadians are generally more likely to report feeling connected to the local community and, overall, life stress appears to be less common among Atlantic Canadians.

Some characteristics of the Atlantic Region may also put our population at risk for poor mental health. Atlantic Canadians are more likely to face stresses related to financial security and employment. Lone-parent families appear to be particularly vulnerable to financial stressors and food insecurity. Rural residents of the Atlantic Region experience difficulties related to changes in the economic environment and outmigration of young people. Heavy alcohol consumption, particularly among adolescents and youth, emerges as an important risk factor for the Atlantic Region. Finally, an aging population in the Atlantic Region suggests that we must consider ways to maintain protective factors, such as social participation and functional health, among seniors.

It is important to recognize the role of mental health in overall health and well-being. Promoting mental health in our population has the potential to reduce health care costs, and increase social and economic prosperity. Based on the information at hand, we have identified key points that can be used to facilitate targeted action around mental health programs and policy in the Atlantic Region.

Key Points

Did you know?
Mental health is different from the absence of mental illness. The mental health of Atlantic Canadians is influenced by many interacting social, environmental, psychological and biological factors.
Low income and financial insecurity are among the strongest predictors of poor mental health. Many Atlantic Canadians experience poverty, food insecurity and inadequate housing.
Cultural values, such as sense of place and community protect the mental health and well-being of those living in the Atlantic Region. Migration of young people out of rural Atlantic Canada may contribute to the erosion of the sense of place and community belonging that preserves mental health in rural communities.
Social inclusion is important to our mental health. Marginalized groups such as Aboriginal peoples, recent immigrants and the homeless are more likely to experience discrimination and social isolation.
Declines in functional health and social isolation contribute to poor mental health as we age. The population in Atlantic Canada is aging.
Heavy alcohol use is more common in the Atlantic Region, particularly among youth. A culture that accepts the excessive use of alcohol may be contributing to this trend.
Physical health and mental health are closely linked. Atlantic Canadians with chronic diseases such as diabetes and heart disease are more likely to experience poor mental health and mental illness.
Early life experiences affect mental health over the course of a person's life. Supporting mental health and resilience in children and families is important.
Youth who are mentally fit are more likely to participate in positive social behaviors. Positive relationships with parents, teachers and peers are key to the mental health of youth.

Notes

[a] A person in low income by market basket measure (MBM) is someone whose *disposable* family income falls below the cost of the goods and services in the Market Basket in their community or community size. For more information on the use of MBM as a measure of low income please go to http://www.hrsdc.gc.ca/eng/publications_resources/research/categories/inclusion/2007/sp_682_10_07_e/page05.shtml.

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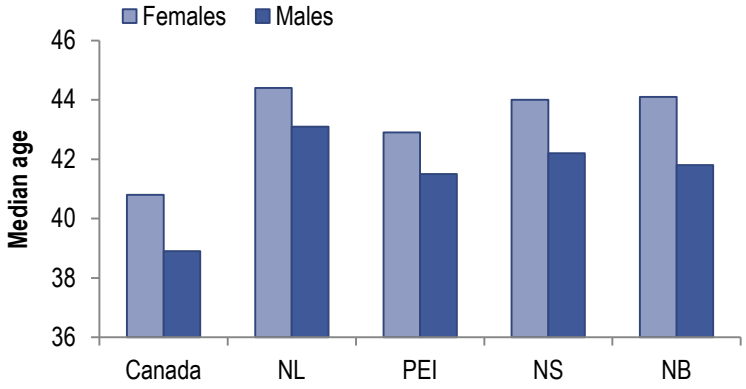
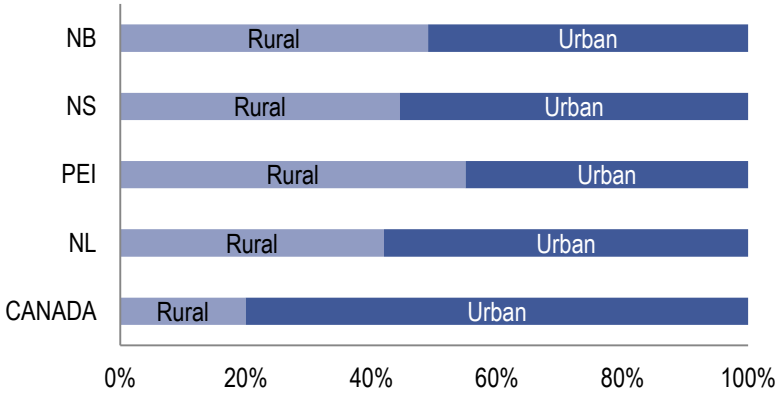
Appendix 1. Atlantic Canadians – Who are we?

Median Age, 2011



Source: Statistics Canada, Estimates of Population by Age and Sex for Canada, Provinces and Territories

Percentage of the population that is urban and rural, 2006



Note: The rural population for 1981 to 2006 refers to persons living outside centres with a population of 1,000 and outside areas with 400 persons per square kilometre.

Source: Statistics Canada, Census of Population, 2006

Number of Self-identified Aboriginals living in the Atlantic Provinces, 2006

Province	Total	Male	Female
Newfoundland and Labrador	23,450	11,520	11,925
Prince Edward Island	1,730	760	970
Nova Scotia	24,175	11,770	12,405
New Brunswick	17,655	8,645	9,005

Source: Statistics Canada, 2006 Census of Population

Appendix 2. Data Sources

The Canadian Community Health Survey (CCHS):

The Canadian Community Health Survey (CCHS) is a nationally representative community health survey conducted by Statistics Canada. The target population includes persons aged 12 years or over and living in private occupied dwellings (98% of the population). Excluded from the sampling frame are individuals living on Indian Reserves and on Crown Lands, institutional residents, full-time members of the Canadian Forces, and residents of certain remote regions.
http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3226&lang=en&db=imdb&adm=8&dis=2

The Labour Force Survey (LFS):

The Labour Force Survey provides estimates of employment and unemployment. LFS data are used to produce the well-known unemployment rate as well as other standard labour market indicators such as the employment rate and the participation rate. The LFS covers the civilian, non-institutionalised population 15 years of age and over. It is conducted nationwide, in both the provinces and the territories. Excluded from the survey's coverage are: persons living on reserves and other Aboriginal settlements in the provinces; full-time members of the Canadian Armed Forces and the institutionalized population. These groups together represent an exclusion of less than 2% of the Canadian population aged 15 and over.
http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3701&lang=en&db=imdb&adm=8&dis=2

The 2007 Student Drug Use Survey in the Atlantic Provinces (SDUSAP):

The 2007 Student Drug Use Survey in the Atlantic Provinces (SDUSAP) is the fourth application of a standardized survey conducted in collaboration with Nova Scotia, New Brunswick, Newfoundland and Labrador, and Prince Edward Island. The focus of the SDUSAP is substance use, gambling and related behaviours. The survey provides representative information about adolescents enrolled in and attending junior or senior high school. Street youth, early school leavers and adolescents frequently absent from school are at higher risk of alcohol and other drug use than are adolescents in school.
http://www.health.gov.nl.ca/health/publications/atl_tech_report_2007_web_cover.pdf

The Survey of Labour and Income Dynamics (SLID):

The Survey of Labour and Income Dynamics (SLID) complements traditional survey data on labour market activity and income with an additional dimension: the changes experienced by individuals over time. At the heart of the survey's objectives is the understanding of the economic well-being of Canadians: what economic shifts do individuals and families live through, and how does it vary with changes in their paid work, family make-up, receipt of government transfers or other factors? All individuals in Canada, excluding residents of the Yukon, the Northwest Territories and Nunavut, residents of institutions and persons living on Indian reserves. Overall, these exclusions amount to less than 3 percent of the population.
http://www.statcan.gc.ca/cgi-bin/imdb/p2SV.pl?Function=getSurvey&SDDS=3889&lang=en&db=imdb&adm=8&dis=2

The Understanding the Early Years (UEY) study:

The Understanding the Early Years (UEY) study was conducted using the Parent Interviews and Direct Assessments of Children Survey (PIDACS). The purpose of PIDACS is to collect data on child development within communities. There are two elements involved in this research component: a direct developmental assessment of grade Primary children from the 2006-07 year, and an interview with the parents of those children. The PIDACS sample size is sufficiently large to provide accurate estimates of the mean scores for the measures of children's outcomes and for various aspects of family and community context.
http://www.cprav.net/ueywns/pidacs.html