



A Concise Introduction to Mental Health in Canada



Chapter 1: What is Mental Health?

Outline

- ▶ **What is mental health?**
 - ▶ Defining mental health
 - ▶ Diagnosing mental health
- ▶ **Brain vs. Mind**
- ▶ **Perspectives on mental health**
- ▶ **History of mental health in Canada**
- ▶ **Mental health of Canadians**
- ▶ **Epidemiology and mental health**



Defining Mental Health

- ▶ “A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of every day life.” (World Health Organization, 2010)
- ▶ Note: no single definition of mental health is widely accepted
 - ▶ Cultural differences
 - ▶ Competing professional theories



Canadian Senate's Standing Committee Report on Mental Health (Kirby & Keon, 2004)

- ▶ Mental health includes ability to:
 - ▶ Understand oneself and one's life
 - ▶ Relate to other people and respond to one's environment
 - ▶ Experience pleasure and enjoyment
 - ▶ Handle stress and withstand discomfort
 - ▶ Evaluate challenges and problems
 - ▶ Pursue goals and interests
 - ▶ Explore choices and make decisions



Mental Status Examination

- ▶ Series of observations, structured questions, and tests of concentration, memory, and other mental functions
 - ▶ E.g. “Subtract seven from the number 100. Then subtract seven from the answer, then subtract seven again, and continue doing so without a paper and pencil.”
 - ▶ Tests ability to concentrate, use certain memory functions, and apply arithmetic calculation
- ▶ Take into account the individual’s cultural and educational background
- ▶ Examine a range of mental activity



There are thousands of psychological tests

- ▶ Evaluate a range of mental abilities, personality traits, and individual characteristics
- ▶ E.g. Rorschach test



Figure 1.1 The first ink-blot in the Rorschach test

Can these tests provide meaningful picture of a person's mental health?

- ▶ Cross-sectional view: examining only one brief point in time
- ▶ There are fluctuations in various facets of mental health
- ▶ Influences include the environment, stressors, life events, substance use



Brain vs. Mind

Brain

- ▶ The physical organ of the body that produces mental activity
- ▶ Computer hardware
- ▶ Actual physical object

Mind

- ▶ Set of functions and experiences resulting from a combination of brain activity and the environment in which it operates
- ▶ Overall function of computer with several software programs operating
- ▶ A construct



Multiple factors influence the development of the human mind

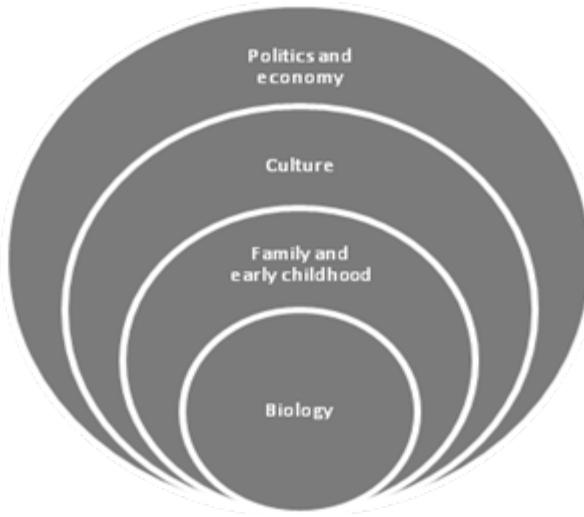


Figure 1.2. Multiple factors influence mental health and mental illness. It is difficult to keep these many factors in mind when seeking to understand mental health issues. There is a tendency to narrow down to one or two groups of factors and create a “reductionistic” explanation. In this book, we seek to help the reader adopt a multi-layered understanding of mental health and mental illness.



Perspectives on mental health

Physical Sciences (e.g. biology, chemistry, physics, neurosciences)

- ▶ Emphasis on function of the brain, neurotransmitters, and endocrine system
- ▶ Explore factors that may affect the function of these biological systems (e.g. genetics)
- ▶ Popular in the 19th century; again in the second half of the 20th century
- Shifts back and forth between the two perspectives described as “pendulum swings”
- Can lead to reductionist thinking

Social Sciences (E.g. anthropology, criminology, economics, geography, history, political science, psychology, sociology)

- ▶ Effects of family life, culture, society, and political and economic environments
- ▶ Popular in the mid-20th century

Problems with reductionist explanations

- ▶ Example: Depression
 - ▶ Biological explanations in the second half of 20th century would find that depression is a chemical imbalance of the brain
 - ▶ Ignores other factors (e.g. relationships, loneliness)
 - ▶ Narrows treatment options to include only prescription of medication or other biological treatment to alter brain's chemistry



Traditional Mental Health and Spiritual Practices

- ▶ First Nations, Inuit, and Métis developed practices that addressed mental and spiritual health
 - ▶ Passed down through many generations by oral tradition
 - ▶ E.g. ritual chants, ceremonial dances, drumming, ritual journeys, communal sweats



Figure 1.3 Sweat Lodge

Historical Treatment of Mental Illness in Canada

- ▶ At time of Confederation, presumed that mental illnesses caused by physical disease or damage to the brain
- ▶ No clear understanding of cause of mental illness
- ▶ Established residential asylums



Figure 1.4 Building K of the historic Mimico Lunatic Asylum of 1880s has been renovated by Humber College in Toronto.

Increased Use and Acceptance of Psychotherapy

- ▶ By 1950s Freud's psychoanalysis became popular in North America as treatment for common mental health problems
- ▶ Commonly accepted that average person likely to experience emotional problems
- ▶ Dominance of psychosocial ideas

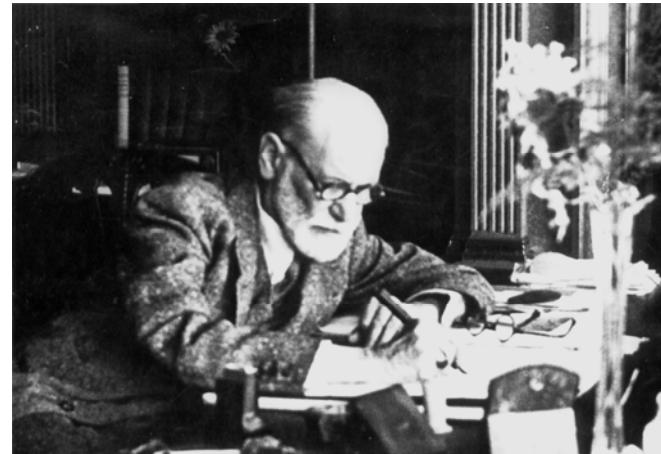


Figure 1.5 Sigmund Freud

Number of psychiatric beds peaked in the 1960s

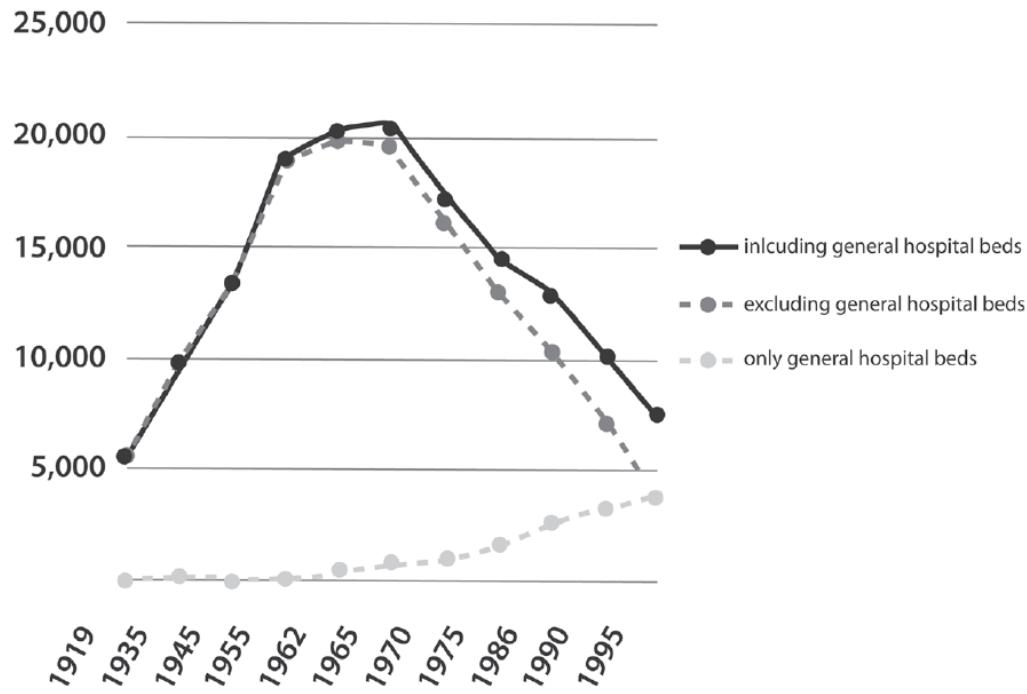


Figure 1.6. Psychiatric Beds in Quebec, 1919–1995

Source: Lesage, A.D., Morissette, R., Fortier, L., Reinharz, D., & Contandriopoulos, A-P. (2000). Downsizing psychiatric hospitals: Needs for care and services of current and discharged long-stay inpatients. *Canadian Journal of Psychiatry*, 45(6), 526–531.

Deinstitutionalization

- ▶ Plans by governments to decrease the use of psychiatric hospitals and replace these with community-based treatment
- ▶ Community-based services and supports not adequate
 - ▶ Fiscal constraints
 - ▶ Competing demands for health budgets
 - ▶ Broad social factors



Mental Health of Canadians

- ▶ Statistics Canada asked a sample of the population to assess their own mental health

In general, would you say your mental health is:

EXCELLENT VERY GOOD GOOD FAIR POOR

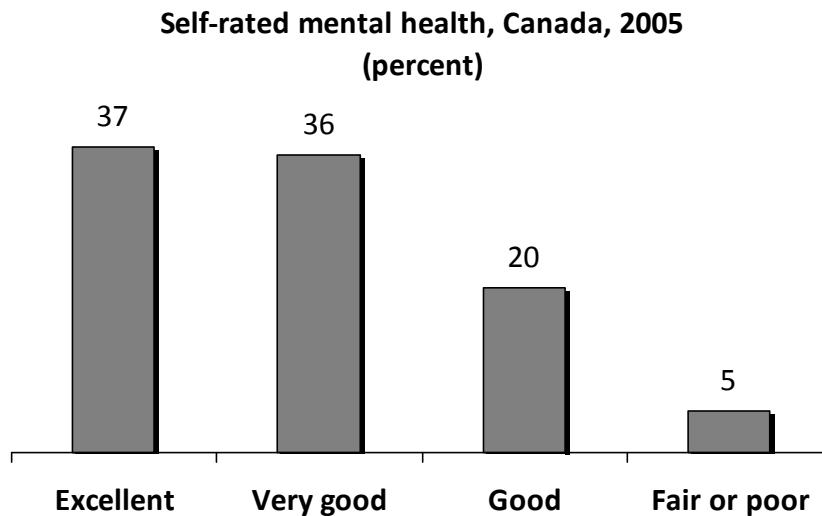


Figure 1.7 Self-rated mental health, Canada, 2005 (percent)

Epidemiology and Mental Health

- ▶ Epidemiology is defined as the study of the distribution of health and illness within populations
- ▶ Prevalence: the proportion of individuals in a population that have a particular health condition
 - ▶ Point prevalence: measured at one point in time
 - ▶ One-year prevalence: measured over the course of one year
 - ▶ E.g. One-year prevalence of major depression in Canadian adults was 4.8% in 2002
- ▶ Incidence: the proportion of people who have a new case of the condition being studied



Epidemiology and Mental Health

- ▶ Years Lived with Disability (YLD): number of years of life that have been accompanied by a disability due to a disease or injury
 - ▶ Multiply the number of incident (new) cases of an illness in the population by the average duration of the condition and a weight factor that reflects the average degree of disability caused by the condition
 - ▶ Depression estimated to be responsible for greatest number of YLD worldwide



Epidemiology and Mental Health

- ▶ Years of Life Lost (YLL): measure of the number of years of life lost due to premature mortality in the population
 - ▶ Multiply the number of deaths by the estimated number of years of life lost (determined by subtracting the age of death from the average life expectancy)
 - ▶ E.g. In Nunavut, suicide is responsible for more YLL than any other cause of death



Epidemiology and Mental Health

- ▶ **Disability Adjusted Life Years (DALY):** combining the years lived with disability (YLD) and the years of life lost (YLL)
 - ▶ Pooled measure of disability and premature mortality
- ▶ **Burden of disease estimated with DALY**
 - ▶ Impact of a health problem in an area measured by financial cost, mortality, morbidity, or other indicators
- ▶ WHO estimated that depression is currently third leading contributor to the burden of disease worldwide



Mental Health Epidemiology in Canada

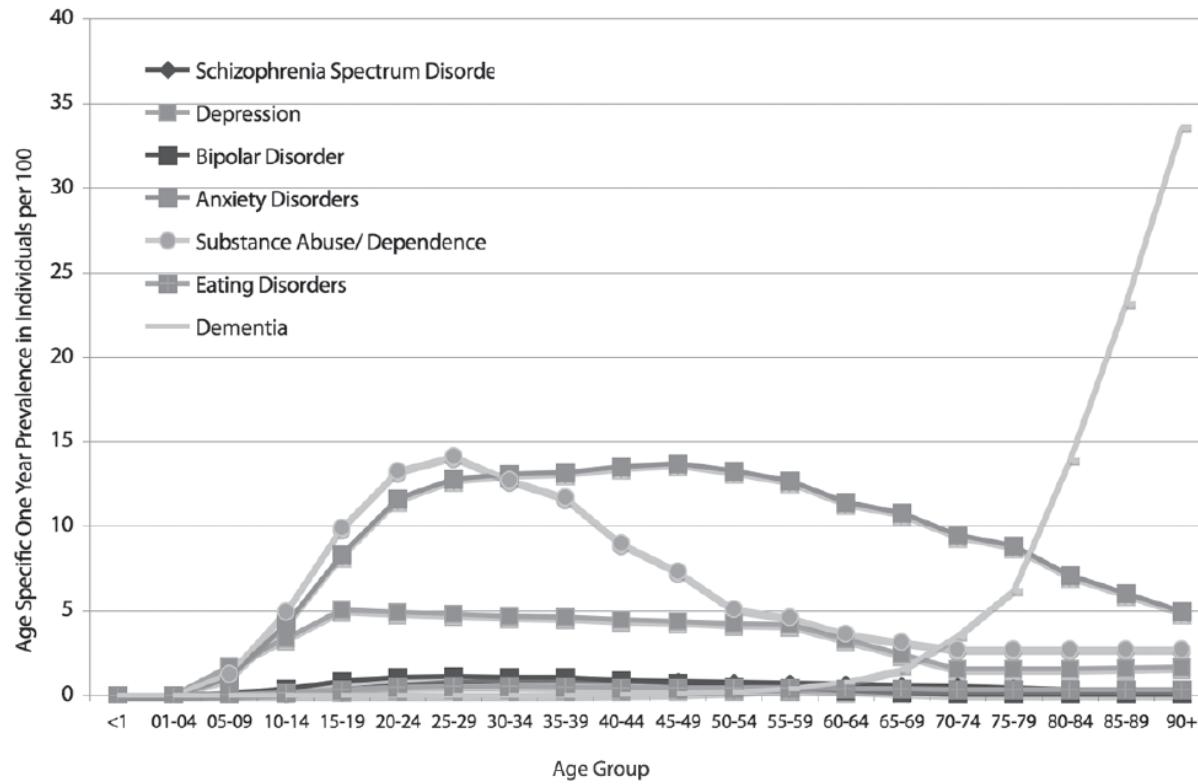


Figure 1.8. Estimated Prevalence of Selected Mental Disorders

Source: Chart created by Wayne Jones & Elliot Goldner by combining findings of large-scale epidemiological studies and Canadian service utilization data

Summary

- ▶ Defining mental health is not easy or straightforward
- ▶ Health of the “mind”
- ▶ Rich history in Canada
- ▶ Movement away from institutionalization in recent years
- ▶ Epidemiology is useful for understanding mental health in the overall population



A CONCISE INTRODUCTION TO MENTAL HEALTH IN CANADA

BY ELLIOT M. GOLDNER, EMILY JENKINS, JESSICA PALMA, AND DAN BILSKER

TEST BANK

PREPARED BY STEPHEN SVENSON

**Canadian Scholars' Press Inc.
Toronto
www.cspl.org**

© 2012

Chapter 1: What is Mental Health

Multiple Choice – Choose the best or most appropriate answer

1. According to the Canadian Senate's Standing Committee report on mental health, mental health infers various capacities including the ability to:
 - a) understand oneself and one's life
 - b) experience pleasure and enjoyment
 - c) handle stress and withstand discomfort
 - d) evaluate challenges and problems
 - e) pursue goals and interests
 - f) all of the above**
2. At the level of the population, good mental health is associated with:
 - a) good physical health
 - b) economic productivity
 - c) greater social cohesion and stability
 - d) all of the above**
 - e) a and b
3. The back and forth shifts between two perspectives, physical sciences and social sciences, have been described as:
 - a) Reductionistic thinking
 - b) Pendulumswings**
 - c) Theoretical shifts
 - d) Spectrum shifts
4. With the spread of interest in psychotherapy in the mid 20th century, there was a movement away from:
 - a) the biological ideas that had been dominant**
 - b) the psychosocial ideas that had been dominant
 - c) psychologists
 - d) psychiatrists
5. The dominance of psychosocial ideas was overthrown by:
 - a) the death of Sigmund Freud
 - b) a rapid succession of discoveries
 - c) a rising rate of mental illness
 - d) production of medication
 - e) **b and d**

6. The following led to the **deinstitutionalization** of people with mental illness.

- a) overflow of people in psychiatric wards
- b) dismal conditions in psychiatric wards
- c) introduction of antipsychotic medication
- d) rise in community-based treatment
- e) **b, c**

7. The creation of community-based services and supports has proven to be a difficult and largely unmet challenge as a result of:

- a) fiscal restraints
- b) competing demands for health budgets
- c) broad social factors
- d) a and b
- e) **all of the above**

8. In epidemiological studies, the term **prevalence**:

- a) refers to the proportion of people who have a new case of the condition being studied
- b) refers to the proportion of individuals in a population that have a particular health condition
- c) includes both new and existing cases
- d) **b and c**

9. YLD stands for:

- a) Years Lived with Depression
- b) **Years Lived with Disability**
- c) Years Lost to Depression
- d) none of the above

10. Of the many different injuries and illnesses that exist, the illness that is estimated to be responsible for the greatest number of YLD worldwide is:

- a) Cancer
- b) **Depression**
- c) Mental Illness
- d) Irritable Bowel Syndrome

11. Years of Life Lost (YLL) is:

- a) a measure of the number of years of life lost due to premature mortality in the population
- b) calculated by multiplying the number of deaths by the estimated number of years of life lost
- c) not a valid measure
- d) a and b
- e) **all of the above**

12. In Nunavut, _____ is responsible for more YLL than any other cause of death.

- a) Depression
- b) **Suicide**
- c) Alcohol abuse

- d) all of the above
13. The Disability Adjusted Life Years (DALY) is:
- created by subtracting the years lived with disability (YLD) from the years of life lost (YLL)
 - provides a pooled measure of disability and premature mortality
 - have been used extensively by the World Health Organization (WHO)
 - estimate the burden of disease caused by various illnesses and injuries
 - e) b, c and d**
 - all of the above
14. In a series of well-known studies, the WHO estimated that depression is currently the _____ leading contributor to the burden of disease worldwide.
- First
 - Second
 - c) Third**
 - Fourth
15. Most mental disorders tend to first become prominent in childhood or adolescence; _____ is of course a prominent exception to this pattern.
- substance abuse and dependence
 - b) dementia**
 - bipolar disorder
 - eating disorder

True or False

1. No laboratory test or physiological measure has been discovered that can produce a rating of a person's overall mental health despite the strong links that exist between mental states and the physiological function of various organs of the body. (**T**)
2. Mental health has no correlation with quality of life. (**F**)
3. Properly done, a mental status examination will not take into account an individual's cultural and educational background. (**F**)
4. Mental status examination and psychological testing are valuable tools and provide the full picture of an individual's mental health. (**F**)
5. When trying to understand mental health and mental illness, it is better to focus on one perspective at a time – physical science or social science. (**F**)
6. At the time of Confederation, it was presumed that mental illnesses were caused by physical disease or damage to the brain. (**T**)
7. Historical accounts of Canadian asylums indicate that many tended to be custodial. (**T**)
8. Psychoanalysis made it less socially acceptable for people to receive therapy. (**F**)

9. Prior to the advent of psychoanalysis, psychiatric or psychological treatment was thought to be something required only by individuals who had severe mental problems. (T)
10. A system of community-based services and supports that could replace institutional care for people with mental illness in Canada has been adequately developed. (F)

Short Answer

1. The World Health Organization states that no single definition of mental health is widely accepted. What is their basis for this statement? (1, 2)
2. When health care professionals undertake an examination of an individual's mental health, how do they begin? (2--4)
3. Why is a cross-sectional view often inadequate in providing a meaningful picture of a person's mental health? (3,4)
4. What is the difference between the brain and the mind? (4)
5. What are the factors that influence the development of the human mind and affect mental health and mental illness? (4,5)
6. Why is it problematic to employ reductionistic explanations when attempting to understand mental health and mental illness? (6)
7. At the time of Confederation, asylums were established. What were the two different motivations for the creation of asylums? (9)
8. Who was the father of psychoanalysis and how did it work to explain mental illnesses? (10)
9. What conditions/trends led to the **deinstitutionalization** of people with mental illness? (11)
10. Why is it important to carry out epidemiological studies? (13)

Discussion

1. What is mental health? What factors affect mental health?
2. What is the difference between the 'brain' and the 'mind'?
3. What kinds of approaches have been taken historically in the study of mental health? What kind of shifts in these approaches have occurred over time?
4. What led to the deinstitutionalization of people with severe mental illnesses? How has it impacted services for those with mental illness? (11-12)
5. Which do you feel are the most important epidemiological terms? Why?