Positive Mental Health and Mental Illness
Analysis of Statistics Canada 2012 Canadian Mental Health Survey

On September 17, 2014, Statistics Canada released an analysis, entitled “Positive mental health and mental illness,” which interpreted self-reported data from the 2012 Canadian Community Health Survey - Mental Health and focused on the percentage of the Canadian population that is flourishing, moderately mentally healthy and languishing.

Key Findings

Social determinants of health:

The analysis shows that social determinants of health are a large contributor to a person’s well-being. CMHA, Ontario has been saying for years that supportive housing, income and education are all factors that can improve a person’s mental health. More needs to be done to ensure that those struggling with mental health issues are not further marginalized but have access to supportive housing, an education and a fair and steady income.

Children & youth:

The analysis indicates that 65 per cent children and youth are in complete mental health. The flip side is that 35 per cent of this age group needs more support. We know the benefits of providing more mental health supports to young people early on in their lives. If we achieve this we could see some positive change in the following research:

- Up to 70 percent of young adults living with mental health problems report that symptoms began in childhood.
- Nearly a third of people aged 20-29 experience a mental illness in a given year.
- Death by suicide among 15-24 year olds is the second leading cause of death in this age group.

It’s important that we provide young people a supportive network to help them as they deal with mental health issues. A strong team can include a family doctor, counsellors, friends and family who all encourage open communication and a stigma-free attitude toward mental illness.
Limitations of survey data and analysis:

The survey data and analyses published today give us a good understanding about how people feel but these results have their limitations and should be viewed with caution.

While the survey showed that 76.9 percent of Canadians asked enjoy positive mental health, it does not consider the mental health of certain at-risk Canadians who did not participate in the survey. Excluded from the data, for instance, were persons living on reserves and other Aboriginal settlements, members of the military and people in institutions such as prisons or long-term care facilities. These groups represent significant populations in which mental health and addiction issues are prevalent yet we know very little about the status of these groups’ mental health.

Additionally, stigma or discrimination attached to mental illnesses still presents a serious barrier, not only to diagnosis and treatment but also to acceptance in the community and society. Research has shown that self-reporting survey data can be skewed as those asked to participate may be reluctant to honestly divulge personal information for fear of being judged.

Progress on mental health data collection:

CMHA applauds Statistics Canada for its continued work to assess and explore the mental health and wellbeing of Canadians as there is little mental health information available in Canada. Surveys such as this provide important insights; however, the data from the Canadian Community Health Survey is subjective information and should not replace objective population health measures collected through mental health service providers.

In 2012, the federal government announced in its budget the reallocation of more than $2 million to develop mental health and mental illness indicators for Canada. Having these objective measures of well-being and population health are critical to planning and resourcing programs and services to meet the mental health needs of Canadians.

Funding gap for mental health services:

Despite changes to addressing mental health, mental illness and addictions across Canada with meaningful strategies and plans over the last three to four decades, we still see funding concentrated in acute care settings and a fraction of funding invested in prevention and health promotion initiatives that can help avoid many of the more costlier aspects associated with deteriorating mental health or mental illness.

Evidence shows that investments in community mental health services make good sense: they support better individual health outcomes and are cost effective. We know that at least 70% of mental health problems and illnesses begin during childhood or adolescence and that mental health promotion and illness prevention aimed at children and adolescents can provide huge, long-term results.\(^1\)

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\(^1\) Toward Recovery and Well Being: A Framework for a Mental Health Strategy for Canada (Calgary, Alta.MHCC, 2009).
Across Canada, only seven per cent of government health care expenditures are allocated to mental health. That's seven cents for every health care dollar spent. This contributes to the lack of availability and accessibility of services.

According to Statistics Canada, in 2012, 17 percent of Canadians aged 15 and older (i.e. approximately 4.9 million individuals) perceived themselves as having had a need for mental health care in the past 12 months but 600,000 Canadians did not have their mental health care needs met.

In 2012, *the Mental Health Strategy for Canada* recommended increasing mental health spending to 9 percent of health spending and increasing social spending by 2 percent. There has been no progress on this to date.

CMHA, Ontario recognizes that almost all provinces and territories have begun to address mental health in their regions by developing strategies or plans aimed at improving the mental health outcomes of their residents but more investment in maintaining and improving Canadian’s mental health, prevention and treatment services is needed.