

## CMHA'S 66TH ANNUAL MENTAL HEALTH WEEK MAY 1-7, 2017

**#GETLOUD to promote mental health.**

**The louder we get, the bigger the change we will make.**

## Let's stop waiting and take control of our lives NOW

Mental health prevention and promotion is key to a mentally healthy community<sup>1,2,3</sup>. The longer we wait for health care, the worse our health becomes; this holds true for mental health problems and illnesses as much as for physical illness.

### General Stats / Facts

- Mental wellness achieved from recreation activities include increased self-esteem<sup>4</sup>, sense of accomplishment<sup>5</sup>, increased self-confidence<sup>6</sup>, reduced stress and increased ability to cope<sup>7</sup>, improved quality of life<sup>8</sup>, and life satisfaction<sup>9</sup>
- Primary prevention programs such as *Better Beginnings*, *Better Futures* and the "Triple P" Parent Program have shown to reduce costs of publicly funded services such as social welfare and family physician visits by approximately 25%<sup>10</sup>
- More than 80% of Canadian adults experience levels of excessive stress in their daily lives<sup>11</sup>
- Chronically elevated levels of stress and cortisol lead to health risks and disease such as heart disease, weight gain, digestive issues, sleep issues, memory and concentration impairment, and much more<sup>12</sup>
- Increasing the 5 core social and emotional competencies (Self-Awareness, Self-Management, Social-Awareness, Relationship Management, and Responsible Decision-Making) has been shown to impact psychological well-being<sup>13</sup>, employee satisfaction<sup>14</sup>, employee retention<sup>15</sup>, group cohesion<sup>16</sup>, and lower long-term disability costs<sup>13</sup>
- Approximately \$51 billion each year are lost to the Canadian economy because of mental illness - this represented 2.8% of Canada's gross domestic product (GDP) in 2011, of which \$20 billion stems from the workplace. In 30 years, the total cost is projected at \$2.5 trillion<sup>17</sup>
- The private sector spends between \$180-\$300 billion on short-term disability for mental illness and \$135 billion for long-term disability<sup>19</sup>
- Mental health issues and illness are the number one cause of disability in Canada<sup>19</sup>
- 500,000 Canadians, in any given week, are unable to work due to mental illness<sup>20</sup>
- More than 30% of disability claims and 70% of disability costs are attributed to mental illness<sup>21</sup>

- Between 10 and 25 percent of mental health disability costs incurred by employers could be avoided<sup>22</sup>
- About 21.4% of the working population in Canada currently experience mental health issues and illnesses, which can affect their productivity<sup>23</sup>
- Improved management of mental health in the workplace including prevention and early intervention to combat stress and identify issues, could decrease losses to productivity significantly<sup>23</sup>
- If we reduced the number of people experiencing a new mental illness in any given year by 10%, after 10 years we could be saving the economy at least \$4 billion a year<sup>23</sup>
- ROI (return on investment) for mental health promotion ranged from \$1.80 to \$17.07 per dollar invested<sup>22</sup>
- The estimated \$15.8 billion spent by the public and private sectors in 2015 on non-dementia-related mental health care represented approximately 7.2% of Canada's total health spending (\$219.1 billion)<sup>24</sup>
- One in three Canadians will experience mental health issues or mental illness in any given year
  - That means that by the time Canadians reach 40 years of age, 1 in 2 have – or have had – a mental health issue.
  - If we include the impact on families and caregivers, almost everyone in Canada is impacted by mental health issue and illnesses<sup>23</sup>
- People with a mental illness are twice as likely to have a substance use issue compared to the general population. At least 20% of people with a mental illness have a co-occurring substance use issue<sup>25</sup>
- People with mental illness and addictions are more likely to die prematurely than the general population. Mental illness can cut 10 to 20 years from a person's life expectancy<sup>26</sup>

## WHAT CAN WE DO? Here are some strategies that might help:

- For both children and adults, recreation can facilitate and support social relationships—through clubs, social organizations, participating on a team or making a new friend. Among youth, recreation can help decrease anti-social behaviours.
- Talk with supportive friends and family: Share your feelings with them. Explain what you need and let them help you. Loved ones can offer both emotional and practical support—like scheduling appointments or finding services.
- Address symptoms early: Addressing mental health symptoms early by accessing services and supports in community can significantly reduce the severity of an illness. Connect with community-based mental health organizations for more information about programs and resources that can help keep you mentally healthy.
- If you are in crisis, contact the Mental Health Mobile Crisis Team (1-902-429-8167), Kids Help Phone (1-800-668-6868), 911, or go to the nearest hospital Emergency Department.

## How CMHA can help

- Founded in 1918, the Canadian Mental Health Association (CMHA) is a national charity that helps maintain and improve mental health for all Canadians. As the nation-wide leader and champion for mental health, CMHA promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness.
- In Nova Scotia, the CMHA provincial Division provides leadership support in the areas of mental health promotion – injury disease prevention, population based awareness, and education and training. CMHA NS Division provides a wide range of innovative community, work place, and school based services and supports, tailored to and in partnership with our community partners and stakeholders. In addition, to scaling up social and emotional competencies to develop safe and caring environments and enhance quality of life of all Nova Scotians, and to develop capacity in support of suicide safer communities.
- Contact your local CMHA, or other community mental health organization, to learn more about support and resources in your area.
  - For more information on mental health programs and services in your community or to donate to CMHA, visit our websites:  
<http://www.novascotia.cmha.ca> and <https://www.mentalhealthweek.ca>

## Other sources of information and inspiration that can help:

- Websites of reputable mental health organizations
  - CMHA NS and its branches (<http://www.novascotia.cmha.ca>)
  - Mental Health Commission of Canada (<http://www.mentalhealthcommission.ca>)
  - Canadian Alliance on Mental Illness and Mental Health (<http://www.camimh.ca>)
- Books, Audio and video resources about specific mental health problems
- Courses and workshops offered through community centers, schools and universities
- Seek out people you admire for their ability to find balance

## Crisis services

- Mental Health Mobile Crisis Team #902-429-8167
- Kids Help Phone #1-800-668-6868
- # 911, <https://novascotia.ca/dma/emo/911/>

## Non-crisis services

- # 211, <http://www.ns.211.ca/>
- Canadian Mental Health Association #902-466-6600

1. World Health Organization. (2002). *Prevention and promotion in mental health*. Geneva: World Health Organization.
2. World Health Organization. (2004). *Promoting mental health: Concepts, emerging evidence, practice* (Summary report). Geneva: Author.
3. Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB: Author.
4. Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York: Harper & Row.
5. Crone D, Guy H. "I know it is only exercise, but to me it is something that keeps me going": a qualitative approach to understanding mental health service users' experiences of sports therapy. *Int J Ment Health Nurs*. 2008;17(3):197–207.
6. Dingle et al. (2012). "To be heard": the social and mental health benefits of choir singing for disadvantaged adults. *Psychology of Music*. Retrieved from <http://pom.sagepub.com/content/early/2012/01/24/0305735611430081.abstract>.
7. Crone D, Guy H. "I know it is only exercise, but to me it is something that keeps me going": a qualitative approach to understanding mental health service users' experiences of sports therapy. *Int J Ment Health Nurs*. 2008;17(3):197–207.
8. Lloyd C, Wong SR, Petchkovsky L (2007). *Art and recovery in mental health: a qualitative investigation*. *British Journal of Occupational Therapy*, 70(5), 207-14.
9. Mynard et al. (2009). *Belonging to a community-based football team: An ethnographic study*. *Aust. Occup. Ther. J.*, 56, 266–274.
10. Mental Health Commission of Canada (2017). *Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations*. Retrieved from [http://www.mentalhealthcommission.ca/sites/default/files/2017-03/case\\_for\\_investment\\_eng.pdf](http://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_for_investment_eng.pdf)
11. Sun Life Canadian Health Index Report (2016). Retrieved from [https://cdn.sunlife.com/static/ca/Learn%20and%20Plan/Market%20insights/Canadian%20Health%20index/Canadian\\_Health\\_Index\\_2016\\_en.pdf](https://cdn.sunlife.com/static/ca/Learn%20and%20Plan/Market%20insights/Canadian%20Health%20index/Canadian_Health_Index_2016_en.pdf)
12. McEwen, B. S. (2004). *Protection and Damage from Acute and Chronic Stress: Allostasis and Allostatic Overload and Relevance to the Pathophysiology of Psychiatric Disorders*. *Annals of the New York Academy of Sciences*, 1032: 1–7.
13. Salovey et al. (2002). *Perceived emotional intelligence, stress reactivity, and symptom reports: Further explorations using the Trait Meta-Mood Scale*. *Psychology and Health*, 17, pp. 611-627.
14. Kassim et al. (2016). *Emotional Intelligence and Job Satisfaction among lecturers of Universities in Kano State: Empirical Evidence*. *Journal of Education and Practice*, 7, (10).
15. Carmeli, A. (2003). *The relationship between emotional intelligence and work attitudes, behavior and outcomes*. *Journal of managerial psychology*, 18,788-813.
16. Jordan et al. (2002). *Emotional Intelligence Scale development and relationship to team process effectiveness and goal focus*. *Human Resources Management Review*, 12 (2), pp. 195-214.
17. Smetanin et al. (2011). *The life and economic impact of major mental illnesses in Canada: 2011-2041*. RiskAnalytics on behalf of the Mental Health Commission of Canada.
18. P. Jacobs et al. (2010). *The Cost of Mental Health and Substance Abuse Services in Canada: A Report to the Mental Health Commission of Canada*. Institute of Health Economics.
19. Mental Health Commission of Canada (2014). *Why investing in mental health will contribute to Canada's economic prosperity and to the sustainability of our health care system*. Retrieved from <http://strategy.mentalhealthcommission.ca/pdf/case-for-investment-en.pdf>
20. Dewa et al. (2010). *Examining the comparative incidence and costs of physical and mental health-related disabilities in an employed population*. *Journal of Occupational and Environmental Medicine*, 52: 758-62. Number of disability cases calculated using Statistics Canada employment data, retrieved from <http://www40.statcan.ca/01/cst01/labor21a-eng.htm>
21. Statistics Canada. (2012). *Canadian Survey on Disability*. Retrieved from <http://www.statcan.gc.ca/pub/89-654-x/2013001/tbl/tbl1.4-eng.htm>
22. Roberts and Grimes (2011). *Return on investment: Mental health promotion and mental illness prevention*. A Canadian Policy Network / Canadian Institute for Health Information report. Ottawa: CIHI
23. Mental Health Commission of Canada (2013). *Making the Case for Investing in Mental Health in Canada*. Retrieved from [http://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing\\_in\\_Mental\\_Health\\_FINAL\\_Version\\_ENG.pdf](http://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf)
24. OECD. (2014). *Making Mental Health Count: The Social and Economic Costs of Neglecting Mental Health Care*. OECD Health Policy Studies.
25. Rush et al. (2008). *Prevalence of co-occurring substance use and other mental disorders in the Canadian population*. *Canadian Journal of Psychiatry*, 53, 800-9.
26. Chesney et al.(2014). *Risks of all-cause and suicide mortality in mental disorders: a meta-review*. *World Psychiatry*, 13: 153-60.