

# Mental Health and Nursing: A Summary of the Issues

## What's the issue?

Before expanding on the key issue, it is important to define the concepts of *mental illness* and *mental health*:

The Canadian Mental Health Association (CMHA) defines *mental health* as striking a balance across all aspects of one's life – social, physical, spiritual, economic and mental. This balance comes from developing the skills to successfully manage the stresses in life, and also from having the support systems (for example, family and friends, supportive workplaces) that can help a person cope with stresses (CMHA, 1993).

Mental health is as important as physical health to daily living. In fact, the two are interrelated. Individuals with physical health problems – especially chronic conditions – often experience anxiety or depression, which, in turn, affects their response to the physical illness.

*“Mental illnesses are characterized by alterations in thinking, mood or behaviour (or some combination thereof) associated with significant distress and impaired functioning over an extended period of time. The symptoms of mental illness vary from mild to severe, depending on the type of mental illness, the individual, the family and the socioeconomic environment.”*

(Health Canada, 2002a, p. 16)

Individuals with mental illnesses may have physical symptoms and suffer from physical illnesses. A person's attitude or feelings are closely related to the way s/he experiences illness or health, and may affect both the course of an illness and the effectiveness of a treatment.

Some of the most significant forms of mental illness in Canada are mood disorders, schizophrenia, anxiety disorders, personality disorders and eating disorders.

The field of mental health has changed significantly over the last forty years. Treatment regimens are different, and the focal point of care has moved from the institution to the community. However, the funds associated with institutional care did not get transferred to community care. Mental health consumer and survivor groups now play a major role negotiating with and advocating to the health care sector. The negative stigma associated with mental illness and mental health's relatively low profile present significant challenges for the one in five Canadians directly affected. People who experience mental health problems are often reluctant to seek help, and mental health services are the most under-resourced sector of the health system.

Mental health professionals are now focusing on mental wellness. The CMHA emphasizes that Canadians need to learn what positive mental health is and how to achieve it.

Stress is a major issue for many Canadians. It affects all aspects of health including physical, mental, emotional, social and spiritual. We all have different ways of dealing with the stresses of daily life – and some are more effective than others. What seems to be the critical issue in dealing with stress is not how much stress individuals experience but rather how they perceive and respond to stress. The two qualities that seem to facilitate coping with stress are resiliency and empowerment.

Empowerment is having a sense of control over one's life. Resiliency is the ability to rebound from life's setbacks. An important aspect of resiliency is learning how to cope in different situations. It is especially valuable to model good coping skills to children so that they are better equipped to meet life's demands. Resiliency is important during times of transition or extraordinary stress, such as school entry, death, divorce and traumatic events like 9/11. Characteristics of people who are resilient include an ability to form healthy relationships, optimism, flexibility, self-confidence, insightfulness, competence and perseverance.

Because of their holistic approach to care, nurses are at the forefront of many of the changes in mental health services. They play an increasingly important role coordinating health care and support services, especially in the community. They provide supports to the individual and the family, and are often the link between these people and health and other support programs. Their evolving role requires new skills in terms of assessment, planning, coordination, negotiation, advocacy and support.

## Why is this issue important?

### *How this issue relates to the health of Canadians*

Many Canadians face mental health issues, both directly and indirectly:

- Approximately 20% of the general population personally experiences a mental illness over a one-year period.
- About 3% of the population is affected by serious mental illness that causes profound suffering and persistent disablement.
- Over 3 million people provide care for a friend or family member with a mental illness.
- The total annual economic impact of mental health problems in Canada – including direct costs of care and indirect costs such as lost productivity – is estimated to be \$14.4-billion. To put this in perspective, the estimated cost of cancer care is \$14.5-billion.

(CMHA, 2001)

The most common mental illnesses, based on one-year prevalence rates in the general population, are:

- Mood disorders, including major depression (4.1- 4.6%), bipolar disorder (0.2-0.6%) and dysthymia (0.8-3.1%).
- Schizophrenia (0.3%).
- Anxiety disorders (12.2%).
- Personality disorders (6-9%, based on U.S. estimates).
- Eating disorders, including anorexia (affecting 0.7% of women and 0.2% of men) and bulimia (1.5% of women and 0.1% of men).

- Suicide is the cause of 2% of all deaths, but represents 24% of deaths among those aged 15-24 years, and 16% of deaths among those aged 25-44 years. More than 90% of suicide victims have a diagnosable psychiatric illness.
- Some mental health problems, which are not considered illnesses but can lead to physical illnesses, affect large proportions of the population. Twenty-nine per cent of Canadians report high levels of distress, and 16% report that their lives are adversely affected by stress, of which 9% report resulting problems with thinking and remembering.

(Health Canada, 2002b)

Mental illness affects people in all occupations, education and income levels, and cultures. However, some mental illnesses are more common in certain population groups. Hospitalization rates present a partial picture of the profile of those affected:

- Poor people are at significantly higher risk for mental illness. A recent study found that only about 4% of the population in the richest communities experienced a mental illness serious enough to lead to repeat hospitalizations, compared to about 12-13% in the poorest communities. The study further concluded that poverty was more likely to be a cause than an effect of mental illness.

(*New York Times*, 2005)

- 30-35% of homeless people, and up to 75% of homeless women, have a mental illness.
- Women are hospitalized for mental illness more often than men across all age groups.
- Nearly one-half of all admissions for the seven most common mental illnesses involve individuals between the ages of 25 and 44 years.
- Older people (65 years and over) are hospitalized for mental illnesses for longer periods of time than younger people.

(Health Canada, 2002)

Mental illness has a significant impact on the lives of those it affects. The onset of most mental illness occurs during adolescence and young adulthood. This affects educational achievement, career opportunities and the formation of personal relationships. Some of these effects extend throughout an individual's life.

Mental illness is often episodic in nature – the greater the number of episodes, the greater the chance of lasting disability. The impact of mental illness can be reduced by timely and effective treatment, strong social supports, adequate income and housing, and educational opportunities.

Families play a crucial role in the way people experience mental illness, because they are usually the primary source of support for affected individuals. The stress and the physical and financial demands of caring for a family member with a mental illness place a great demand on families. Often these families receive very little support and the health of family members can be significantly affected by these demands.

### *How this issue relates to the functioning of the health care system*

Mental illness represents a major cost to the health care system (1998 data):

- \$2.7-billion in hospital care
- \$1.1-billion in drugs
- \$900-million in physician care
- Total of \$5.6-billion, counting all direct costs
- Mental illness ranks third out of 20 conditions in terms of direct costs.

(Health Canada, 2002a)

Mental illness is consistently one of the top health issues in terms of resources used in the health care system:

- 8.8% of all drug costs (compared with 14.3% for cardiovascular and 1.7% for cancer).
- 9.7% of all hospital care costs (compared with 15.1% for cardiovascular and 6.7% for cancer).
- 7.6% of all physician care costs (compared with 7.1% for nervous system and 7.0% for cardiovascular).  
Mental health disorders are the top identifiable billing category for general practitioners.
- 15 million hospital days in 1995-96 (compared with 6.3 million for heart disease and 2.6 million for cancer).

(Health Canada, 2002a)

The treatment for mental illness in Canada has evolved considerably over the years. The custodial institutional approach that persisted through the 1950s changed considerably in the 1960s and 1970s when the focus became deinstitutionalization. The goal was to enable patients to live in the community where they would receive extensive support, as well as short-term stays and outpatient treatment in the hospital when necessary. In most places, the necessary community supports were not put into place. People with mental illness were largely left to fend for themselves, or to return to their families, which also received very little support. Many of these people degenerated or went into crisis. At the same time, stigma from years of segregated institutionalization made reintegration into the community very difficult.

During the last 30 years there have been several important trends in mental health. Communities have been developing programs to address many of the issues identified above, including supportive housing, counselling, and vocational and other rehabilitation services. This proliferation of programs – often disconnected from each other and from the health care system – has introduced serious issues about the continuity of care. In most places a true “system” of mental health services does not exist.

Initiatives have been developed to coordinate timely access to support services for individuals with mental illness and for their families, and to bridge the gap between community and institutional services. These initiatives often make extensive use of case managers and other forms of coordination. The Canadian Collaborative Mental Health Initiative is developing a model that will coordinate mental health services at the primary health care level.

Another very important influence has been the impact of consumer and survivor movements in mental health. Many consumers want more say in the way they are treated by mental health services in the health care system, and their families are advocating for more support in the community. Survivor groups have challenged the validity and appropriateness of some therapeutic regimens, such as certain drug therapies and electroshock therapy, both of which produce severe side effects.

A final, but very significant issue for the detection and treatment of mental illness is stigma and discrimination. Historically, mental illness has been clouded by superstition, lack of knowledge and empathy, old belief systems, and a tendency to fear and exclude people who are perceived as different. Many of these attitudes were perpetuated in the way the health system treated persons affected by mental illness and those who care for them. As a result, people who experience mental illness have often been stereotyped and discriminated against. The fear, embarrassment and anger they experience can cause them to delay seeking treatment that could help their condition, or to try to conceal their condition from family, friends and employers. Dealing with the stigma and discrimination associated with mental illness are a major challenge for Canadian society in general, and for the health system in particular.

### **Why is this issue important to nurses?**

Changes in the mental health field have had profound effects for nurses working in the area. Nurses working in psychiatric hospitals and general hospitals have seen major changes in treatment regimes. There has been a general trend away from some of the more controversial treatments, such as electroconvulsive therapy, to more extensive use of pharmaceuticals and counselling. Nurses in these settings are developing more advanced skills, particularly in assessment and counselling. Nurses, particularly those working in emergency rooms, have to develop skills to deal with patients in crisis.

Perhaps the biggest challenge for nursing and other health professionals is the shift in focus for treating mental illness from the institution to the community. The goal for most people with mental illness is to manage their condition in the community. For this to work well, in addition to social supports and appropriate support from the health system, adequate supports need to be in place in areas such as housing, income, employment and counselling. Nurses have often been placed in the role of case manager or coordinator because of their holistic perspective on the health of the patient, their broad skill set and their broad knowledge of community resources. In such a role, nurses are challenged to provide front-line treatment, to negotiate between different service providers, and to mediate the interests of patient, families and health professionals. They also provide support to family members who can be close to burning out from the strain of supporting a family member living with mental illness. Nurses' experience often makes them strong advocates for additional community services because they are eyewitnesses to the gaps in the system.

Nurses working in public health play important roles in the prevention and early identification of individuals with mental illness. The high rate of suicide among young people is particularly alarming and calls for creative approaches. Public health nurses, who work with the CMHA and other associations, help to reduce the stigma surrounding mental illness so that more people will feel freer to seek help.

Nurses often face the reality that, despite the considerable impact of mental illness on the health system and on the economy, mental health is given a very low profile and relatively few resources. Mental illness remains “invisible” in many ways, and carries with it a history of stigma and fear. Nurses are in a position to challenge some of the stereotypes surrounding mental illness, and to advocate for a real system of care.

## What has CNA done to address this issue?

- Currently, CNA, along with 12 other national organizations, is a partner in the Primary Health Care Transition Funded project called *Canadian Collaborative Mental Health Initiative (CCMHI)*. This project will examine options to improve collaboration between front-line professionals and others who specialize in providing mental health services ([www.ccmhi.ca](http://www.ccmhi.ca)).
- In 2004, CNA presented to the Senate Social Affairs, Science and Technology Committee as part of its study on mental health. We will present again in 2005.
- In 2004, CNA’s pre-budget submission to the House of Commons Standing Committee on Finance included the need to fund affordable housing as part of taking care of Canadian mental health.
- In 1992, CNA issued a policy statement entitled *Mental Health Policy Reform*.

## What can nurses do about this issue?

### *Prevention*

- Work in key public locations, such as schools and workplaces, to help people develop more knowledge and less fear about mental illness.
- Encourage people to seek help, especially those in groups at higher risk of mental illness. Make help more accessible to these groups by going to where they are.
- Train peer counsellors to work with groups such as young people. Peers may be in a better position to overcome some of the stigma associated with mental illness.
- Support presentations that use theatre and other art forms to destigmatize mental illness.
- Take a positive attitude to your work. Promoting positive mental health is as important as preventing mental illness.
- Practise self-care. Dealing with people and families that experience mental illness can drain physical, mental and emotional energy. Find and develop self-care practices that work for you, and encourage your employer to support self-care in the workplace. These could include practising yoga or other forms of stress management, and creating opportunities to debrief stressful situations with colleagues or counsellors.

### *Treatment and management*

- Incorporate the social determinants of health (housing, income, etc.) into patient assessments and into subsequent treatment plans.
- Be informed about community support services available to people with mental illness.
- Mental health and mental illness have significant cultural dimensions. Be informed about the beliefs and traditions of the various cultures with which you work regarding mental health.
- Stay current. Read the latest research on treatment approaches for mental illness.
- Be informed about the perspectives of mental health consumer and survivor groups. Their concerns may surface in your work with people experiencing mental illness, and they can be important sources of support and knowledge for both consumers and professionals.

### *Advocacy*

- Work towards better continuity of care. Build links between community support services and the health system, and between different levels within the health system. With other service providers, work to identify gaps in the system and explore possible ways to better coordinate care and support.
- Work with consumer groups, survivor groups and other service providers to advocate for more resources to deal with mental health and mental illness issues.

### **Where can you go for further information?**

**Canadian Alliance on Mental Illness and Mental Health** is an alliance of organizations representing health professionals, the mentally ill and their families. Its mandate is to place mental health issues on the national agenda to ensure that the mentally ill and their families have access to appropriate care and support ([www.camimh.ca](http://www.camimh.ca)).

**Canadian Collaborative Mental Health Initiative** is developing a framework for interdisciplinary collaboration in mental health at the primary care level ([www.ccmhi.ca](http://www.ccmhi.ca)).

**Canadian Federation of Mental Health Nurses**, an affiliate organization of CNA, is the national voice for psychiatric and mental health nursing in Canada ([www.cfmhn.org](http://www.cfmhn.org)).

**Canadian Mental Health Association** is a national voluntary organization that promotes mental health through advocacy, education, research and service. Website includes many mental health resources and links to other groups and organizations ([www.cmha.ca](http://www.cmha.ca)).

**Canadian Psychiatric Association** is the national organization representing psychiatrists in Canada ([www.cpa-apc.org](http://www.cpa-apc.org)).

**Centre for Addiction and Mental Health**, an addiction and mental health teaching hospital, is a leading Canadian research organization on this issue ([www.camh.net](http://www.camh.net)).

**International Council of Nurses** is an international organization representing nurses ([www.icn.ch](http://www.icn.ch)).

**National Network for Mental Health** provides opportunities for resource sharing, and education and information distribution for consumers/survivors ([www.nnmh.ca](http://www.nnmh.ca)).

**Public Health Agency of Canada** offers a Mental Health Website ([www.phac-aspc.gc.ca/mh-sm/mentalhealth](http://www.phac-aspc.gc.ca/mh-sm/mentalhealth)).

## References

Canadian Mental Health Association. (1993). *Mental health for life* [Pamphlet series]. Retrieved from [www.cmha.ca/english/info\\_centre/mh\\_pamphlets/mh\\_pamphlet\\_01.pdf](http://www.cmha.ca/english/info_centre/mh_pamphlets/mh_pamphlet_01.pdf)

Canadian Mental Health Association. (2001). *Commission on the future of health care in Canada: Submission by the Canadian Mental Health Association*. Retrieved from <http://www.hc-sc.gc.ca/english/pdf/romanow/pdfs/Canadian%20Mental%20Health%20Association.pdf>

Canadian Mental Health Association. (2004). *Meeting the mental health needs of the people of Canada: A submission to the House of Commons Standing Committee on Finance*. Retrieved from [http://www.cmha.ca/data/1/rec\\_docs/113\\_finance\\_brief\\_eng12\\_04.pdf](http://www.cmha.ca/data/1/rec_docs/113_finance_brief_eng12_04.pdf)

Canadian Nurses Association. (1992). *Mental health care reform* [Policy statement]. Ottawa: Author.

Health Canada. (1997). *Best practices in mental health reform: Discussion paper*. Retrieved from [www.phac-aspc.gc.ca/mh-sm/mentalhealth/pubs/disc\\_paper/e\\_disces.html](http://www.phac-aspc.gc.ca/mh-sm/mentalhealth/pubs/disc_paper/e_disces.html).

Health Canada. (2002a). *Economic burden of illness in Canada, 1998*. Retrieved from <http://www.phac-aspc.gc.ca/publicat/ebic-femc98/index.html>

Health Canada. (2002b). *A report on mental illnesses in Canada*. Retrieved from [www.phac-aspc.gc.ca/publicat/miic-mmacc/pdf/men\\_ill\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/miic-mmacc/pdf/men_ill_e.pdf)

Mayor's Homelessness Action Task Force. (1999). *Taking responsibility for homelessness: An action plan for Toronto*. Toronto: City of Toronto.

*New York Times*. (2005, March 8). Mental illness and poverty: Does one cause the other? *New York Times News Service*.

Weir, E. & Wallington, T. (2001). Suicide: The hidden epidemic. *Canadian Medical Association Journal*. 165(5): 634-6.

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