



MENTAL HEALTH PROFILE

LAMBTON COUNTY, 2018

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WHY A MENTAL HEALTH REPORT?

The first step in understanding a system is to describe it. Lambton Public Health has responded to this call to action by creating a mental health profile for our community. By bringing together reliable data from multiple sources, this profile can inform future steps to improve mental health for our residents. While no description is perfect, we hope that reading this report gives you an understanding of the strengths and challenges in our system. Since mental health affects us all, knowing what is available in Lambton County to promote mental health and prevent mental illness can help to keep us well. This report also offers some clear opportunities for improving the mental health system, with a focus on mental health promotion, so that every resident of Lambton can flourish.

EXECUTIVE SUMMARY

In the last few years, we have seen a growing awareness of mental health and mental illness nationally, provincially and locally. This report is a comprehensive profile that brings together many sources of information to describe mental health in Lambton County. We also propose recommendations to promote and protect community mental health.

Lambton County has many existing strengths - we are a flourishing, resilient community with a generally high level of mental health literacy and low level of stigma toward mental illness. But our most vulnerable people experience the greatest stigma and worse baseline mental health. This is particularly acute in young people between 15 and 24 years of age.

Although better than the Ontario average, our residents are not confident enough in the ability of our institutions and organizations to address mental health needs. We need to better understand how mental health is addressed in primary care and other health care settings in order to ensure high quality treatment of mental illness. We have a strong foundation of mental wellbeing, but there is more that can be done to improve and maintain positive mental health for everyone in Lambton County.

RECOMMENDATIONS

One of the goals of Canada's mental health strategy is to support local mental health promotion and prevention work (Mental Health Commission of Canada, 2009). Mental health promotion activities in Lambton do exist, but many are in early stages and haven't been fully evaluated. A local mental health strategy that outlines and coordinates the roles of different settings and stakeholders - workplaces, schools, community organizations, and even individuals themselves - would help to provide direction and build on the momentum created by mental health awareness initiatives. Increasing capacity to evaluate mental health promotion initiatives, and sharing the results of those evaluations, can build our understanding of the collective impacts of mental health efforts in our community.

This report suggests multiple areas of focus for improving mental health in Lambton County. Improving personal skills and knowledge will be an important part of future efforts to sustain mental health. We must also build capacity for systematic, evidence-based and properly evaluated organizational action across sectors. Better coordination among service providers and training for primary care providers may be important additional supports for overall mental health system improvement. Training and support for stakeholders in the justice system will enable more effective intervention for people with mental health needs.

A comprehensive, community-wide effort is needed to address mental health for individuals and families, organizational settings, and the greater community to achieve the following objectives:

For Individuals and Families

- Increase self-reported mental wellbeing
- Increase individual knowledge and skills for mental health
- Decrease perceived mental health stigma and discrimination
- Increase access to and appropriate use of mental health services

For Organizations (including schools, workplaces, health care settings and the justice system)

- Build capacity for mental health action
- Increase use of evidence-informed interventions for mental health
- Improve coordination of mental health services

For Our Community

- Continue to build a supportive community culture for mental health
- Increase public awareness of mental health services
- Increase action for mental health promotion across all community settings

INTRODUCTION

Mental health is an essential component of overall health and wellbeing. Mental illness affects 1 in 5 people over the course of their lives. Many more people support those with mental illness to keep them well, to access mental health services and supports, and to enable their recovery. The substantial prevalence and burden of poor mental health make mental health promotion and the prevention of mental illness a public health priority.

A number of public campaigns have addressed the need to de-stigmatise mental illness. We now have enough awareness of the importance of mental health, which leaves us wondering what can our community do about it? The first step is to better understand the local picture of mental health. This means looking at mental wellbeing, mental health literacy, stigma, the prevalence and burden of mental illness and the experiences of people in the mental health system at the local level. It means understanding how our different sectors, from schools and workplaces to the justice system, are acting locally in support of mental wellbeing.

This unique report on Lambton County's mental health combines data from national surveys, local surveys, health care services, and community partners. We asked the general population how much they know about mental health and mental illness. We asked them how prepared they are to recognize symptoms of poor mental health and to seek support. We also asked them how prepared they feel our institutions are to address mental health needs. We asked people with lived experience how they were treated in mental health services, and what could be done better to help them in the community. We asked our mental health service providers and stakeholders about what they feel is working and what needs to change.

Taken together, the information in this report paints a picture of a mostly resilient, mentally healthy community. However, as with other communities we have pockets of vulnerability - people who experience stigma, who can't or don't receive adequate support for their mental illness, and people who are uncomfortable asking for help. We need to pay particular attention to our

children and youth in order to protect their mental wellbeing. In addition to turning our attention to vulnerable people and their families, we must also build organizational and institutional capacity in the community to address mental wellbeing - especially in the critical settings of schools, workplaces and health care.

I hope this report will be a catalyst for community action on mental health promotion in Lambton County, and we at Lambton Public Health look forward to working with you to create and sustain changes for better mental health.

Sincerely,

Sudit Ranade MD MPH MBA CCFP FRCPC

Medical Officer of Health

Mental Wellbeing

Key Messages

- Most Lambton County residents have very good or excellent mental health. Our residents are as likely as Ontario and Canadian residents to report very good or excellent mental health.
- Those who are less likely to report good mental health are younger residents, and people living with low financial resources or with chronic physical conditions.
- 90% of residents report a high level of resilience, but those who are languishing or moderate in mental wellbeing were less likely to report being resilient.

Mental health is significant for much of our daily lives, how we view the world and others, how we view ourselves and how good we are to ourselves.

Whereas, mental illness to me, refers to a clinical diagnosis made by a health professional.

- Community member

Mental health affects everyone, whether you struggle personally or a family member, a friend, co-worker, teacher, bus driver - we all need support.

- Youth mental health care worker

What is mental health?

Mental health is a state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community (World Health Organization, 2004). We think of mental health as a positive concept, and throughout this report we will use mental health and mental wellbeing in reference to positive mental health.

How is mental illness related to mental health?

Mental illness and mental health are not two sides of the same coin. More and more, we are realising that someone can have a mental illness and yet have good mental health with proper medical and social support, self-management and care. Similarly, someone can suffer from symptoms of poor mental health without necessarily having a mental illness. Most mental health agencies use a version of the model developed by Keyes (2002), to describe mental health and mental illness, with each having its own continuum.

How did we measure mental health?

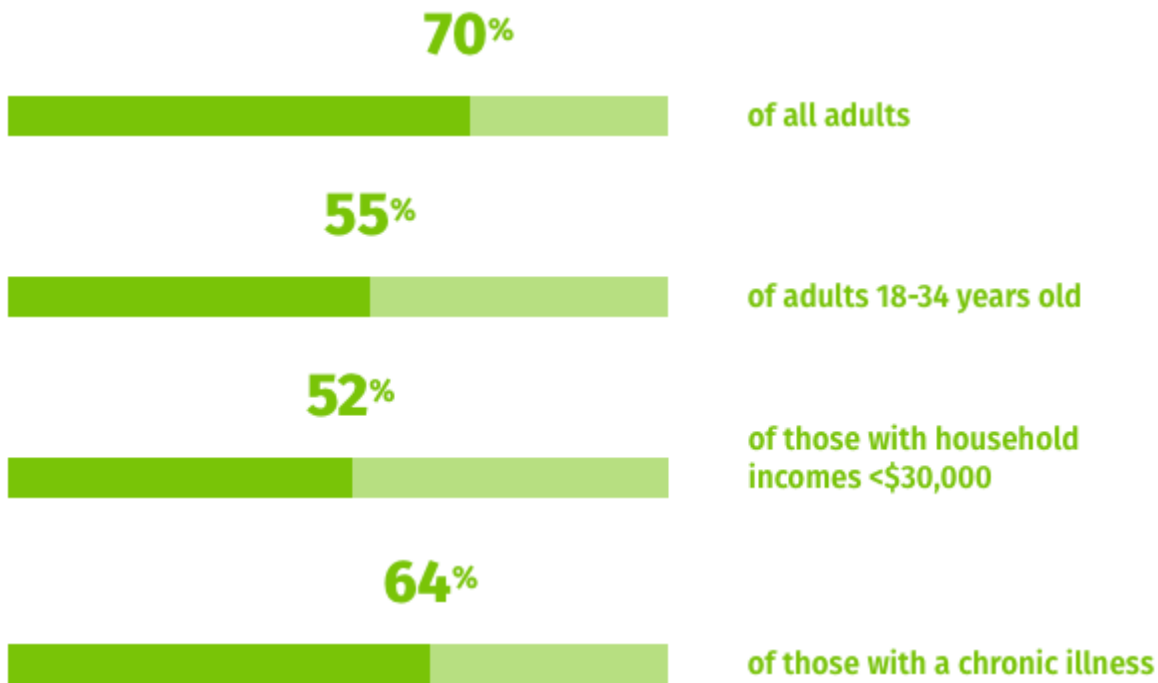
We measured mental health in a few different ways. First, we asked people to rate their own mental health from poor to good or excellent. But, we know people have different ideas of what mental health means to them, so we asked a set of questions to get an idea of our community's emotional, psychological and social wellbeing. These three components combine into a "Wellbeing Index" that has 3 categories: Flourishing, Moderate and Languishing. The questions we asked were modeled after those used by Statistics Canada to assess positive mental health. Finally, we asked what factors limit mental health and how people look after their own mental health.

Self-rated Mental Wellbeing

In 2016, 7 in 10 Lambton residents (18 years and older) self-rated their mental health as very good or excellent, 18% rated it as good, and 12% rated it as fair or poor. Young adults, those living in lower income households and those with a chronic illness were less likely to report positive mental health.

Our survey results were similar to those obtained through the most recent Canadian Community Health Survey (2015/16) and Lambton estimates of self-rated "very good" or "excellent" mental health do not differ significantly from provincial or national averages (Statistics Canada, n.d. a).

Percentage reporting excellent or very good mental health:



Emotional, Psychological and Social Wellbeing

Residents reported a strong sense of emotional and psychological wellbeing. While social wellbeing scores were lower than the other components of mental wellbeing, they are consistent with the national average.

Percentage reporting every day or almost every day:



Wellbeing Index

3 out of 4 residents were classified as "flourishing." Those living in lower income households, those with chronic conditions and family members acting as caregivers were less likely to be flourishing.

Again, Lambton is similar to Ontario and Canada with respect to positive mental health. In 2015, about 80% of Ontario and Canada residents were classified as "flourishing" (Statistics Canada, n.d. b).

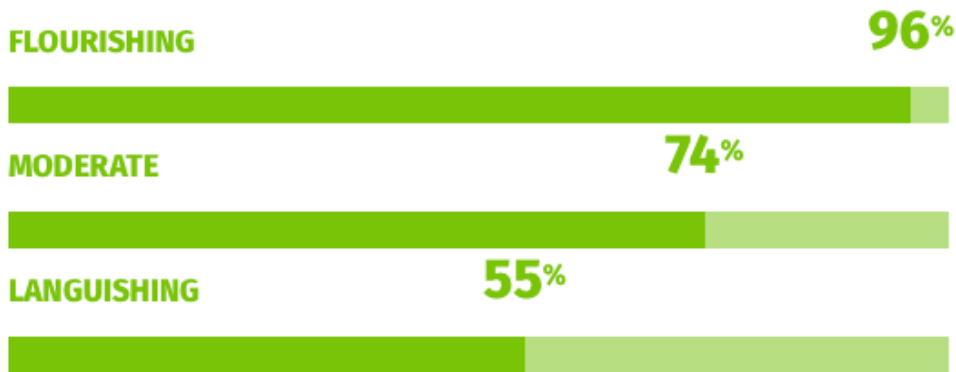


Often families have so much on their plates that they themselves are sometimes even more stressed and worried than individuals accessing supports. The more families feel comfortable talking about mental health the better the outcome for everyone. - Adult mental health care worker

Resilience

In a general sense, resilience is a person's ability to cope with adversity and stressors. Overall, 9 in 10 residents report a high level of resiliency. Those classified as "moderate" and "languishing" were significantly less likely than those who were "flourishing" to score high on the resiliency index. Residents with lower education and those with lower household income are less likely to report a high level of resiliency. There are no significant differences by age or gender.

Percentage reporting a high level of resiliency, by wellbeing index category:



Factors that Lead to Poor Mental Health

Lambton residents identified various factors that negatively affect their mental health. Workload, household responsibilities, poor relationships, illnesses or bereavement, being surrounded by negative people, feeling judged by others, poor self-care and social isolation were some of the underlying causes of stress and poor mental health.



1/3 say they are too busy to do things to address their mental health.

½ of those moderate or languishing.

Being too busy, having too much on my plate makes me feel overwhelmed and I get depressed.

– Community member

I have financial issues at the moment which make me very anxious. I am also very lonely.

– Community member

Being relied upon for everything in the house and for everything the kids need, not getting help with any of it ever.

– Community member

How We Look After Our Own Mental Health

Nearly all Lambton residents recognize that regular physical activity contributes to positive mental health and most agree that activities like meditation and yoga can have positive benefits for mental health. For the most part, individuals do their best to look after their mental health and adopt various strategies such as self-care, relaxation activities, maintaining a positive outlook, or talking to friends or peers.



agree that regular physical activity contributes to positive mental health



agree that activities like meditation and yoga contribute to positive mental health

I try and take care of my mental health on a daily basis. When I don't acknowledge it and do something about it is when my mental health suffers.

– Community member

Just giving myself breaks from the everyday and taking time for myself. I feel it's necessary to de-stress in order to stay in a good place or the everyday stressors can build up.

– Community member

Developing relationships with coworkers who understand the difficult nature of our jobs. Learning how to "leave work at work" and living a full life outside of the workplace. Introspection about one's own wellness and wellness-related needs.

– Mental health care worker

Mental Health Literacy

Key Messages

- Mental health literacy in Lambton County is generally higher than the Ontario average.
- Most residents feel confident knowing where to find information on mental health.
- Younger people tend to have mixed feelings about seeking help, and many have wanted to ask for help but didn't know where to turn.

This community has a lot of supports - it's just that most people are unaware of them until they need them the most.

- Youth mental health care worker

Mental Health Literacy

Mental health literacy is a term that includes knowledge and beliefs about mental health and mental illness (Jorm, 2011). People with a high level of mental health literacy understand how to recognize risk factors and symptoms of mental illness. They have attitudes that enable help-seeking behaviour and they know where to find appropriate treatment services. Although we didn't measure knowledge of specific mental illnesses, we did measure respondents' comfort with seeking out mental health information, and their attitudes toward recognizing and seeking help for mental illness.

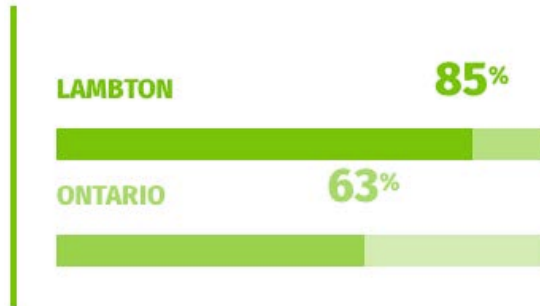
Knowing How to Seek Mental Health Information

The majority of Lambton residents agree that they are confident they know where to find information about mental health or mental illness and are confident using the internet to do so. Slightly fewer agree that access is convenient and accessible. There is room for improvement in all of these areas, as only a third or fewer residents *strongly* agreed with these statements. Those who are moderate and languishing are significantly less likely to report that they are confident in their knowledge of resources and that information is convenient and/or accessible. Lambton residents were significantly more likely than Ontario

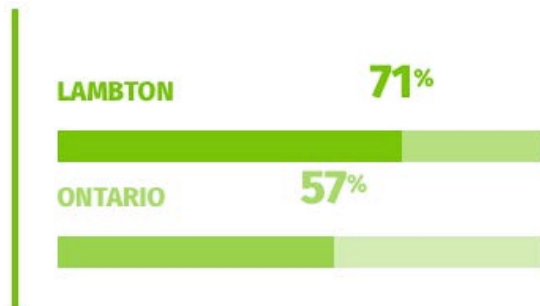
residents to be confident in their ability to seek mental health information and to feel that places to get information or support are convenient and/or accessible.

Percentage who strongly agree or agree with each statement:

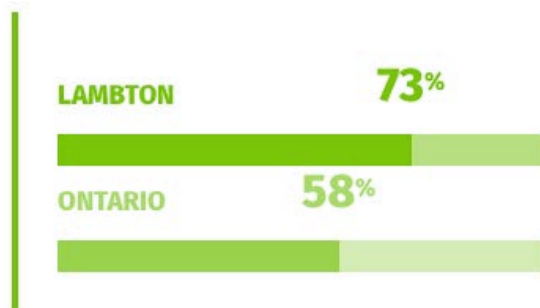
- I am confident that I know where to seek information about mental health or mental illness



- I am confident using the internet to search for information about mental health or mental illness



- The places to get information or support regarding mental health or mental illness are convenient and/or accessible for me



* Lambton significantly higher than Ontario for all statements

* Ontario data source: Ipsos OMNI Online survey, 2017

Attitudes That Promote Recognition and Appropriate Help-Seeking

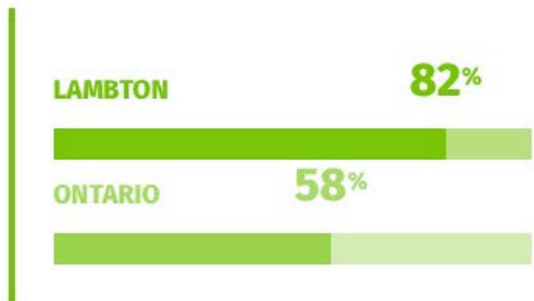
Most residents say that when it comes to taking care of their own mental health they would talk to others and would seek help from a mental health professional. However, one in 10 residents believes that seeking help from a mental health professional shows weakness, i.e., not being strong enough to manage your own difficulties. Those who are languishing are significantly less likely to seek help for themselves than those who are moderate or flourishing.

Percentage who strongly agree or agree with each statement:

- If I had a mental illness, I would seek help from a mental health professional



- If I had a mental illness, I would tell someone



- Seeing a mental health professional is not a sign of personal weakness



* Lambton significantly higher than Ontario for all except last statement

* Ontario data source: Ipsos OMNI Online survey, 2017

What Do Our Students Say About Seeking Help?

In 2014, a survey of students (Grades 7-12) in Lambton/Chatham-Kent revealed that 58% of females and 35% of males wanted to talk to someone about mental health in the past 12 months, but didn't know where to turn. When asked about the reasons why people may not reach out for support when they need it, the top barriers identified were shame or embarrassment (77%), fear (75%), discomfort (72%) or because they didn't think asking for help would make a difference (70%).

Percentage who wanted to talk to someone about their mental health in the past 12 months but didn't know where to turn:



I feel like I need to handle my own problems and I don't like telling others my problems because I don't want people to see how vulnerable I am. I have emotional issues and don't like to be stripped bare. I feel like most of my problems are involving just me and I don't see how anyone at my school can help me with that.

- Female student, grade 12

[I would] help [my friend] and be there for her because it has happened to me before so I would help her stop and not bring adults into it because they go over the top. The last thing that a kid wants is to go to a hospital or to a counselor.

- Female student, grade 7

Importantly, however, the most frequent reason for not seeking help appeared to be related to feelings of independence and self-sufficiency – many students, particularly males, said they could get through their problems “on their own,” and that they didn’t need any outside help from others:

I want to be independent and by solving problems myself I know that I will be prepared for times when there isn't anyone to help me. I don't like giving other people my problems. I will keep my problems and deal with them myself.

- Male student, grade 11

The Stigma of Mental Illness

Key Messages

- Lambton residents report lower levels of social stigma about mental illness than the Ontario average.
- Many feel that the stigma of mental illness has improved in the last few years and that there is greater awareness of mental health as a health issue.
- Males, and people over 65 years of age, are more likely to hold stigmatizing views related to mental illness.

I really don't talk to many people about it because quite often I feel judged.

- Community member

I find stigma to be more prevalent in the client's own identification of their illness. Once diagnosed with mental illness, some feel as if they will not recover, they will not work and they will not lead a "normal" life. I find it challenging to encourage clients to seek meaningful occupation outside of their home as a result.

- Mental health care worker

Stigma

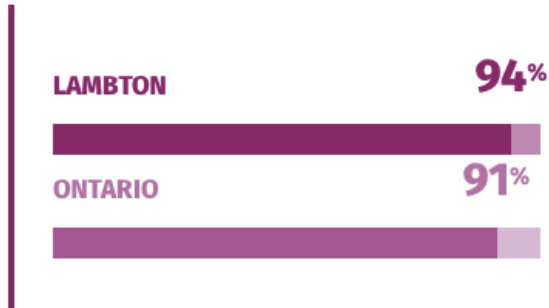
Stigma refers to negative attitudes and negative behaviour toward people with substance use and mental health problems (CAMH, n.d.). It is important for us to understand the level of stigma that is faced by Lambton residents with mental illness, and the perception of stigma from the general population.

Lambton residents generally recognize that mental illness is a real condition and that people with mental illness cannot just “snap out of it.” However, there exists a level of uncertainty and stigma in thinking that people with mental illness are dangerous (16% neither agree nor disagree, and 16% agree that they are

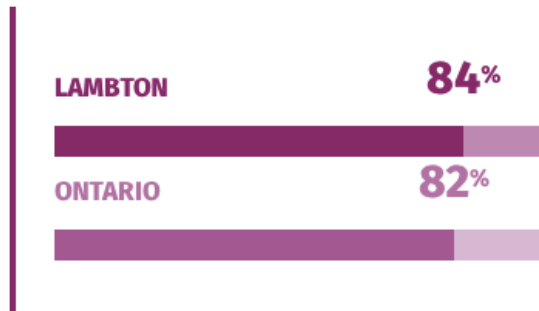
dangerous). Male respondents, as well as respondents 65 years and older, were more likely to hold stigmatizing views about mental illness.

Percentage who strongly agree or agree with each statement:

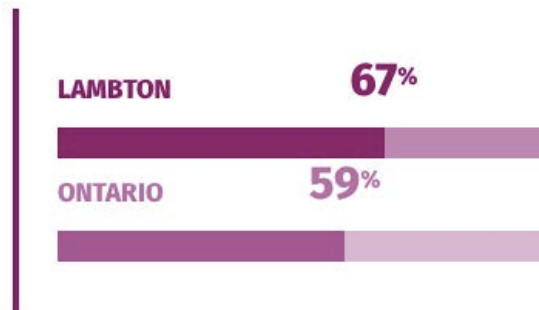
- A mental illness is a real medical illness



- People with a mental illness could not snap out of it if they wanted



- People with a mental illness are not dangerous*



**Lambton significantly higher than Ontario for the last statement*

Among some mental health service users, there was a view that society's attitudes towards poor mental health or mental illness have improved over recent years. People felt that there is more awareness of mental health issues and less stigmatization of those affected by mental illness nowadays which means more individuals seek help.

There is still scope for further eradicating stigma and misconceptions attached to mental health. Some service users admitted to being afraid or had direct experience of being “judged”, “ridiculed” or seen as a “danger to society” because of their mental health conditions.

It was much easier to be mentally ill when I was battling my mental health challenges in high school. People avoided me and shunned me because I was different. People care more about another's mental health these days.

- Community member

There is definitely societal stigma attached to mental health. [...] If I were to expose myself to the judgement of others would I be accepted the same? Would they see my emotions as justifiable or true or would they see them only as the mental illness? I am a well-educated individual who has borderline personality disorder, however, when most people read that statement they associate sociopath and lying and manipulation and martyr with borderline.

- Community member

We need to stop emphasizing when there is a shooting that someone has a mental illness because it continues the stigma that people with mental illness are a danger to society.

- Community member

I feel like I'm being judged. My brothers have never once discussed any of it with me. My husband's family has never discussed it with me. My dad never did. My mom does a bit but avoids the topic. My husband isn't a great support to talk to.

- Community member

I have attempted to talk about my mental health issues. Some family members are ignorant toward mental illnesses. They do not understand that it is real and not made up, or attention-seeking. They feel it's all in my head and I can just turn it off. So it deters me from talking to them because it makes me feel embarrassed.

- Community member

I think the best option to remove the stigma is educating others and showing them that mental illness doesn't mean someone lives in a mental institution, or has a death sentence. The stigma will only be removed when we change our perspective. Instead of offering only resources for the people who struggle from mental illness there needs to be more resources for those who don't understand it.

- Community member

I am so excited to see social awareness (ie: Bell Let's Talk, Sarnia's local yellow bracelets with the crisis numbers, advertising at my doc's office, etc.) because for the person who is overwhelmed by the stigma, having the ability to relate to someone or something is, in my opinion, the most effective and empowering way to shut down the social stigma that you've been living with.

- Community member

In my experience, stigma continues to occur in the community and I have had clients report that it was challenging for them to make that initial contact with the agency.

- Adult mental health care worker

Self-Reported Mental Illness

Key Messages

- 1 in 5 Lambton County residents report having ever been diagnosed with a mental illness by a health care professional.
- Women, those under 44 years of age, those with a lower household income and those with a chronic physical illness are more likely to have ever been diagnosed with a mental health condition or illness.

I really don't take care of mental health cause I'm usually dealing with other issues health wise.

- Community member

I take care of my mental health daily because I have three kids who rely on a strong mother to support them and aide them in their day to day needs.

- Community member

I try and take care of my mental health on a daily basis. When I don't acknowledge it and do something about it is when my mental health suffers. As long as I am actively working on bettering myself, my mental health improves significantly.

- Community member

Burden of Mental Illness

1 in 5 Lambton County residents report having ever been diagnosed with a mental illness by a health care professional. This is comparable to the Canadian statistic, where 1 in 5 Canadians will experience a mental health problem or illness in any given year. Women, those under 44 years of age, those with a lower household income and those with a chronic physical illness are more likely to have ever been diagnosed with a mental health condition or illness. Compared to a national sample, Lambton residents are less likely to take medication for mental health problems, and are less likely to have taken time off from work or school in the past year to address their mental health.



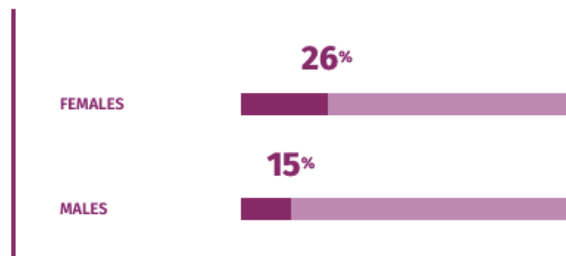
1 in 5 report ever being diagnosed with a mental health condition

All Adults

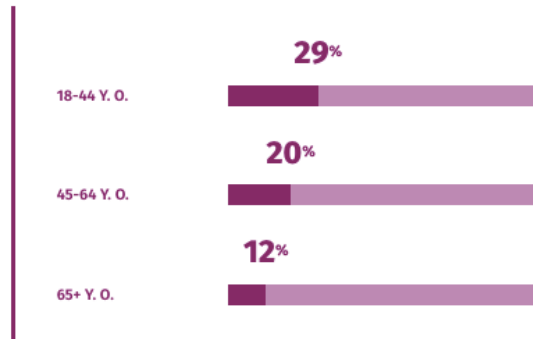
21%



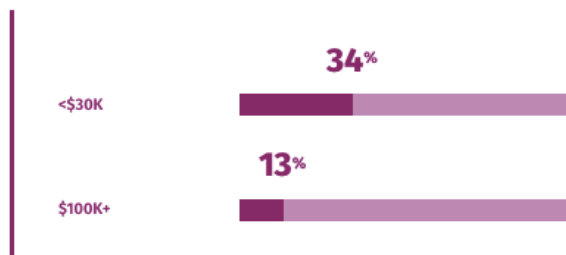
Gender



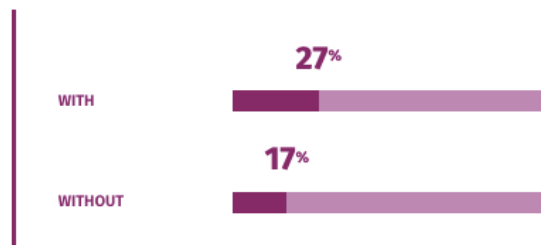
Age



Household Income



Chronic Condition



Consistent with the idea that those living with a mental illness can still have positive mental health, the majority of those diagnosed with a mental illness are “flourishing” (51%) or “moderate” (40%) according to the wellbeing index.

Hospital Visits and Admissions

Key Messages

- The greatest proportion of mental health-related visits to the emergency department is for anxiety, followed by substance use.
- Emergency department visits for mental health are highest among the 15-24 age group.
- Hospitalizations for mental health and addictions are increasing in Lambton.

How Are Substance Use and Mental Health Related?

Substance use can contribute to poor mental health, and the use of substances as a coping mechanism for symptoms of mental illness can hide the early indicators or exacerbate symptoms of mood disorders and other mental illnesses. Substance use disorder is a diagnosis used by medical professionals to describe problematic use of alcohol and other drugs. In this report, we include substance use as a mental health-related reason for visiting hospitals. This report considers substance use as part of the larger picture of mental health.

How Are Substance Use and Mental Illness Related?

Substance use disorder is its own category of mental illness. However, there are strong correlations between substance use disorder and other mental illnesses. The term "concurrent disorder" is used for people with both substance use disorder and mental illness. The most common combinations include substance use coexisting with a mood disorder or an anxiety disorder. Additional resources and information are available [here](#).

Emergency Department Visits

In 2016, there were 2873 mental health and addictions-related emergency department visits among Lambton residents. There has been an increasing trend in both Lambton and Ontario, but Lambton rates have been slightly higher or similar to the Ontario average between 2007 and 2016 (Figure 1). Looking at our 2016 emergency department visit rates relative to the other 36 health units in

Ontario, Lambton ranked 19th highest. The number of emergency department visits is greatest among those 15-24 years of age; females made up about 60% of visits in this age group.

Figure 1: Annual rates of mental health and addictions-related emergency department visits, per 1,000 population, Lambton and Ontario, 2007-2016

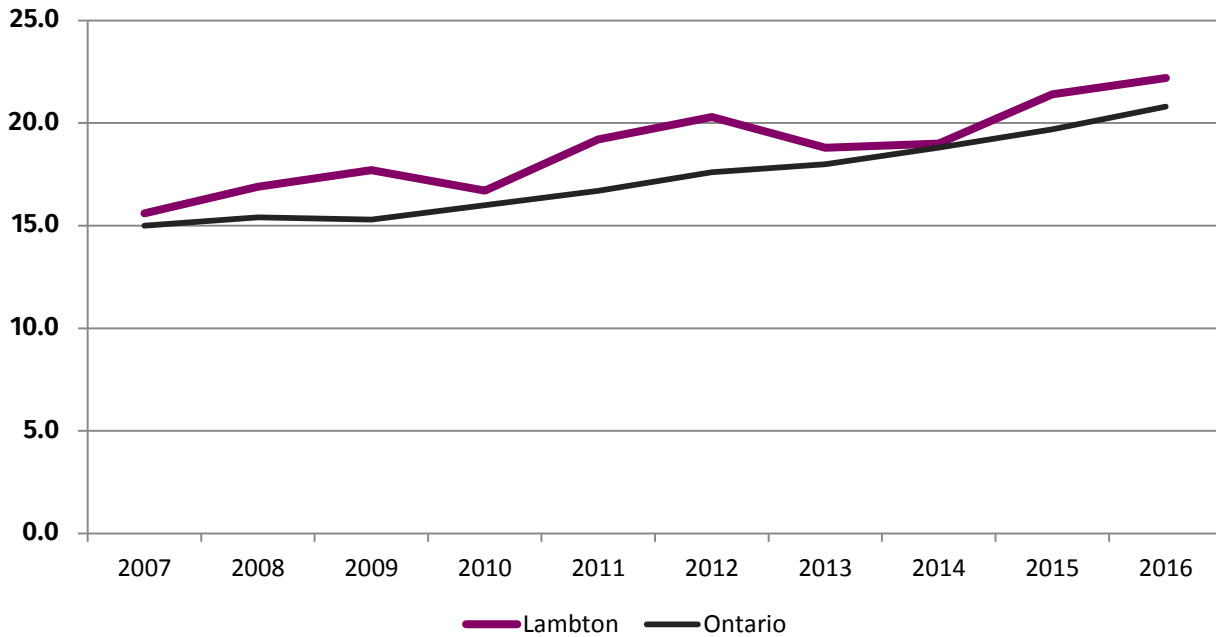
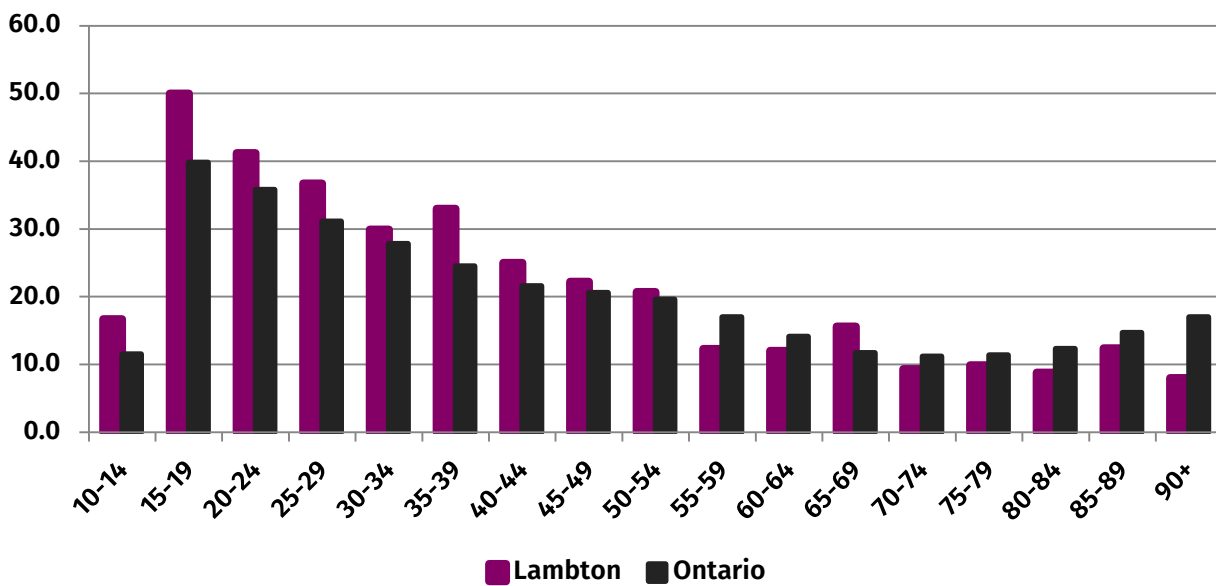


Figure 2: Rate of mental health and addictions-related emergency department visits, per 1,000 population, Lambton and Ontario, by age, 2014-2016



Number of emergency department visits for the most common mental health and addictions related diagnoses, Lambton residents, 2016



Anxiety disorders are the most common diagnosis among those visiting the emergency department for mental health problems. Between 2007 and 2016, the number of visits for anxiety has increased from 900 to 1260. There has been an increasing trend in both Lambton and Ontario and Lambton rates have been consistently above Ontario rates between 2007 and 2016 (Figure 3). The number of visits is highest among females 15-24 years of age. The visit rate among 15-19 year olds is twice as high in Lambton compared to Ontario (Figure 4).

Figure 3: Annual rates of anxiety disorder-related emergency department visits, per 1,000 population, Lambton and Ontario, 2007-2016

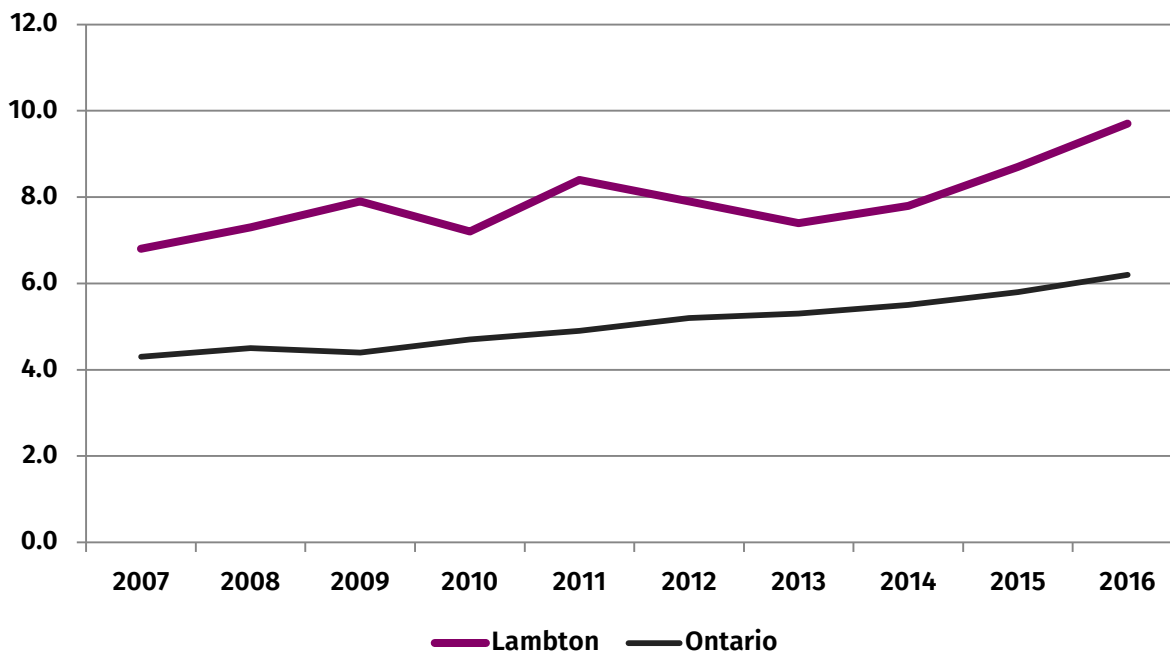
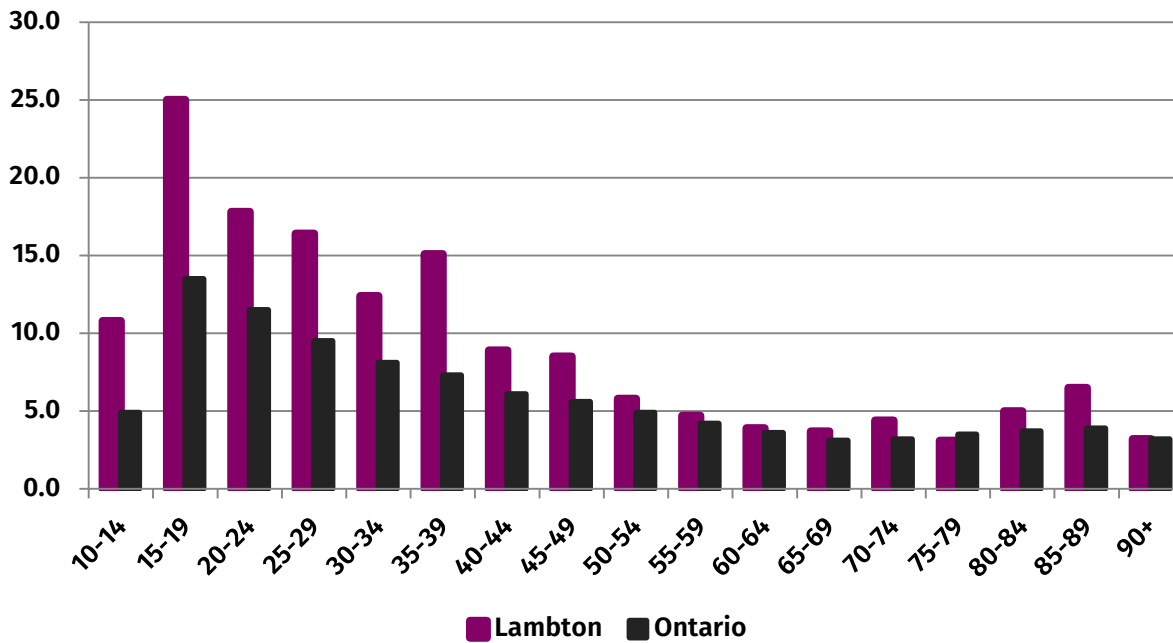


Figure 4: Rate of anxiety disorder-related emergency department visits, per 1,000 population, Lambton and Ontario, by age, 2014-2016



Hospitalizations

In 2016, there were 864 mental health and addictions-related hospitalizations among Lambton residents. There has been an increasing trend in Lambton while the provincial trend has been relatively stable (Figure 5). Lambton rates have been higher than the Ontario average between 2007 and 2016 with the gap widening in the most recent years. Looking at our 2016 hospitalization rates relative to the other 36 health units in Ontario, Lambton ranked 8th highest behind predominantly northern health units.

The number of hospitalizations for mental health and addictions in Lambton is greatest among those 15-19 years of age; females made up 70% of in this age group in 2016. The local rate of hospital admissions for mental health is 1.8 times higher than the Ontario rate in this age group (Figure 6). Lambton youth are less likely than the Ontario average to be admitted to regular hospital beds for mental health diagnoses, but much more likely to be admitted to adult mental health designated beds. This likely reflects a limitation of hospital resources related to child and youth inpatient mental health.

After peaking among those 15-19 and then generally decreasing with age, hospitalization rates begin to increase again at 75 years (Figure 6). While we excluded specific dementia diagnoses from our analysis, some of these stays may have been dementia related, but were classified differently (e.g. delirium) or were unspecified.



I was hospitalized after having a breakdown. My doctor and the health care team helped me get the community help I needed and still need.
 – Community member

Figure 5: Annual rates of mental health and addictions-related hospitalizations, per 1,000 population, Lambton and Ontario, 2007-2016

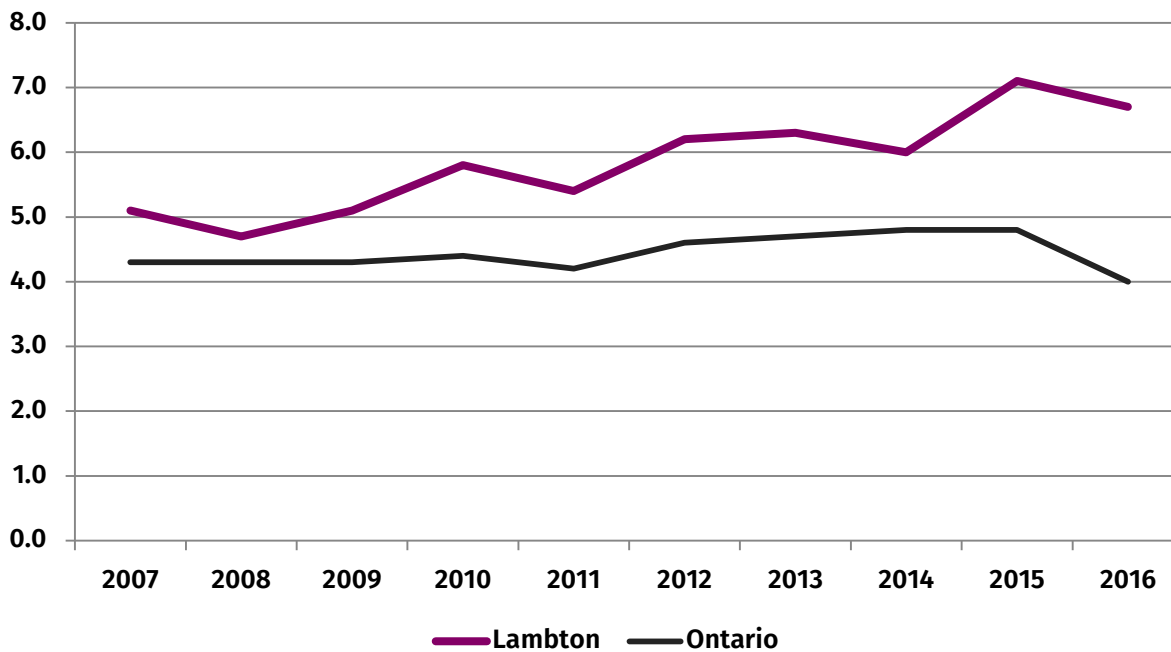
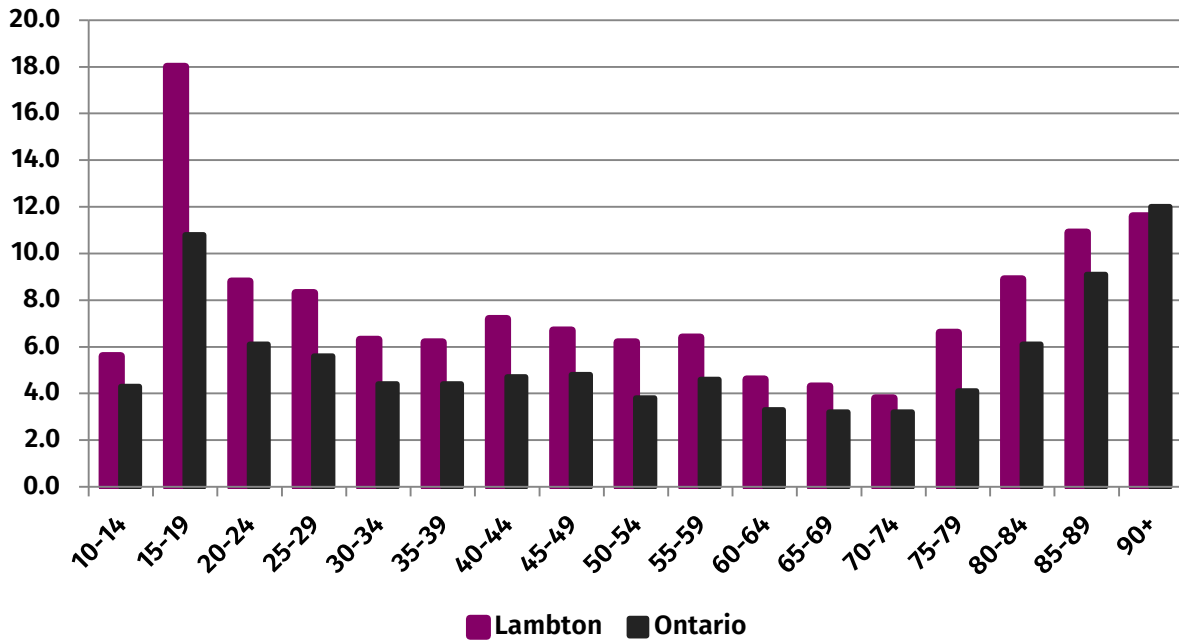


Figure 6: Rate of mental health and addictions-related hospitalizations, per 1,000 population, Lambton and Ontario, by age, 2014-2016



Self-Harm and Suicide

Key Messages

- Thoughts of self-harm or suicide are often a trigger for seeking support and accessing services.
- The local rate of emergency department visits for self-harm is consistently lower than the Ontario average.
- The rate of suicides in Lambton County fluctuates above and below the Ontario average rate of 8-10 per 100,000 people per year.
- While there have been more deaths due to suicide among Lambton residents between 2010 and 2015 compared to the previous 5-year period, over 90% have been among adults.

I have lots of friends who self-harm. I help them. I've helped 15 of my friends stop, I've helped them gain friends and helped them understand their reasoning for self-harm could be overcome. Adults can't always help; you can't wait for us to turn to them.

- Student, grade 9

In many cases, Lambton residents who had accessed mental health services first did so in response to suicidal thoughts, self-harm or suicide attempts. Some came to the realization themselves, while others received encouragement from family or friends.

I have looked for help in regards to mental health issues and what prompted it is survival. When you know what you are doing is not enough to keep you going you look for answers.

- Community member

What prompted me to look for help was being low enough to want to cause harm to myself. I had had enough and didn't know what to do anymore and all I really wanted to do was cut. I was very upset and my mom suggested I call the CMHA helpline and speak with someone.

- Community member

My suicidal ideation hit an all-time high in university, and it was actually my classmates that encouraged me to seek help. So I did and that is how I built the strong support system I now have.

- Community member

Five years ago I had a traumatic event occur and it caused me to take a step back and realize I was struggling. I was making impulsive decisions and found myself masking the trauma with alcohol. I had thoughts of suicide. I went to my family physician and was referred to my psychiatrist from there.

- Community member

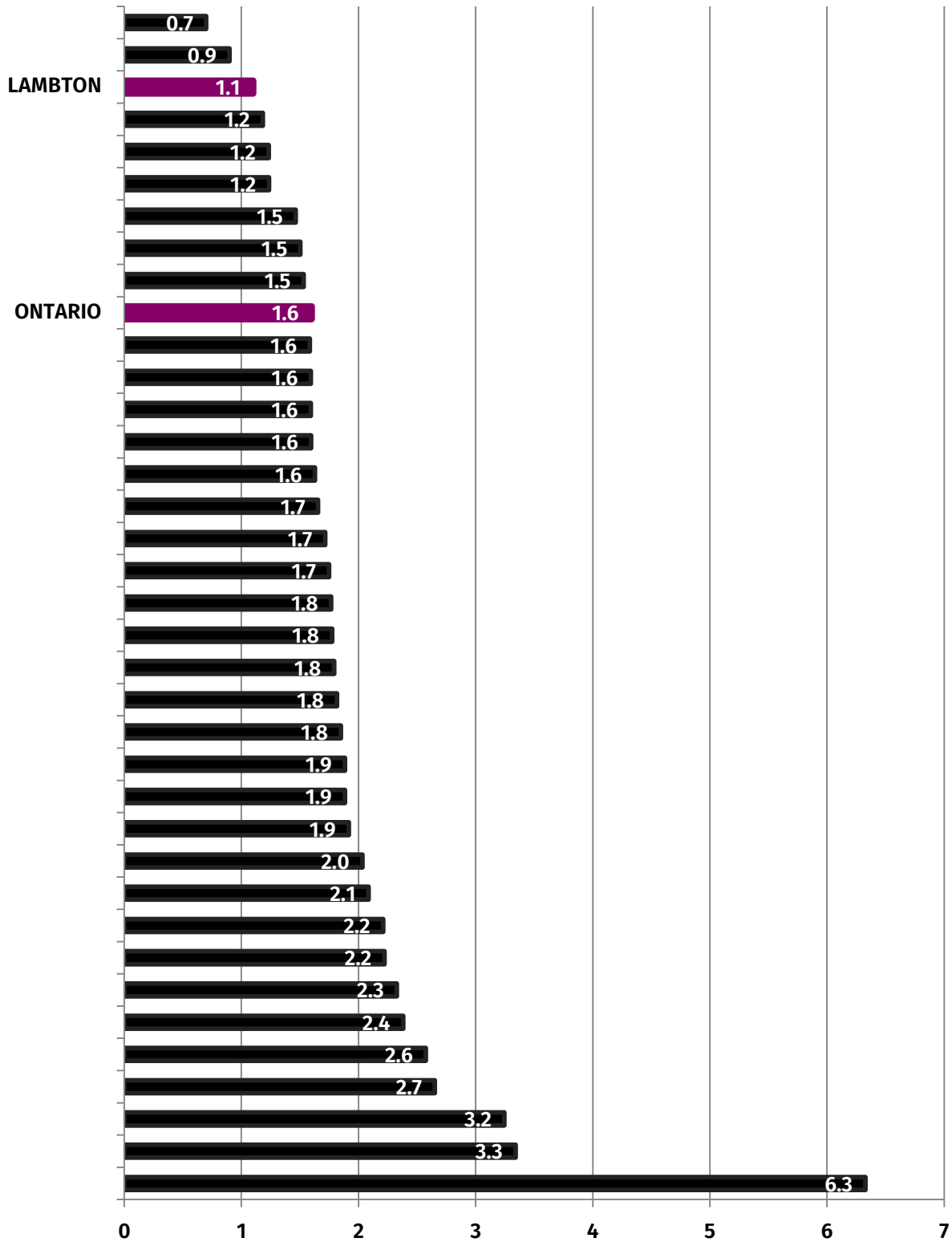
Self-Harm

In any given year, there are between 120 and 180 visits to the emergency department for self-harm. The rate of ED visits for self-harm in Lambton County is consistently lower than the Ontario average rate (Figure 7) and ranks low compared to other Ontario health units (Figure 8). While variation occurs from year to year, there has been no clear increasing or decreasing trend over time between 2007 and 2016.

Figure 7: Annual rates of self-harm-related ED visits, per 1,000 population, Lambton and Ontario, 2007-2016

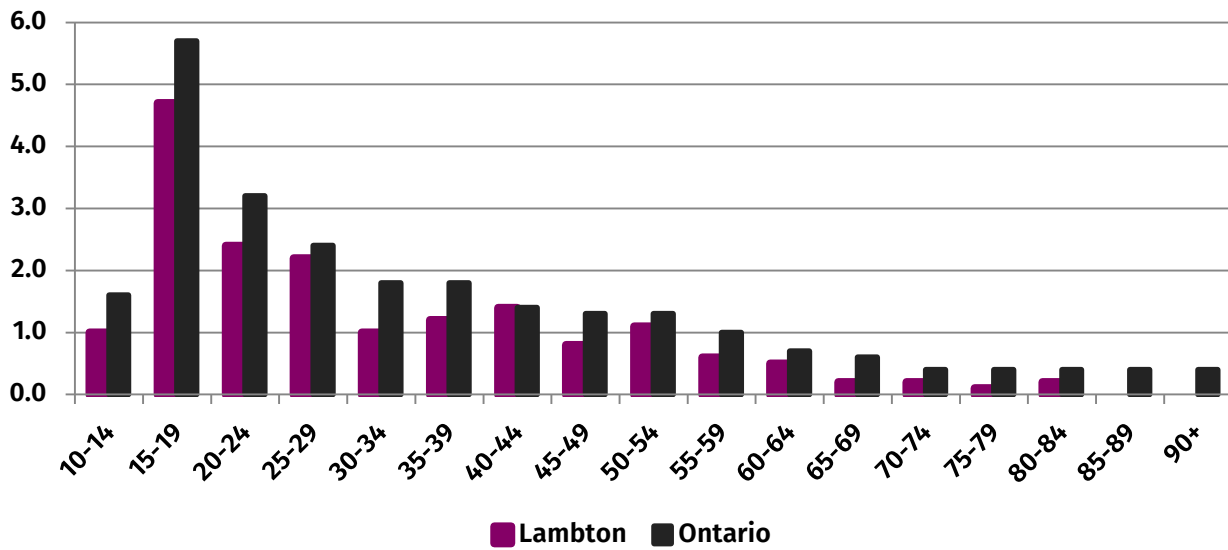


Figure 8: Rate of self-harm related emergency department visits, per 1,000 population, Lambton and Ontario, by public health unit, 2014-2016



About half of emergency department visits for self-harm are by youth under 25 years. The number of emergency department visits for self-harm peaks in the 15-19 age range. Between 2014 and 2016, ED visit rates for self-harm were lower or similar to Ontario rates across the lifespan (Figure 9). In Lambton, females accounted for 60% of ED visits for self-harm between 2014 and 2016, but accounted for 75% of visits among those 15 to 19 years old.

Figure 9: Rate of self-harm-related emergency department visits, per 1,000 population, Lambton and Ontario, by age, 2014-2016



Suicide

Between 2004 and 2015, the number of deaths due to suicide in Lambton County that were confirmed by the Chief Coroner's Office of Ontario has ranged from 7 to 24 (Figure 10). The rate of suicides in Lambton County fluctuates around the Ontario baseline rate of 8-10 per 100,000 population, with higher than average rates occurring in 2010, 2014 and 2015 (Figure 11).

While there have been more deaths due to suicide among Lambton residents between 2010 and 2015 compared to the previous 5-year period, most have been among adults. There were 7 deaths confirmed among Lambton youth less than 19 years old between 2010 and 2015, representing 7% of all suicide deaths during that time period.

Figure 10: Number of suicide deaths Lambton and Ontario residents, all ages, by year

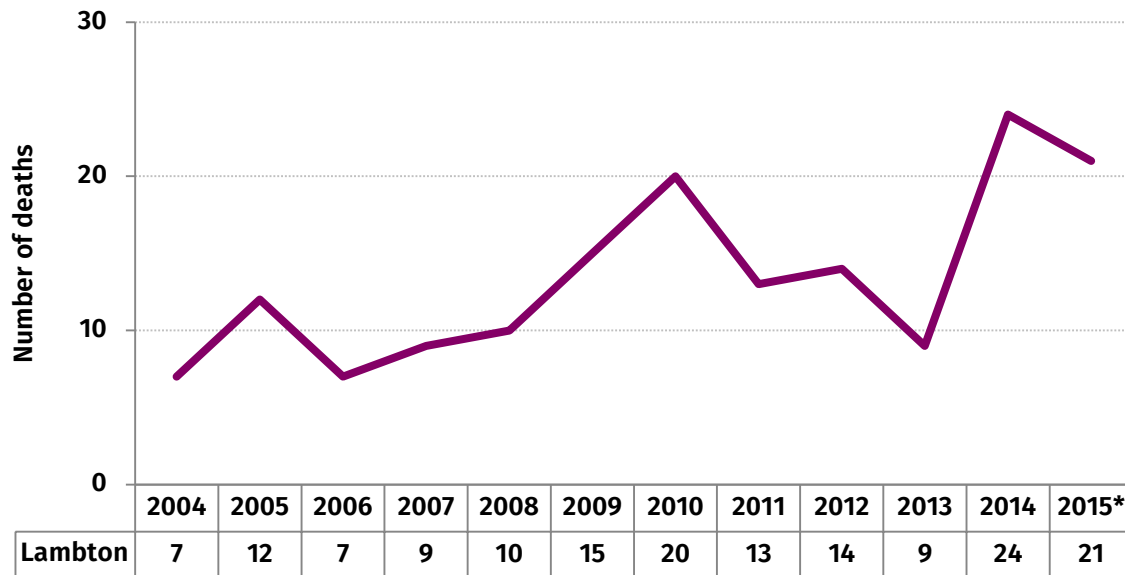
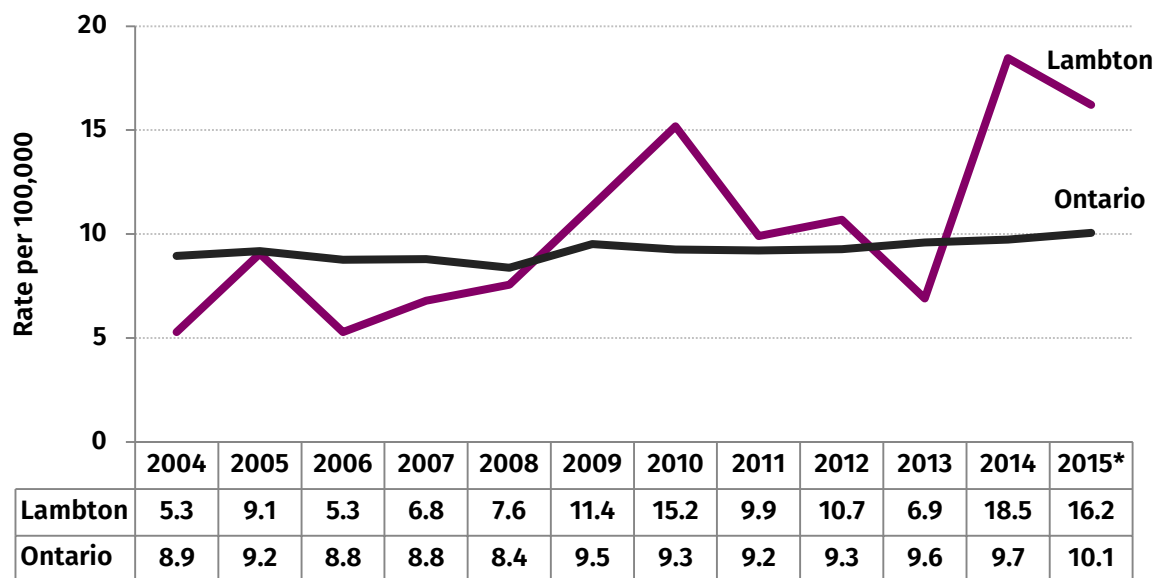


Figure 11: Rate of suicide deaths per 100,000 population, Lambton and Ontario residents, all ages, by year



**These data should be considered preliminary and are subject to change as remaining cases are closed by the Office of the Chief Coroner of Ontario.*

Community Treatment Services

Key Messages

- Community Treatment Services for mental health occupy an important place in the mental health system. The role of community treatment in the prevention of acute emergency department presentations could be enhanced through stronger collaboration with health care settings and dedicated resources to bridge the gap between referral and treatment for non-crisis services.

Accessing mental health services has saved my life. If I hadn't gone for help, I'd either not be alive or I'd be living a life of profound turmoil and sadness. DBT, CBT, Music Therapy, one-on-one sessions, groups, online forums, Wikipedia, Facebook, and crisis lines are the things that have helped me through rough patches time and time again.

- Community member

Mental health services have made a world of difference to my transgender child, who is much happier now.

- Parent

Accessing these services has definitely made things better for me. My life is under control and I am actually able to live alone and see my son. Thank you.

- Community member

Accessing mental health services has made things better for my coping. It has allowed me to recognize my triggers, episodes and weaknesses. It has allowed me to put anxiety and fear aside and concentrate on my future.

- Community member

ADVOCACY. Our clients (for the most part) cannot speak for themselves to clearly identify what supports they require. Without our support, we see them often "falling between the cracks" and going without essential care simply because the system is designed to turn people away.

- Mental health care worker

Being witness to successful and positive outcomes is a valuable component of the work we do, as this keeps us motivated. By believing in the work we do, we continue to pass along hope, optimism and confidence to our clients.

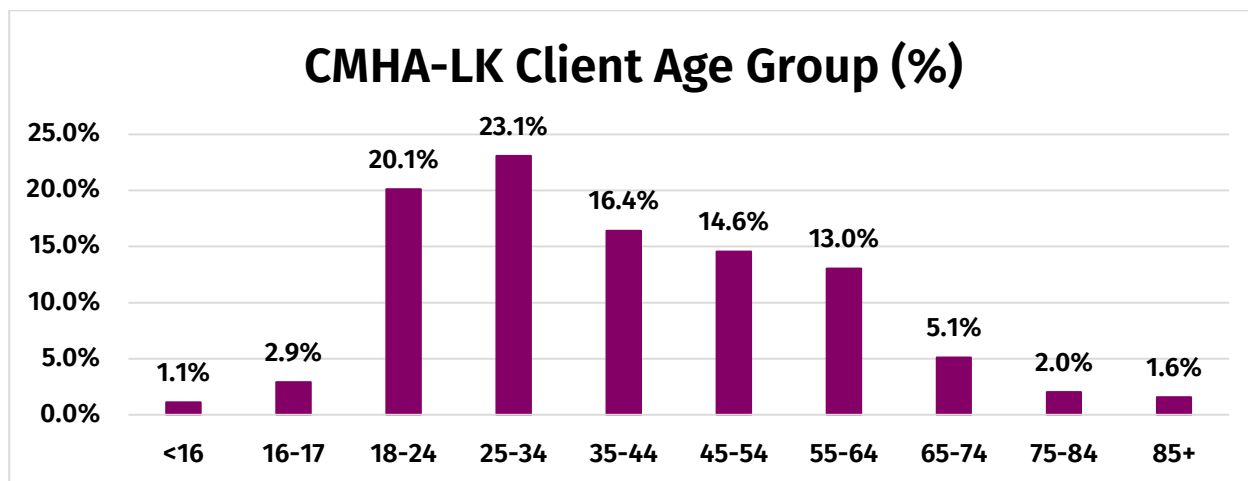
- Adult mental health care worker

Community Mental Health Service Use

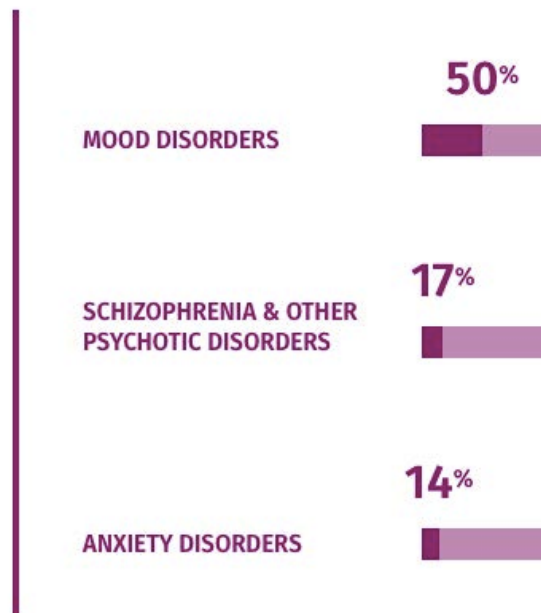
While there are several community agencies with programs and services related to mental health and mental illness, there are two agencies in Lambton that offer the majority of general community-based services related to mental illness.

Canadian Mental Health Association - Lambton-Kent Branch

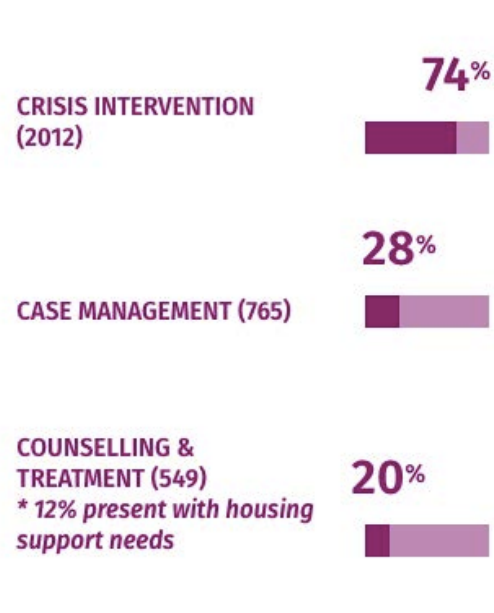
The Canadian Mental Health Association Lambton-Kent branch (CMHA) provides services primarily for adults. The following provides a snapshot of clients receiving services in Lambton between May 1, 2017 and March 28, 2018.



Top 3 Diagnosis



Top 3 Services Accessed



*Source: Canadian Mental Health Association Lambton-Kent Branch

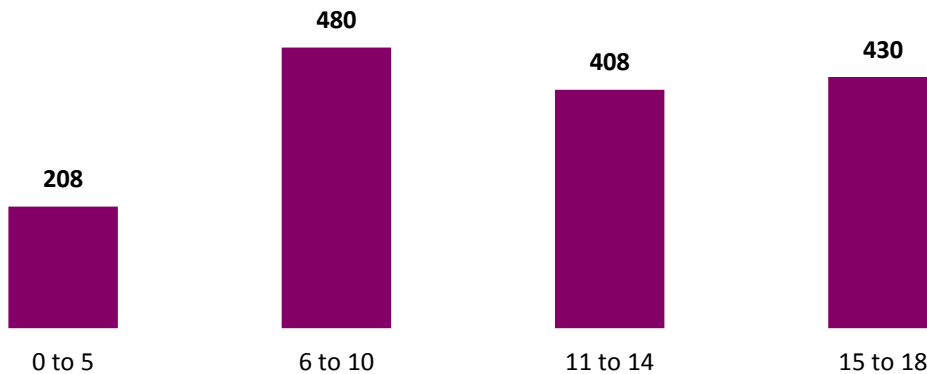
St. Clair Child and Youth Services

St. Clair Child and Youth Services (SCCYS) provides prevention, assessment and treatment options for children and youth from birth to 18 years. The following provides a snapshot of clients receiving services at St. Clair Child and Youth Services or through SCCYS-funded programs (Huron House Boys Home, Sarnia-Lambton Rebound).

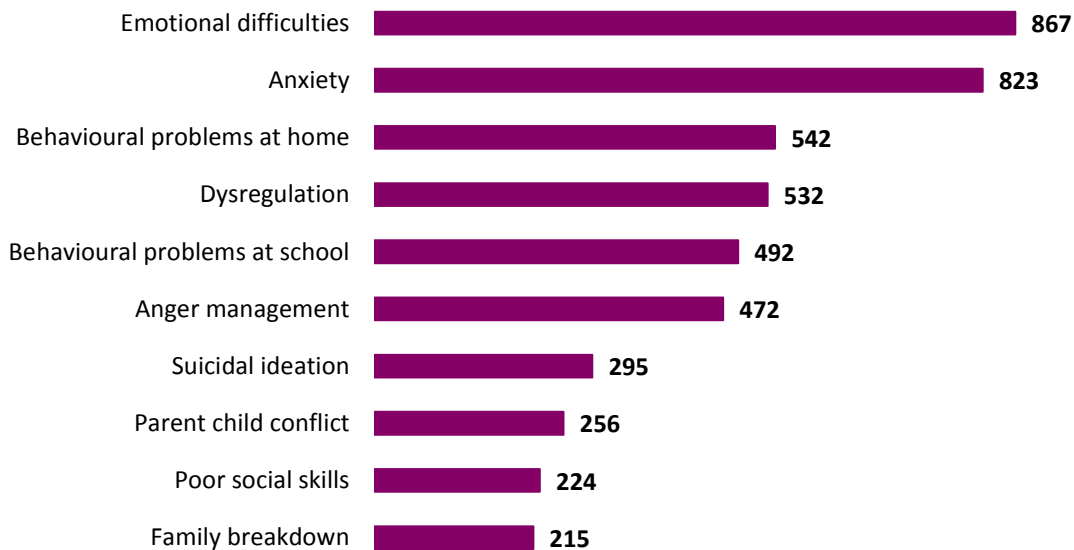
Similar to emergency department visits, anxiety was a common problem among Lambton children and youth presenting for community mental health services.



Number of children and youth accessing St. Clair Child and Youth Services, by age, 2016/17



Number of children and youth accessing St. Clair Child and Youth Services, most common presenting problems, 2016/17



**Source: St. Clair Child and Youth Services*

While emergency department data provide a look at serious self-harm incidents and suicide attempts, community data show that a larger number of children have early warning signs, such as suicidal thoughts. In 2016, there were 55 self-harm related emergency department visits (45 unique patients) among those 19 years and under, yet 295 individuals presented to SCCYS with suicidal thoughts.

These data also capture problems that would not typically be a cause for attending the emergency department or being admitted to hospital. For example, over 500 children and youth presented with "emotional dysregulation". Prompt attention to and support for these early symptoms may help to prevent future mental illness and highlights the role of early access to community services in the prevention and treatment of mental illness.

St Clair Child and Youth has been a great resource but they are restricted in how much they can offer due to lack of funding.

– Parent

Quality of Treatment Services

Key Messages

- In general, mental health clients are satisfied with the services they receive. System navigation is mentioned as a barrier, but as clients connect to one service they are often referred within the system as needed.
- Clients' suggestions to provide client-centered care include: being compassionate, caring, supportive, respectful, easy to talk to and non-judgemental. Examples of poor care include: being rushed, judged or having someone trivialize their concerns.
- Although time to access services is felt to be improving, this remains an issue to be addressed. Clients perceive a gap between visiting the emergency department for an acute need and then being able to access non-crisis community-based treatments for mental illness.

Using Experience as Data

This section is informed by the experiences of a group of people in Lambton County, most of whom have sought help for mental health problems and have used mental health services. Mental health services include those provided at the hospital, by family physicians and other primary care providers, by community-based services (such as the Canadian Mental Health Association) and by psychologists and other therapists in the county. There were 39 participants in this survey, and while we believe that their experiences are broadly representative of those in Lambton County, they should not be taken to replace the experience of any one person, and they should not be interpreted with respect to the quality of services delivered by any one agency.

Overall, accessing mental health services has made things better for me and I will never regret going to get help. Talking to someone, and learning more about it will never make it worse.

- Community member

Client-Centered

For the most part, mental health service users appeared to be satisfied with and very much appreciative of the services they had received. Many reported that services had helped them in terms of understanding their mental health conditions, learning how to “cope” or manage their conditions and being able to speak to someone about their conditions. These in turn led to improvements in their mental health and quality of life.

Learning how to deal with our mental health issues in a productive way has made our lives so much better! We are truly thankful to everyone who has helped us along our journey.

- Community member

The first time a counsellor told me “You know, I think we need to talk more about that.” or “You feel like that constantly, and you don’t have to.” was probably the biggest impact on me. My normal, painful as it was, was not carved in stone. Just having someone listen and believe me and giving me the opportunity to trust them to give me help was so huge.

- Community member

Much of the feedback service users provided on their experiences with local mental health services related to the importance of the attitude and demeanor of service providers. The important qualities identified included: compassionate, caring, supportive, respectful, non-judgemental and easy to talk to. For those with negative experiences, they reported that the service provider made them feel unimportant, stupid or that they rushed into diagnosis without adequately listening.

I think it’s important that the people are kind and easy to talk to. I would rate CMHA a 5 out of 5 because I find the people extremely easy to talk to and be around.

- Community member

Most important thing isn't the diagnosis but having someone to talk to and feel unjudged. To feel confident in your care when you leave the building. My care worker I'd rate a 1 being lowest out of 10. She was unempathetic and had terrible body language suggesting to me that I was stupid or concerns were inadequate.

- Community member

I have called into the Sarnia-Lambton-Kent crisis lines many times when I've been at my lowest during afterhours. Remembering my name (one operator even called me by a nickname which immediately made the conversation feel more natural), and addressing me in a calm, interested manner is always important. The genuine goodbye is important too. When I was at my lowest, just hearing someone say "Be safe and please call back if you need to, we'll be here", saved my life once or twice. For anyone specializing in mental health, I think the biggest thing that they can do is remind the person in crisis that someone is there and thinking about you, or validating that what you're feeling is scary but not permanent.

- Community member

[Psychiatrists] should listen to the patient and not rush in to stating a diagnosis. Take as many appointments as is necessary to come up with their diagnosis and make a plan with the patient on how best to deal with their problems.

- Community member

The group supports do not have an open and inviting atmosphere. It feels cold and like a drop in for those with lower coping ability. Those of us who are high functioning do not feel as though we NEED or FIT in those environments.

- Community member

Timely Access

Based on service user feedback, timely access to services emerged as a critical area for future improvement. On the one hand, it was acknowledged that “quick fixes” such as the crisis helpline and urgent care via family doctors and the emergency department are readily available. Further, it was felt to be relatively

easy and quick to “get something started” at CMHA. At the same time, there are protracted timelines to access psychiatrists, psychologists and mental health programs offered by the various community partners.

It's easily accessible. Lots of help lines and specialists are readily available through ER for a quick fix.

- Community member

Bluewater Health and CMHA have done wonders since I've moved back to Lambton County. It's easy to go into CMHA and get started with something that same day. I think what's hard is the wait time. When you are emotionally at an all-time low, it's hard to make that first step in the first place. To take that first step and then have to wait a month to see a psychologist, psychiatrist [or] social worker is the most brutal thing ever. It would be great if there was a bridging program of some sorts to get people from registry to programming.

- Community member

Sometimes it's difficult just to get in to see your doctor (often 2-3 weeks for an appointment at my family doctor). I think for more urgent situations it may be better to access some immediate support through the crisis nurse. However with that, there's often a long wait at the emergency room which can be difficult to manage for someone who needs immediate support. Also long-term support is hard to get given the lack of psychologists within the community and waiting lists for services through CMHA.

- Community member

Therapy through CMHA and SCCYS has a long wait period. Emergency counselling or drop-in is great for the immediate problem but not for healing.

- Community member

Need Red Cross transportation or other transportation to be covered for people to attend CMHA for appointments and other para-medical appointments. Right now, this coverage is only for medical appointments.

- Adult mental health care worker

What participants defined as 'timely' varied depending on the situation. There was an expectation for immediate access to a service provider in cases of "severe crisis" involving suicidal tendencies. In other non-emergency cases, the general view was that 2 to 3 weeks was an acceptable wait time. Providing interim support during wait time was valued, particularly given that people describe that it "takes courage to ask for help". Interim support could take various forms such as using the crisis line, short-term support groups and having a case worker that checks in.

Someone in severe crisis, such as experiencing suicidal tendencies or rages should not be sitting in the emergency room for several hours waiting to speak with a crisis nurse. We need more crisis staff on duty.

- Community member

I think an acceptable wait time is about 2-3 weeks. I think that a social worker or someone to check in with while waiting for your appointment would be a good idea.

- Community member

While waiting for more extensive supports, the client can attend groups, designed to provide some assistance, to keep them on the care plan. I would even suggest a worker be assigned to them, that they could meet with once a week or biweekly depending on the need, to discuss living situation, stresses. An online "pen pal" could provide assistance and support online, even to those in rural areas.

- Community member

Wait times for community-based mental health services are not readily available and are not consistently measured across the province. This was identified as a critical gap in Ontario and a provincial task force has recommended this as a high priority indicator for development (MHASEF Research Team 2018a).

An indirect measure of access is the proportion of mental health and addictions related emergency department visits that represent an individual's first contact for mental health and addictions care.

In 2014, 42% of children and youth (0-24 years) in Lambton who went to the emergency department for a mental illness had no prior contact with a physician for reasons related to mental health or addictions. This is similar to the provincial average (45%) (MHASEF Research Team 2017b). In particular, a large proportion of children and youth in Ontario who presented with substance use disorders (54%), anxiety disorders (40%) or deliberate self-harm (39%) had their first mental health and addictions-related contact in the emergency department (MHASEF Research Team 2017a).

While comparable data is not available for adults in Lambton, 31% of Erie St. Clair LHIN residents (16 years and older) who went to the emergency department for a mental illness had no prior contact with a physician for mental health and addictions. This is similar to the Ontario average (33%) (MHASEF Research Team 2018b).

30-40%

Emergency Department was the first point of contact for mental health and addictions care for 30-40% of Lambton Residents

Efficient and Co-ordinated

Once service users made initial contact with one service and were therefore “in the system”, they were made aware and referred on to the variety of mental health services and supports on offer in the county and beyond.

I was hospitalized after having a break down. My doctor and the health care team helped me get the community help I needed and still need.

- Community member

We spoke to our primary care physician and got a referral to Pathways, which led us to St Clair Child and Youth Services, and they referred him to CPRI in London.

- Parent

I have never had any problems finding help. Sometimes it takes a bit to get the ball rolling but once you're a part of the system things go well.

- Community member

Readmission to inpatient care may be an indicator of relapse or complications after an inpatient stay. Once stabilized, an individual is discharged, and subsequent care and support are ideally provided through outpatient and community programs. High rates of 30-day readmission could be interpreted as a direct outcome of poor coordination of services after discharge (Canadian Institute for Health Information, n.d.(b))

In 2015, 12% of Lambton residents discharged from hospital for a mental illness were re-admitted within 30 days. This is equal to the Ontario and Canadian averages. This percentage has been stable locally, provincially and nationally since 2009 (Canadian Institute for Health Information, n.d.(a)).

There are ongoing partnerships by mental health providers in Lambton County to coordinate care for patients with mental illness. For example, between April 2016 and December 2017, 69% (552/801) of youth that were assessed by the Bluewater Health emergency department were referred back to the community. Of these referrals, 24% (134) were referred to the Advanced Access Appointments at St. Clair Child and Youth Services and 18% (99) were referred to Walk-In at St. Clair Child and Youth Services (Source: Bluewater Health).



Effective and Equitable

We do not have robust data on the effectiveness of mental health services in terms of treatment outcomes. For example, what are the recovery rates among people with mental illness in Lambton County? Do they differ by types of services provided? Do they differ by other factors (social support, etc.)? Is there a decrease in emergency department visit rates among those receiving treatment in the community?

Similarly, we do not have extensive data about equity and mental health. While we have demonstrated that poor mental health is related to social determinants of health such as income and gender, the extent of inequities related to mental health could be further explored. Characterizing whether local mental health programs and services are effective and equitable is an area of opportunity for improving collaboration and data collection with community partners.

I would like to see a continued push and shift in supports and acceptance for LGBTQ2IA individuals, continued conversation in everyday life regarding mental health, shifting of funding to further increase supports in the areas of mental health.

- Adult mental health care worker

PROMOTING MENTAL HEALTH

Mental Health Promotion

There are many mental health promotion activities happening across Lambton County. The next sections discuss the strengths and opportunities that exist in schools, workplaces, the justice system, and healthcare settings and gives examples of promising practices.

We need more focus on healthy families, parenting skills, parenting classes and peer support for parents with teenagers. We need this support without families having to attend CAS. Illness prevention could be addressed with families and teaching healthy coping etc.

- Adult mental health care worker

How Do We Promote Mental Health?

Mental health promotion is about empowering individuals, families, and communities to maintain their own positive mental health and shifting the mental health care system to invest more heavily in upstream approaches that can create mentally healthier communities. Five key concepts of health promotion can be applied to mental health promotion:

Health Promotion Concept	Examples of Mental Health Promotion in Lambton County
Creating supportive environments	<p>St. Clair Child and Youth Services has partnered with minor hockey associations across Lambton to offer mental health awareness and literacy education to players, their parents/caregivers, and coaching/support staff with the goals of raising awareness of mental health and mental illnesses, dispelling common misconceptions about mental illnesses, and providing information about common mental illnesses and how young people and their supports can seek help.</p>
Building individual skills	<p>The Tension to Triumph Mental Health Innovation Project is a peer-led proactive preparedness training program delivered to local grade 12 students. The goal was to strengthen students' awareness and understanding of mental health so they could build skills to adjust to the challenges of transitioning to the post-secondary world. Giving students intentional training before they leave high school is a means to reduce the incidence of distress.</p> <p>CMHA Lambton-Kent branch, in partnership with West Lambton Community Health Centre and the Strangway Centre offer Living Life to the Full. This 8 week program uses cognitive-behavioural strategies to combat attitudes, thoughts, and behaviours that can contribute to mental health problems. The program has particularly demonstrated effectiveness in older adults and is open to the public.</p>

Health Promotion Concept	Examples of Mental Health Promotion in Lambton County
Developing healthy public policy	<p>Lambton Public Health has developed a Positive Space Policy to identify it as a space that is open and welcoming to staff and clients of all sexual and gender diversities. Based on a community survey, reducing stigma in healthcare settings can help to improve access by people who identify as LGBTQ2IA+ in Lambton.</p>
Reorienting mental health services	<p>Bluewater Health and Canadian Mental Health Association have partnered to create an Integrated Mental Health Leadership group to identify and address issues related to service provision and care coordination in the community.</p>
Strengthening community action	<p>CMHA Lambton-Kent branch has partnered with elementary schools in Lambton to raise awareness about mental health and the importance of promoting it through conversations, physical activity, and community engagement. Ride Don't Hide in schools engaged 280 grade 7 and 8 students and staff in conversations, fundraising, and activities that promote positive mental health in a time of transition.</p>

Schools

Key Messages

- Social pressures and stigma are different for school-aged children than the general population. Children and adolescents need support to manage the many challenges that young people face including academic and social stressors.
- Schools present a valuable opportunity for mental health promotion and illness prevention and can act as a hub for resources.
- Local school boards currently implement a variety of mental health promotion and illness prevention activities including building awareness, skills and knowledge with staff and students.
- Some parents are not aware of the activities and supports offered in schools for children's mental health.
- Greater attention to evaluation and monitoring of mental health activities in schools may strengthen the case for continued investment.
- Measures to improve mental health literacy and help-seeking in students must engage youth and be well connected to appropriate community resources.

A lot of kids are feeling pressured at school. There's the pressure to get good grades and the constant thought of the future. Not only do we have this pressure to deal with but there's also the social pressure. It seems that nowadays if you don't look a certain way you are judged. A lot of times these pressures are bigger than the school pressures.

- Student, Grade 9

2014 Student survey data

Grade 7-12 students in Lambton and Chatham-Kent combined:

- Able to enjoy their normal day-to-day activities most or all the time:

86%

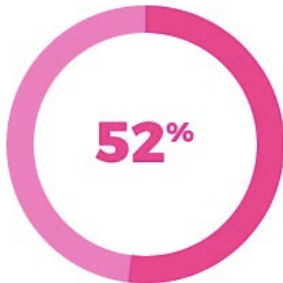


- But 10% reported feeling worthless 'all of the time'

10%

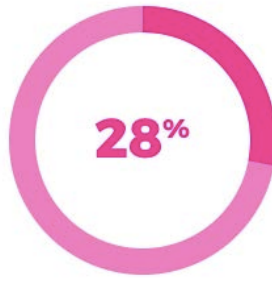


- Top 3 stressors:



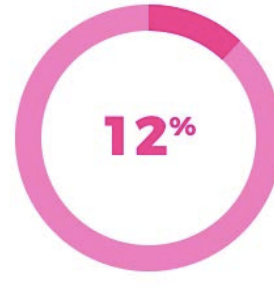
52%

SCHOOL



28%

PARENTS/FAMILY



12%

FRIENDS/FITTING IN

- 45% would tell an adult if a friend was considering self-harm

45%



- 8% reported that they were currently receiving (or waiting to receive) treatment for an emotional or behavioural issue.

8%



- Feel pressure to act or appear a certain way on social media

24%



FEMALES

12%



MALES

- Report being under a lot of stress 'all of the time' in the past 12 months

20%



FEMALES

8%



MALES

- 9% report losing sleep 'all of the time' because they were worried

9%



- 40% said there was not one adult staff member that they would be comfortable going to for help or support

40%



I feel pressured to keep up the act of being happy and 'normal' even if it's on the internet because it's easy to access stuff on there and I don't want anyone to know that I'm depressed and don't feel normal.

- Student, Grade 11

It feels like every post there is on social media, there are people judging you...you have to post the perfect things, to impress everyone and please them. People are nervous of what they post because they are afraid of what people will think.

- Student, Grade 9

People seem to have expectations about your posts or pictures and if you post something that isn't 'acceptable' you may end up being bullied or made fun of. I'd say it's quite risky and hard to be accepted.

- Student, Grade 10

School is a major factor of my stress. I stay up until 2am most nights just finishing projects, or doing the homework from that night. Our teachers don't understand how much this can impact our lives.

- Student, Grade 8

Students can't learn unless they feel safe and secure.

- Educator

What Do Lambton Parents Say About Mental Health in Schools?

Among Lambton parents:



Half of parents we surveyed have concerns about their children's mental health, but there is a low awareness of available resources. Seven in 10 parents say they have relatively easy access to resources for children's mental health and illness, but only 17% strongly agree.

About half of parents agree that their children's school would have the resources to help if they had concerns about their children's mental health. This is compared to a provincial sample of parents in which only 37% agreed that their child's school would have resources to help with a mental health issue. A quarter of Lambton parents said their school is not prepared with resources, and, importantly, another quarter said they neither agree nor disagree or don't know.

When it comes to accessing supports for those in need, parents with children diagnosed with a mental illness are significantly more likely to say they do not have convenient access to the resources they need (37% vs. 11% of parents with children not diagnosed with a mental illness).

When we asked parents how to improve mental health in schools, there were calls for including mental health as a formal part of the school curriculum. Participants saw an opportunity for helping children and young people develop self-awareness on mental health issues and equipping them with coping strategies. In addition to equipping children and young people with skills, participants saw an opportunity to designate and train school teachers to offer additional help with school work, to help children feel that they have a "safe person" to confide in, and to be able to refer to appropriate community resources.

All schools should have mental health classes the same as physical health. Children should be taught how to meditate, do yoga and relax.

– Community member

I think just building this more into the health component of the curriculum even for younger children. Working at ways to explain it to them in an age appropriate manner would be a good start. It would help kids understand and develop more self-awareness and skills to support their peers if they learn about this at a younger age.

– Community member

Provide a non-judgemental place for children to speak openly about any issues they have and provide professional resources.

– Community member

We need supports to be better in place should the child need access throughout the day to services and we need to have our teachers educated about mental health.

– Community member

Bullying is not treated harshly enough and even when it gets to physical violence type bullying the schools and police in combination are soft on this.

– Community member

Among students who wrote suggestions for their school to improve student mental wellbeing, there were three major themes: a) the need for students to be 'heard' and having places to voice their concerns within the school, b) having greater access to trained mental health professionals, and c) making schools more positive, inclusive places as a whole.

What have schools been doing?

Since the release of Ontario's Mental Health and Addictions Strategy *Open Minds, Healthy Minds* in 2011, a great deal of work has occurred in schools to increase mental health promotion and illness prevention activities. With support from a provincial implementation team School Mental Health ASSIST, every

school board in the province has a Mental Health Lead, a Mental Health Leadership Team, and a Mental Health and Addiction Strategy. The lead, team, and strategy work to build educator understanding, improve access to supports, and implement programs and curricula to promote mental health in students.

Intervention	Description	Example
<p>Building staff understanding of mental health</p>	<p>Providing training sessions to increase knowledge, skills, and confidence to promote mental health and support mental illnesses.</p>	<p>Local boards offer training for staff:</p> <ul style="list-style-type: none"> Suicide alertness training (safeTALK) Suicide intervention skills training (ASIST) Information about supporting specific illnesses Strategies for promoting mental health and well-being in schools
<p>Building students' social emotional skills</p>	<p>Empowering students to develop self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.</p>	<p><i>Elementary interventions</i> - mindfulness programs, cognitive-behavioural-based programs, strategies for managing stress</p> <p><i>Secondary interventions</i> - resilience and mental health awareness curriculum, peer support to transition out of secondary school</p>
<p>Building safer and more supportive environments</p>	<p>Listening to the voices of students to improve school environment and support well-being.</p>	<p>School improvement plans, School wellness committees, Climate Survey results and action, cultural awareness, community partnerships</p>

Intervention	Description	Example
Building more responsive systems for mental health care	Establishing clear pathways and partnerships to improve connections for children and youth to, through, and from mental health care	Local boards have developed: Suicide Prevention, Intervention, and Postvention protocols Pathways to connect children and youth to mental health care in the community when identified at school Partnerships with a variety of stakeholders who provide mental health care including public health, hospitals, community mental health organizations, and others to improve communication and collaboration

BE THERE! Letting kids know that you are there for them and will support them however they need it.

- Educator

I would like the School Board to work on incorporating mental wellness into their daily curriculum, I would like more prevention in early years, more withdrawal management and addiction services, day treatment for youth that cannot manage in a school setting and require intensive treatment.

- Youth mental health care worker

Workplaces

Key Message

- In Ontario, people with mental illnesses are more likely to be unemployed and to report experiencing discrimination than people without mental illnesses (Ontario Human Rights Commission).
- Lambton County residents are more likely than Ontarians to report that their employer promotes mental health.
- Promoting mental health in the workplace can improve employee productivity, creativity, and engagement while reducing mental health problems, time away from work, and costs.
- In workplaces, mental health promotion means building positive relationships among staff, building mental health awareness and skills, meaningful support from employers in responding to staff mental health needs, and transparent acceptance of employing people with mental health problems.
- Greater attention is needed to building capacity of Lambton workplaces to promote mental health and address mental illness.
- Greater attention is needed to monitoring and evaluating the impact of mental health promotion activities in Lambton workplaces.

Be open, honest and non-judgmental about it. Encourage employees to take care of themselves and promote an overall healthy work environment. Find ways to help your employee to work from home or other avenues available so that they can continue to work and have a source of income and self-worth, if at all possible for both the employee and employer.

- Community member

Ontarians with mental health and addiction disabilities* are less likely to be in the labour force and more likely to be unemployed. The unemployment rate of Ontarians aged 15-64 with mental health or addiction conditions in 2011 (22.6%) was more than twice as high as Ontarians with other conditions (9%), and almost three times higher than Ontarians without a known disability (7.7%). Many people with disabilities perceive they have been discriminated against in

employment, regardless of disability type. A substantially high proportion of people with mental health and addiction disabilities (67.7%) report being disadvantaged at work due to their condition. (All information in this paragraph from Ontario Human Rights Commission, 2015).

Similar to the general population, 1 in 5 of those employed in Lambton County report having ever been diagnosed with a mental illness by a professional. Thirteen percent of Lambton residents report taking time off work or school to deal with a personal mental health issue, including nearly 40% of those who have ever been diagnosed with a mental illness.

About two thirds of respondents agreed that their employer promotes positive mental health, and this is significantly higher than a representative sample of Ontarians. However, while the majority of employees feel their employer provides a positive workplace for mental health, 20% say this is not the case in their place of employment. Furthermore, only about half of employees feel comfortable talking to their employers about mental health. Those who are not flourishing in terms of their wellbeing are much less likely to feel supported in the workplace. These results suggest there is room to increase dialogue and to help support employers to provide a psychologically safe environment for employees.

*This paragraph refers to the term "disability" with reference to mental illness, because that is the terminology used by the Ontario Human Rights Commission. Mental illness, just like physical illness, may lead to disabilities that require accommodation, but this should not be interpreted to be true all the time, just like all physical illness does not automatically mean a disability exists. Also, Lambton Public Health prefers the use of ability-focused language.



**AGREE THEIR EMPLOYER
PROMOTES POSITIVE
MENTAL HEALTH IN THE
WORKPLACE**

**ARE COMFORTABLE
TALKING TO THEIR
EMPLOYER ABOUT MENTAL
HEALTH**

Mental health service users identified four main ways in which employers can promote positive mental health in the workplace.

1. By creating positive relationships between staff through regular communication channels, team building exercises and social events.

At my place of work there is already such a strong feeling of positivity and inclusion. We have monthly staff meetings, regular conversations with our manager, and effortless accommodations for my weekly group and appointments.

– Community member

2. Increasing awareness of mental health issues and encouraging employees to take care of their mental health through informational workshops or meetings, awareness days and personal development courses.

Provide more professional development on personal mental health as well as supporting coworkers with mental illness.

– Community member

3. Providing more tangible support from employers should employees need help with mental health issues.

Just treating staff with respect, making sure that staff if they are going through something that they can feel they are supported, and no threat of anything happening if you need to take a day (or break) to deal with your issues.

- Community member

Make it part of Human Resources management to take additional training to be able to speak and correspond to employees with a mental illness in a manner that does not make the sufferer feel like her job is at stake or that they are disposable.

- Community member

4. Messaging for employers on the employability of those with mental health conditions:

Employers might hold back promotions from someone with mental illness, so more education and awareness that a person with mental illness can still contribute to the workplace and be successful [is needed].

- Community member

We need understanding that not everyone's mental illness is the "same" and not everyone can work at the same capacity. Some people living with mental illness can work and others can't or they can for short periods of time but then it becomes too much for them.

- Community member

Promotion and Prevention in Workplaces in Lambton

There are many resources and tools for workplaces to promote mental health so we asked a number of employers in Lambton County what is working for them. The examples in the table below are being carried out right now by employers across Lambton in order to promote and protect mental health in the workplace.

Intervention	Description	Example
Mental Health Promotion	Activities or initiatives in the workplace that promote positive mental health among staff. This could include increasing staff connectedness, engagement, knowledge, and skills.	<p>Wellness committees are groups of staff interested in improving the overall health and wellbeing of staff. They are often responsive to the needs of the staff and can carry out activities such as:</p> <ul style="list-style-type: none"> Educational sessions from experts Encourage staff engagement and participation Empower staff-directed learning Develop health-related skills Develop comprehensive mental health promotion strategy
Mentally Healthy Policies and Procedures	Policies and procedures that support mental health are the backbone of a mentally healthy workplace. They demonstrate commitment, delineate staff roles, and ensure accountability.	<p>Adoption of the Mental Health Commission of Canada's Psychological Health and Safety Standards. These 13 organizational requirements are vital components of a mentally healthy workplace. While the standard is voluntary, there are many benefits to considering early adoption and mental health is a necessary consideration in an overall health and safety policy and plan.</p> <p>Other policies that protect mental health include protecting rights and supporting marginalized groups. This could include a policy supporting LGBTQ+ staff and clients (for example, a positive space policy) or a commitment to cultural safety through training.</p>

Intervention	Description	Example
<p>Targeted Support for those in need</p>	<p>Planning to support staff in times of greater need is an important component in the workplace. Many employees will experience mental health problems in their lives and having a plan in place for managers, human resources, and external supports to help is key.</p>	<p>A number of employers have employee and family assistance programs (EAP) with easy access to free counselling support on topics ranging from mental health to financial or relationship issues. EAPs respond to the needs of individual staff and can help to navigate access to further mental health services but they also provide support and debriefing for whole teams or workplaces if there is a tragic or violent event. Some employers set aside specific benefits for counselling or other services related to mental health needs.</p>

Justice System

Key Message

- People with mental illness are over-represented in the provincial and federal justice system.
- Justice system agency staff (attorneys, police and others) are a potentially significant point of contact between people with mental illness and treatment opportunities that would keep them out of the justice system.
- Additional and more frequent **training** and educational sessions to provide police, Crowns and corrections workers with knowledge and information about mental health problems and illnesses, how to respond and services available in the area.
- Establish a **mental health court** in Lambton County and ensure consistency by appointing one Crown and one Judge to maintain continuity and allow for better, more meaningful case outcomes. Mental health support workers from various agencies could attend every Mental Health Court to provide input to the judge and lawyers, as well as meet with the accused. Mental Health Courts allow for less court appearances by the accused and more meaningful appearances and resolutions that incorporate direct input from relevant agencies.
- Improve **communication** between the Crown's Offices and the Ontario Review Board with respect to cases that are found to be not criminally responsible or unfit to stand trial.

The police, courts and so on need to do much more to help. The courts do not have in place proper connections with non-biased organizations when dealing with people with mental illness.

- Community member

There is a stigma that still exists regarding mental health with the police.

Police education could include explaining that outreach, engagement and therapeutic rapport are key to the longevity of working with clients.

Otherwise, clients continue to rotate through the mental health system and only reactivity occurs.

- Adult mental health care worker

There are a number of initiatives that currently aim to take into account the mental health needs of people who are currently involved with the criminal justice system. These are outlined below:

Regular Court
Direct Accountability Program (DAP)
Details: A DAP worker attends remand/first appearance court to offer information on rehabilitative services in the community and work with accused to create rehabilitative programming relevant to their needs, which includes counselling in the area of mental health. If counselling and/or another program or task is successfully completed, the charge(s) is withdrawn.
Purpose: Address underlying issues and accountability while avoiding a conviction.
Limitations: The offender has to be engaged in and committed to the process, which is difficult to achieve in some cases. If the offender is not, this results in a discontinuance of DAP and a return to the standard court process, which inevitably delays the eventual completion of the case.
Mental Health Diversion
Details: A Mental Health Court Worker from the Canadian Mental Health Association develops a treatment plan with the accused. If the plan is approved by the Crown, the criminal charges are stayed, halting further legal process. If the treatment plan is successfully completed, the charges are not reinstated. Between May 1st, 2017 and March 28, 2018, CMHA provided diversion and court support to 116 clients.
Purpose: Offer an incentive to the accused to follow through with a mental health treatment plan.
Limitations: The Mental Health Court Worker is not able to attend court on a daily basis and cannot take on every case due to resource limitations, seriousness of charges, or lack of cooperation of the accused. While other jurisdictions have a dedicated Mental Health Court, Lambton County does not.

Youth Court
Youth psychological reports and counselling
Details: St. Clair Child and Youth Services complete the reports and offer relevant counselling/treatment services for young persons and their families.
Purpose: Provide the court with vital information to assist with sentencing, rehabilitation, and the overall success of the young person going forward in the community.
Limitations: The young person has to be engaged in the process, which can be difficult to achieve in certain cases.
Youth conferences
Details: Conferences usually occur in the courtroom and involve all agencies and people involved in the young person's life who have something to contribute with respect to the person's wellbeing and future.
Purpose: Provide information to craft a sentence that is comprehensive and meaningful for the young person.
Limitations: There aren't always representatives from the mental health sector at the conferences. There could be a more efficient way to contact these parties and arrange the conferences.
Indigenous Persons Court/Gladue Court
Culturally appropriate representation
Details: These courts regularly have service providers in attendance, including coordinators and facilitators of various culturally-appropriate programming related to mental health and other relevant areas.
Purpose: Input from these providers is used to better understand and appreciate the community and culture of the accused persons, as well as both their progress and limitations thus far. This information is then incorporated into the person's sentence or resolution.
Limitations: The court itself can be difficult for some accused persons to access, given its distance from their homes. The purposes of this court would also be best served in a conference-style room, as opposed to a formal courtroom.

Ontario Review Board (ORB)

Hearings and Dispositions

Details: The Ontario Review Board annually reviews the status of every person who has been found to be not criminally responsible or unfit to stand trial for criminal offences due to a mental health disorder.

Purpose: The ORB makes ongoing decisions about those under its authority regarding the appropriate level of security, hospitalization requirements, community privileges, supervision, and support.

Limitations: The flow of information and communication between Crown's Offices and the Ontario Review Board is important. Work could be done to streamline this process, which can be complex at times.

Primary Care

Key Messages

- While 84% of residents are comfortable speaking to their primary care provider about mental health, only 53% of residents agree that their primary care provider asks them about their mental health.
- Family doctors are the top-of-mind resource for mental health reported by Lambton residents.
- Greater partnership and coordination between mental health services and primary care providers may be an important area of focus for mental health system improvement.
- We need a better understanding of primary care system effectiveness with respect to mental health prevention, diagnosis and treatment.
- We need a better understanding of training and education needs to support effective mental health service delivery in primary care.

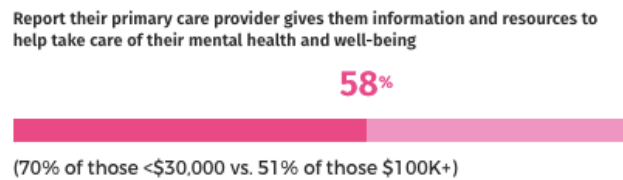
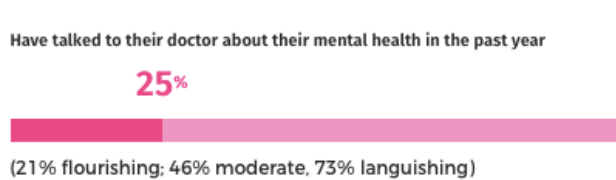
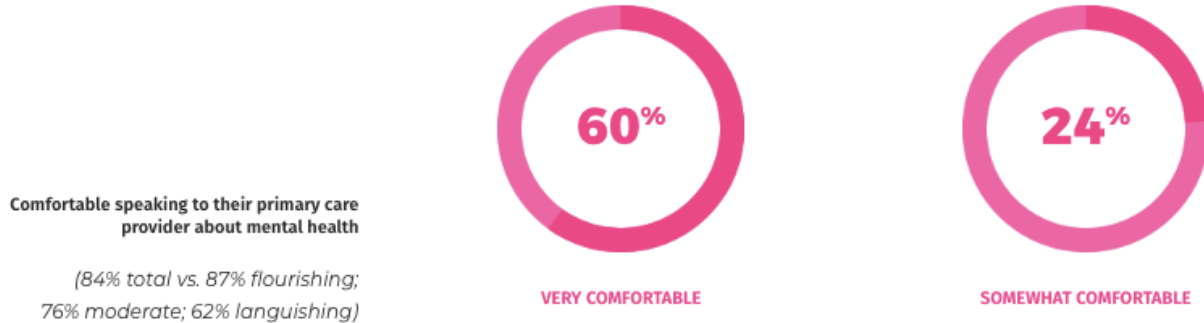
I would be most comfortable speaking with an experienced health care provider or professional. One who is compassionate, has demonstrated patience and experienced with PTSD. I would choose this individual, as the person is an outsider, has no clear bias, and is experienced with the emotions I may be experiencing.

- Community member

Primary Care Providers

The majority of Lambton residents report that they would first turn to their primary care provider for supports or services related to mental health. Residents are generally open to speaking about their mental health issues with their primary care provider. Those who are flourishing are more likely to say they are comfortable than those who are moderate or languishing. This may reflect a difference between those who have tried to discuss mental health with a primary care provider and those who have not. Women are slightly more likely than men to report feeling comfortable in speaking with their doctor. There are no significant differences by age.

Primary care providers are more likely to ask about mental health and provide resources to those who are younger and living in lower income households. Of those who had ever been diagnosed with a mental illness, only 68% reported that their primary care provider asks about their mental health and wellbeing.



While comfort levels with speaking to others about mental health issues varied, some individuals prefer speaking to a professional. Professionals were trusted for their expert advice and were seen to offer a confidential and non-judgemental environment.

If I talked to anyone I would talk to my family doctor, because my family doctor is a medical professional.

- Community member

However, some individuals preferred speaking to family and friends about their mental health due to negative experiences with professionals.

I feel less comfortable talking to a healthcare professional than my friends and family as my experiences with them in the past have not been helpful to me.

- Community member

I feel completely embarrassed talking with any of my health professionals. I'm always leaving an office feeling embarrassed, more depressed and anxious. I feel like my concerns are not being taken seriously and are being overlooked because of my label "health anxiety aka hypochondria".

- Community member

I've had doctors laugh and go over why they feel nothing is wrong with me and tell me that what I'm feeling isn't happening when indeed it is and I can see it and feel it physically. So can my husband but it's downplayed because of the stigma. I feel like a laughing stock.

- Community member

There was a particular emphasis on not dismissing or "making light" of concerns and having the appropriate knowledge to talk about mental health and refer to additional resources.

They shouldn't ever say "It's not that bad." It's very scary when our minds are thinking things that are terrifying to us, or our bodies keep doing weird things uncontrollably. It is that bad to us.

- Community member

People are judged and treated differently, if you have a heart attack and seek professional help then you are intelligent cause you'll die if you don't. But if someone with mental illness seeks professional help then they are made to prove they have a problem. The judgment sits at the doors of the professional first.

– Community member

I understand that family doctors aren't specialized in all areas. However maybe make it mandatory for physicians to take seminars to educate them on mental illness and proper etiquette when conversing and referring other services. Physicians should refrain from telling you that you're ok when they don't have tests to back up their idea.

– Community member

To break this stigma? The doctors especially whether in ER departments or GP, should have increased or extensive mental health training. As well as other health care professionals - for instance, nurses.

– Community member

Further research among primary care providers can allow for a better understanding of how they are addressing mental health needs with patients and to identify gaps and opportunities for the provision of mental health resources in primary care.

CONCLUSION

This report has highlighted the individual and community level impact of mental health and mental illness. As we said at the beginning of this report, a key strength of Lambton County is that our population is generally mentally healthy, with a high degree of resilience. The general public is largely aware of mental health and mental illness, and many sectors from health care to education and justice have programs and activities in place to support mental health. But we can do better. We must do better. We must agree to take action to fill gaps in mental health support, to evaluate the impact of the actions we do take, and to share those evaluations so we can learn from each other. This profile is a starting point for policy makers, organizational decision makers and community advocates to act in support of mental health for our community. Every person and every organization in our community has a role to play in protecting and promoting mental health in Lambton County – use this report as a starting point and we look forward to connecting with and supporting you on your journey.

ACKNOWLEDGMENTS

We gratefully acknowledge people in the community with lived experience for sharing their stories of hope, struggle and resilience. We gratefully acknowledge people in the community who participated in our population mental health survey. We thank public health students and residents who have assisted with different parts of Lambton Public Health's work on mental health including Yvonne Yang, Elizabeth Dent, Siobhan Churchill, and Dr. Jasmine Pawa.

Project Team: Dr. Sudit Ranade, Crystal Palleschi, Ellie Fraser, Christina Quek

Population Survey and Qualitative Survey Developed and Administered by:
Lambton Public Health & IPSOS Public Affairs

Report and Associate Products Designed by: Christina Quek

Thank you to our Community Partner Agencies (in alphabetical order) for providing data and information for this report, and for your continued collaboration on mental health:

Bluewater Health

Canadian Mental Health Association - Lambton-Kent Branch

Chatham-Kent Public Health

Crown Attorney's Office - Sarnia

Lambton College

Lambton Kent District School Board

St. Clair Catholic District School Board

St. Clair Child and Youth Services

DATA SOURCES AND LIMITATIONS

Community Mental Health Survey (2017): Ipsos Public Affairs conducted the *Community Mental Health Survey* on behalf of Lambton Public Health. They used a telephone methodology with dual frame design, starting first with cell phone sample to better reach younger residents, and then following with landline sample. This resulted in a final sample of 66% cell phones and 34% landlines. The survey was 16 minutes in length.

A total of **802 residents** of Lambton County were surveyed between Tuesday, June 20 and Monday, July 10, 2017. A demographic profile of participants can be found in the [Community Mental Health Survey and Qualitative Research: Final Report](#).

Many of the questions in the survey were drawn from, and in some cases adapted, from the *Canadian Community Health Survey (CCH-MH)*, *Mental Health Continuum Short Form (MHC-SF)*, *Mental Health Literacy Scale (MHLS)*, *Connor-Davidson Resilience Scale*, and Ipsos' Annual *Canadian Mental Health Check-up*.

In a voluntary study, a non-response bias may be present: people who are in poor mental health may be less likely to want to participate in the survey and therefore be underrepresented. It is also important to note that in any telephone survey with an interviewer, there may be a social desirability bias in which respondents tend to provide answers that could be considered socially desirable, for example, they may wish to portray themselves or their communities in a more positive light.

Mental Health Online Bulletin Board (2018): Ipsos Public Affairs gathered qualitative information via an online bulletin board. The study targeted two groups: 1) individuals who rated their mental health as good, fair or poor who were recruited through established market and social research panels and 2) individuals who accessed mental health services in Lambton for themselves or their children who were recruited by local service providers.

A total of **39 participants** took part in the study between January 22nd and 23rd, 2018. This included 27 females and 11 males. A wide range of ages was represented (18-34: 11; 35-44: 9; 45-64: 12; 65 and older: 6).

Participants were asked to answer a series of close-ended and open-ended questions and the bulletin board was moderated by an Ipsos researcher. The value of qualitative research is that it allows for the in-depth exploration of factors that shape attitudes and behaviours on certain issues. The intention is not to produce results that are statistically representative of the population at large. All quotations from the online bulletin board are attributed to either a "Community Member" or a "Parent", as appropriate.

Emergency Department Visits and Hospitalizations:: Emergency department visits were identified from the National Ambulatory Care Reporting System (NACRS) using the International Classification of Diseases, Tenth Revision, with Canadian enhancement (ICD-10-CA). NACRS was accessed via IntelliHealth Ontario provided by the Ontario Ministry of Health and Long-Term Care.

Hospitalizations were identified from the Discharge Abstract Database (DAD), which uses ICD-10-CA coding for primary diagnosis field, and the Ontario Mental Health Reporting System (OMHRS), which uses the Diagnostic and Statistical Manual of Mental Disorders, Fourth and Fifth Edition (DSM-IV and DSM-5). Provisional diagnoses were used when the primary diagnosis at discharge was not complete. The DAD captures discharges from regular hospital beds, while OMHRS captures discharges from designated 'adult' mental health beds. Note that while the beds are designated for adults, children and youth may be admitted to these beds depending on the hospital practices.

Two recent ICES reports were used to determine the correct codes for inclusion: 1) The Mental Health of Children and Youth in Ontario: 2017 Scorecard (MHASEF Research Team 2017a) and 2) Temporal Trends in Mental Health Service Utilization across Outpatient and Acute Care Sectors: A Population-Based Study from 2006 to 2014 (Chiu et al., 2018).

DSM-5 was implemented starting in the 2016/17 fiscal year, so was not included in the above reports. Due to the use of both DSM-IV and DSM-V in this report, obsessive-compulsive disorder (OCD) was excluded from anxiety disorders for all

years to be consistent with the new DSM-5 categorization. Whereas OCD previously fell under the "Anxiety Disorder" category, it now falls under "Obsessive-Compulsive and Related Disorders".

The only other difference between this report and reports cited above was that we included all deliberate self-harm visits, while the authors of the studies above only included self-harm visits when there was not a primary mental health diagnosis. We felt that it was important to capture all self-harm related visits, but this means that some of those counted as a self-harm visit may also be counted under one of the other diagnostic groups.

ICD-10 Codes used for ED visits (NACRS) and hospitalizations (DAD):

- All mental health and addictions: F04-F99 in primary field OR X60-X84, Y10-Y19, Y28 in secondary position when there is no F04-F99 in the primary problem field.
- Substance-related disorders: F55, F10-F19.
- Schizophrenia: F20 (excluding F20.4), F22-F25, F28, F29, F53.1
- Mood disorders: F30-F34, F38, F39, F53.0
- Anxiety disorders: F40, F41, F43, F48.8, F48.9
- Deliberate self-harm: Secondary diagnoses fields: X60-X84, Y10-Y19, Y28

DSM-IV/5 Codes or Provisional Diagnosis for hospitalizations (OMHRS):

- All mental health and addictions: Any diagnosis (excluding 290.x or 294.x, which are dementia codes)
- Substance-related disorders: 291.x (all excluding 291.82), 292.x (all excluding 292.85), 303.x, 304.x, 305.x OR provisional diagnosis 4
- Schizophrenia: 295.x, 297.x, 298.x OR provisional diagnosis 5
- Mood disorders: 296.x, 300.4x, 301.13 OR provisional diagnosis 6
- Anxiety disorders: 300.0x, 300.2x, 308.3x, 309.0x, 309.24, 309.28, 309.3x, 309.4x, 309.8x, 309.9x OR provisional diagnosis 7, 15
- Deliberate self-harm: Not applicable

Office of the Chief Coroner for Ontario: A custom data request was made for suicide related deaths in Lambton and Ontario. Data were provided for all ages and for those less than 19 years of age. (Date: November 9, 2017).

Note that the number of suicide deaths may be lower than expected based on anecdotal evidence and media reports. The coroner determines the manner of death. In order to classify a death as a suicide, coroners follow rules laid out by Ontario's courts, which they refer to as the Beckon test. If the evidence doesn't clearly point to suicide, the manner of death is deemed undetermined.

School Climate Survey: The Lambton-Kent District School Board provided Lambton Public Health with the results of the LKDSB Speak Up! Student Survey (Smith, M. 2014). This was an online survey conducted with students in grades 7 to 12 between November 25th and December 6th, 2013.

The survey was voluntary and of the 12,761 eligible students, **8,090** responses were received, for an overall response rate of 63%. Results are presented for Lambton and Chatham Kent students combined, as they were not separated within the report.

Canadian Mental Health Association, Lambton-Kent Branch: Client data were provided for the Sarnia Branch office for the dates May 1, 2017 to March 28, 2018. The full year is not included, as a new data system was implemented on May 1st.

St. Clair Child and Youth Services: Client data were provided for the fiscal year April 1, 2016 to March 31st, 2017.

Top presenting issues for active clients at the point of first contact includes the following core services: brief services, counselling and therapy, crisis services, intensive services, specialized consultation/ assessment services; Youth Justice programs; and Dual Diagnosis programs. A client could have more than one presenting issue.

Stakeholder Activity Scan and Qualitative Data Collection: Local stakeholders were asked to complete a template describing current health promotion initiatives in their organization. This was not an exhaustive scan of all relevant agencies, but rather a limited snapshot to provide local examples.

Stakeholders were also asked to provide qualitative responses to questions related to why mental health is important, how stigma impacts people they work with, components of their work that support mental health and what they would

like to see more of to support mental health in Lambton. All quotations from these stakeholder surveys are attributed to a "Mental Health Care Worker".

Other Notes: Some of the quotations from survey respondents, online bulletin board participants and stakeholder surveys have been edited for grammar or clarity. We attempted to make as few of these edits as possible and to stay true to the meaning of any comment that was submitted.

HOW TO CITE OR REFERENCE THIS REPORT

Lambton Public Health. Lambton County Mental Health Profile 2018. Point Edward, ON: Lambton Public Health; 2018.

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