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Canada's Health Depends on its Mental Health: How Psychological Factors Affect How Well we Live in Health and with Illness

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Public Health Agency of Canada Consultation on
Current Evidence for Developing Social-Emotional Protective Factors for Children,
Youth & Families:
Mental Health Promotion Considerations for the Pan-Canadian Healthy Living Strategy

September 15 and 16, 2009



Any national health promotion or prevention strategy must incorporate psychological factors into its materials and initiatives for three reasons...

What we think and feel
impacts what we do and what we do impacts our
health status.

What we think, feel and do interacts with illness
once we have it.

Disturbances in what we think, feel and do can be health
disorders in and of themselves.

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HOW DO WHAT WE THINK AND FEEL
IMPACT WHAT WE DO?

HOW DOES WHAT WE DO IMPACT OUR
HEALTH STATUS?



In looking at risk for chronic disease in general it appears that...

distal factors (e.g., demographics, economics, health inequities, social isolation, physical and built environments, obesogenic environments) are more predictive of disease outcome and better addressed through prevention strategies than proximal factors.

(Haydon et al., 2006)



On the other hand, **proximal factors** (diet, activity, substance use and abuse, smoking, high blood pressure) are easier to study, so we know more about them.

And on the other hand, **distal factors** may be easier to change: it may be easier to build gyms (distal) than create conditions in which people use them (proximal).

***We need to be careful to do what is needed
not what is easiest to do.***



Modifiable or proximal risk factors for many chronic diseases are all about behaviour and behaviour change...

e.g. tobacco use, alcohol use, diet, exercise



- Relationships are important to healthy youth development and to the development of behaviours that have the potential for health risks (e.g., smoking, alcohol use, unprotected sex).
- Engagement in one risky behaviour is correlated with engagement in other risky behaviours.

(CIHI, 2005)



There is a relationship between

- personal assets (e.g. high self worth, peer connectedness, school engagement, parental nurturance),
- healthy behaviour (e.g. exercising, wearing a bike helmet) and
- positive health outcomes (e.g. health status, substance use).

(CIHI, 2005)



- There is a correlation between physical activity and “social quantity” and “social frequency”: the more friends and social connectedness, the more activity.
- Conversely, obesity and severe obesity are correlated with symptoms of depression and depressive disorders (for women).

(CIHI, 2006)



If you build it, they won't necessarily come.

- Factors that impact access to activity in the service of health (e.g. gyms, recreation centres) as well as other health behaviours include neighborhood conditions (broken window index) and perceived safety of access (CIHI, 2006).
- We need to be careful that our population health approaches don't create solutions that perpetuate inequalities rather than redress them (Potvin, 2008).



If you offer it, they won't necessarily choose it.

- In addition to social and environmental barriers to implementing healthy behaviour and making healthy choices, there are also psychological ones (See Salad, Eat Fries: Brinn, 2009).

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HOW DO WHAT WE THINK, FEEL
AND DO INTERACT WITH ILLNESS
ONCE WE HAVE IT?



Having a medical illness is a risk factor for depression...

- Cancer: up to 42%
- Heart disease: 18-26%
- Diabetes: 33%
- Multi-infarct dementia: 27 to 60%
- Multiple sclerosis: to 60%
- Parkinson's disease: 40%
- Stroke: 30 to 50%
- Alcohol or drug use: 50%

(Canadian Mental Health Association, BC Division)

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Persons receiving mental health services have a relative risk of 5.4 for cancer: likely factors include those related to lifestyle (e.g. smoking, poor nutrition).

(Pandiani, J.A., Boyd, M.M., Banks, S.M. & Johnson, A. T., 2006)



Prevalence of coronary heart disease (CHD) is lowest in adults with good mental health and higher among adults with depression (minor or major) or other mental health problems.

(Wider, 2004)



Development of CHD in women with diabetes significantly more rapid in depressed subset of female patients.

Obesity is more common in people who are depressed but effect of depression on CHD persists despite no differences between depressed and non-depressed groups in tobacco use, hypertension, hyperlipidemia, age, duration of diabetes or lipid control.

Depression should be considered as a separate risk factor for CHD among diabetic women.

(Lustman, P.J. & Clouse, R. E., 2002)



Co-morbid mental disorder increases the rates of death from myocardial infarction.

10 year risk of coronary heart disease or stroke is significantly elevated among those with schizophrenia than among the general population.

(Goldbloom, D.S., & Kurdyak, 2007; Kisely, S., Smith, M., Lawrence, D., Cox, M. Campbell, L.A. & Maaten, S., 2007)



Reasons why those with mental disorders receive less cardiac care can be many – discrimination, lack of compliance with cardiac care, less likely to give consent, lifestyle, socioeconomic factors.

Smoking is more common in populations of persons with mental disorders (60% to 80% compared to 20% in general population).

Psychotropic medications may affect heart functioning.

Obesity more prevalent in populations of persons with mental disorders.



Meta-analysis reveals the elevated risk for 1st myocardial infarction is associated with depression.

Depression is an even stronger predictor of recurrent cardiac events and mortality in patients with known disease.

Sub-clinical depression is associated with greater than two-fold risk infarction (Kop, 2005).



In older adults...

there is a significant association between suicide, as well as depression, and several chronic diseases.

Completed suicides found in people with more depressive illness, physical illness burden and functional limitations.

The group with highest suicide rate in Canada is men over 80 years as related to functional limitations of physical disability and disease.

(Mood Disorders Society, 2007; Kaplan, M.S., McFarland, B.H., Huguet, N. & Newsom, J.T., 2007)



Concomitance of mental and physical illness may be more than additive...

when depression and arthritis co-exist, degree of disability exceeds additive effects of each condition.

(DeVellis, B., 2002)



Men with pessimistic world views at age 25 were less healthy later in life than those whose world views were more optimistic, even controlling for initial emotional and physical health.

How does pessimism put one at risk for poor health?

- passive in face of illness

- neglect health because of belief that can't change it

- poor problem solvers

- lack social support

- pessimistic style affects immune function

(Peterson, C., Vaillant, G.E., & Seligman, M.E.P, 1988)



Other psychological risks for disease...

- High stress associated with high prostate-specific antigen (PSA) values.
- Hostility scores of men with various physical illnesses significantly higher than sample of healthy men.
- High anxiety associated with low pain tolerance.

(Suinn, 2001)

(continued)



Other psychological risks for disease (cont'd)...

- Stress and anger increase cholesterol levels.
- High levels of stress predictive of CHD and hostility is an independent risk factor for CHD.
- Anxiety and anger significantly related to CHD, death from CHD, and to death from all causes.
- Anger-hostility associated with death from CHD in older adults, even when control for smoking, lipid level, blood pressure.

(Suinn, 2001)

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**DISTURBANCES IN WHAT WE THINK,
FEEL AND DO CAN BE HEALTH
DISORDERS IN AND OF
THEMSELVES**



20% Canadians will experience a mental disorder during their lifetime...

Of these, about

8% will have a major depression

1% will have bipolar disorder

1% will have schizophrenia

6% will have a personality disorder

1% will have an organic brain disorder

12% will have an anxiety disorder

(Health Canada, 2002; Standing Senate Committee, 2004)



Relevant to youth and population health considerations in Canada...

- Those under 20 years have the highest rate of depression
- Those between the ages of 20 and 29 have the highest rate of anxiety

(Standing Senate Committee, 2004)

- Suicide is the second leading cause of death for those aged 10-24

http://www.phac-aspc.gc.ca/mh-sm/mhp-psm/pub/community-communautaires/ccbm_1-eng.php



Most mental disorders have their genesis in adolescence or early adulthood

- As a result, a person with mental disorder may be less likely to have established a secure and resourced pre-disorder lifestyle than someone with a chronic disease that has a later onset.
- Any health promotion and prevention strategy, particularly one that accounts for the role of psychological factors and conditions in health, must take a developmental approach.

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Mental disorders account for more of the global burden of disease than all cancers combined (Mood Disorders Society of Canada, 2006).

By 2020, depression will become the second leading cause (next to heart disease) of disability adjusted life years for all age groups and both sexes.

http://www.who.int/mental_health/management/depression/definition/en/

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CPA'S INTERESTS AND POSITIONS IN THE DEVELOPMENT OF A HEALTH LIVING STRATEGY FOR CANADA

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In its response to *Out of the Shadows* (2006), and to the draft strategy of the Mental Health Commission of Canada (2009), CPA's many recommendations ask policy and decision makers to do several things in the service of Canada's health and well being.

These include attention to...

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CPA Recommendation Area #1:

Behavioural health and
psychological factors in health



CPA Recommendation Area #2:

Vulnerable or at risk groups where early attention may have the largest gains in terms of health promotion and prevention (e.g. children and youth) or where attention and intervention can mitigate greater health needs (e.g. older adults)



CPA Recommendation Area #3:

Disorders and illness but not to the exclusion of
promotion, prevention and resilience:

Canada's need for a mental health guide that highlights
the psychological, proximal and modifiable factors for
Canada's health



To Reiterate:

Any national health promotion or prevention strategy must incorporate psychological factors into its materials and initiatives for three reasons...

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Disturbances in what we think, feel and do can be health disorders in and of themselves.



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