

Mental Health Promotion in Windsor-Essex County

Summary Report



Canadian Mental
Health Association
Windsor-Essex County



Promoting Mental Health for
Windsor and Essex County Residents

What is Mental Health?

The World Health Organization [WHO] (2001) has proposed a 'positive' definition for mental health that extends beyond the risk factors for mental illness. According to WHO (2001), mental health can be defined as "...a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (p.1).

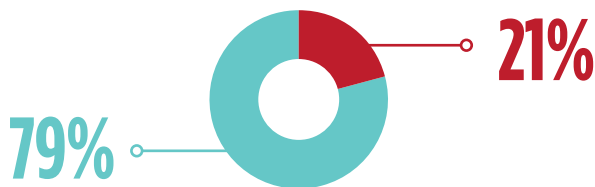
Mental Health Promotion (MHP)

Mental health promotion is the "process of enhancing the capacity of individuals and communities to increase control over their lives and improve their mental health...It is an approach that fosters individual and community resilience and promotes socially supportive environments" (Ministry of Health and Long-Term Care [MOHLTC], 2018, p. 7; Government of Canada, 2006).

Mental Health in our Community



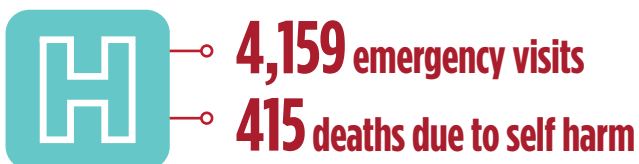
Nearly three quarters (67%) of Windsor-Essex County (WEC) residents reported very good or excellent mental health and 80% reported feeling happy every day or almost every day (IPSOS, 2018).



21% of residents in WEC report having ever been diagnosed with a mental illness or mental health condition by a professional (IPSOS, 2018).



Over 1 in 10 residents have required time off work or school for mental health issues (IPSOS, 2018).



Between 2007 and 2017, there were **4,159 emergency department (ED)** visits in WEC for intentional self-harm injuries and **415 deaths** by intentional self harm (Windsor-Essex County Health Unit, 2018; Office of the Chief Coroner & Ontario Forensic Pathology Service, 2019).*



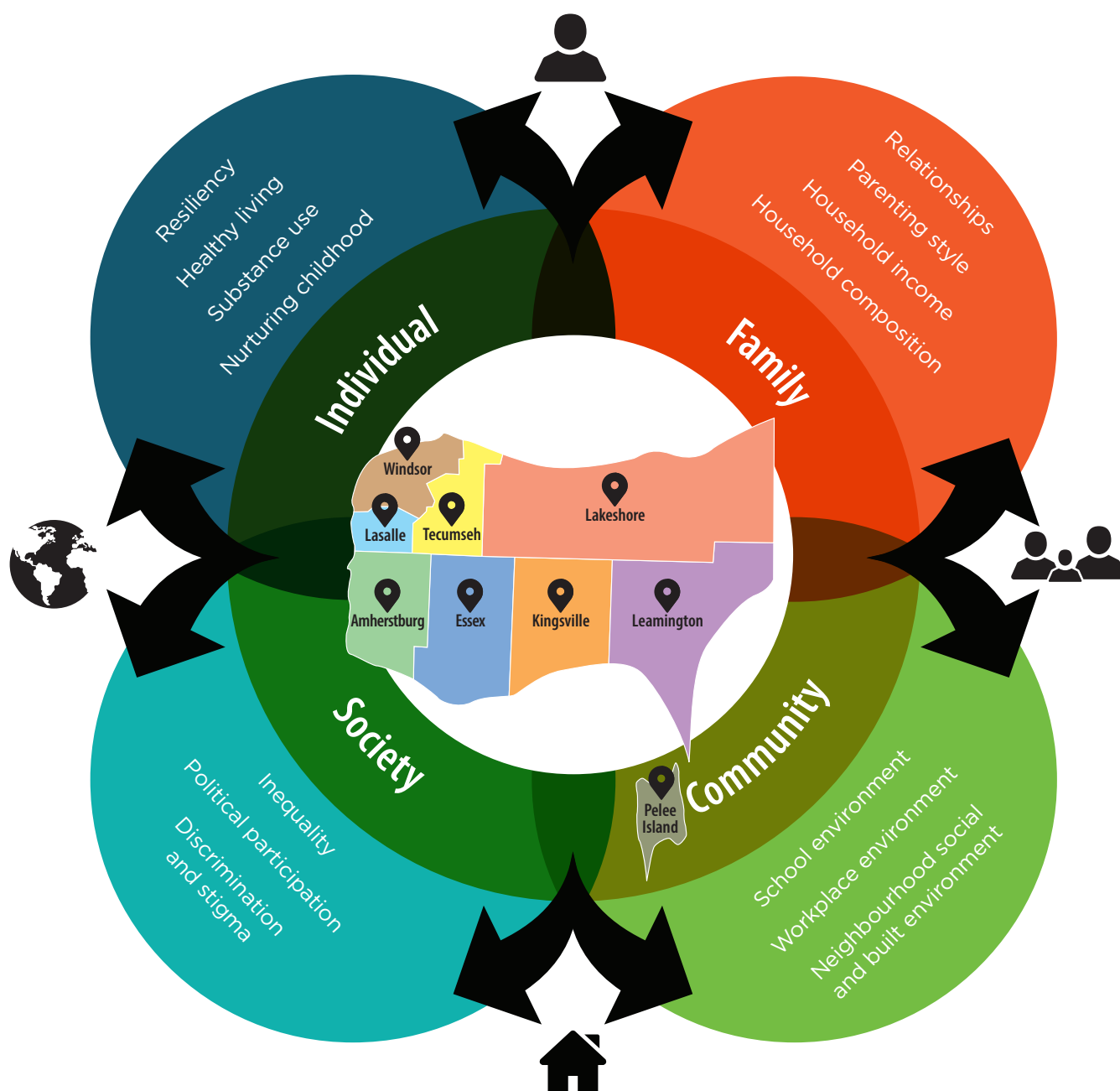
Poorer mental health and well-being among the WEC population was associated with **younger adults (18-34 years old), low household income, and lower educational attainment** (IPSOS, 2018).

*Self-harm mortality data is preliminary and subject to change once the statistical year has been completed.

Positive Mental Health: Windsor-Essex County Model

The Positive Mental Health Conceptual Framework by Orpana, Vachon, Dykxhoorn, McRae, & Jayaraman (2016) guides our own mental health promotion strategy. It outlines four primary domains under which mental health promotion activities can be categorized as attempting to influence: individual, family, community, and society. Positive individual mental health outcomes include, but are not limited to:

Self-rated mental health
Self-rated resilience
Happiness
Life satisfaction
Psychological well-being
Social well-being



The WEC model for positive mental health was adapted from the Positive Mental Health Conceptual Framework by Orpana, Vachon, Dykxhoorn, McRae, & Jayaraman (2016).

Mental Health Promotion in Windsor-Essex County

In order to understand programs and services currently in place within WEC as well as to identify areas for opportunity and future investment, the Canadian Mental Health Association-Windsor-Essex County Branch (CMHA-WECB) and the Windsor-Essex County Health Unit (WECHU) conducted a scan including a series of in-person consultations and a survey. The scan included three phases:

Phase 1

- 14 senior-level stakeholders consulted

Phase 2

- 6 focus groups
- 5 areas of focus
 - child/youth mental health
 - emergency/crisis services
 - addictions, gambling, gaming, and digital dependency services
 - higher education
 - community (x2)
- 44 stakeholders consulted
 - 42 participated through in-person focus group consultations
 - 2 were consulted via email

Both Phase 1 and 2 participants were asked their thoughts on community strengths, weaknesses, opportunities, and threats to MHP. Similar findings were noted and some of these are listed in the table in the next column.

Strengths	Collaboration and creativity
Weaknesses	Lack of upstream prevention activities and system navigation
Opportunities	Early intervention and a coordinated access model
Threats	Lack of capacity and resources, stigma, and a reactionary system

Phase 3

- 52 community organizations were engaged
 - 51 community organizations reported programs that fell within the scope of MHP and/or gambling harms prevention and treatment (GHPT)
- 131 MHP programs were captured
 - 47% of the programs were targeted at the individual level
 - 23% of the programs were targeted at the family level
 - 27% of the programs were targeted at the community level
 - 3% of the programs were targeted at the societal level (advocacy)

Moving Forward

The WECHU in partnership with the CMHA-WECB, present a community informed public health Mental Health Promotion Framework. This framework can be utilized to:

- Communicate and collaborate with community partners, stakeholders, and organizations involved with MHP
- Inform future MHP programming based on community needs
- Build strategic goals and action plans based on findings from the environmental scan
- Include a summary of foundational standards for measuring processes and outcomes

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