FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION

HEALTH STATUS AND WELLNESS

INDIVIDUAL WELLNESS, MENTAL HEALTH AND ELDER ABUSE

Highlights

- Among the population 12 years and over residing in communities, about one in ten perceives their mental health as being fair or poor and a similar proportion have signs of moderate or severe psychological distress.
- The primary mental health issues reported are anxiety disorders and mood disorders.
- Gender, age, physical health, stress, perception of control over one's life, aggression and social support are factors that seem to influence the mental health and wellness of individuals.
- More than one-quarter of elders (65 years and over) are potentially at risk of abuse (18%) or are showing signs of abuse (9%*).

CONTEXT

The World Health Organization (WHO) states that mental health is an essential component of health. It is defined as a state of well-being in which a person can realize his or her abilities, cope with the normal stresses of life, work productively and contribute to the life of his or her community.[1]

Mental health has been for a long time and is still today a taboo subject for many, yet mental health disorders are common. It is estimated that about one in five people will suffer from mental illness in their lifetime.[2]

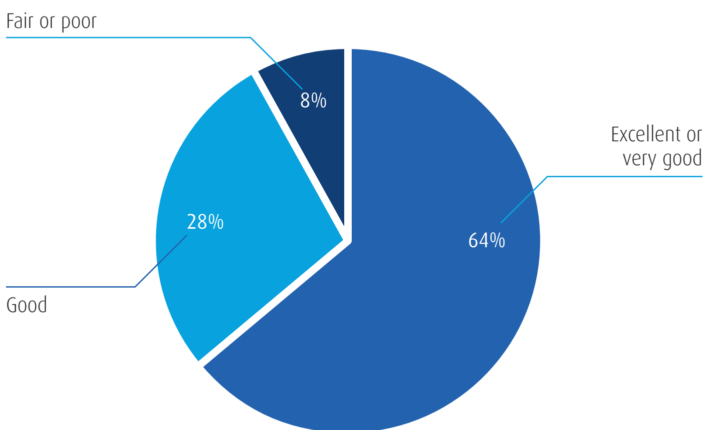
In addition to dealing with individual wellness and mental health, this booklet also focuses on elder abuse. Although being abused has harmful effects on wellness, mental health and physical health, the elders who suffer from it are often afraid to report it for fear of reprisal. For this reason, it is very likely that this phenomenon is underestimated.[3]

PERCEPTION OF MENTAL HEALTH AND PSYCHOLOGICAL DISTRESS

The measure of perception of mental health provides a general idea of the proportion of the population that suffers from various mental or emotional disorders.[4] Although this is a subjective measure of overall mental health status, it does provide an estimate based on respondents' perceptions.

FIGURE 1 shows that more than two-thirds of the First Nations population 12 years and over living in communities feel they have excellent or very good mental health. More than one-quarter of the population perceives their mental health as "good" and nearly 8% say it is "fair" or "poor."

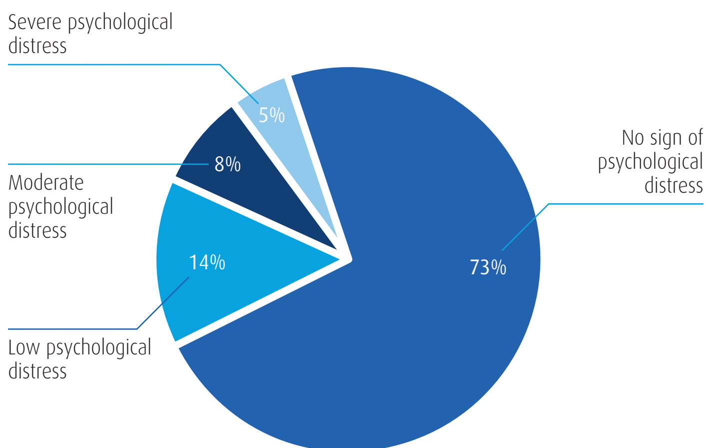
FIGURE 1
Perception of mental health status among individuals 12 years and over



The Kessler Psychological Distress Scale is a tool designed to provide an overall measure of the various components of psychological distress. This scale is frequently used in population surveys, where diagnostic interviews to assess mental disorders are not appropriate.[5] This scale is sensitive to the criteria for defining anxiety disorders and mood disorders as defined in the DSM-V.[6]

FIGURE 2 illustrates the distribution of categories of psychological distress based on the Kessler Psychological Distress Scale among people 12 years and over. According to this scale, a little less than three-quarters of individuals do not display signs of psychological distress. If we compare the perception of health status (FIGURE 1) and the distribution of the Kessler scale (FIGURE 2), we can observe that some respondents seem to overstate their mental health status. While 8% believe they have fair or poor mental health, the distress scale indicates that 13% have signs of moderate or severe psychological distress.

FIGURE 2
Psychological distress among individuals 12 years and over (Kessler scale)

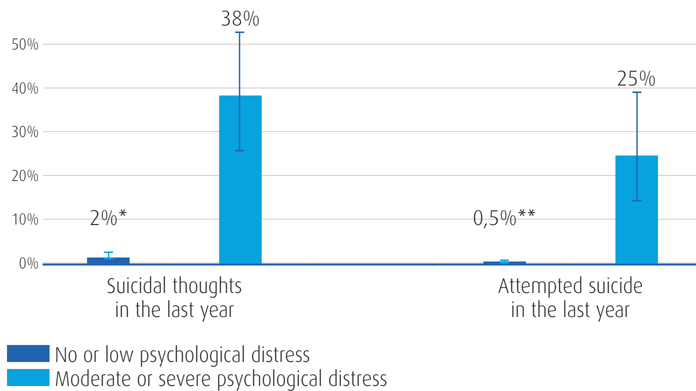


SUICIDE

Suicide is one of the most dramatic consequences of mental health issues and psychological distress. The data of the RHS 2015 reveal that 5% of the population aged 12 years and over reported having seriously thought about suicide in the last year. Among the same age group, 2% said they had attempted suicide in the last year. Similar proportions could be observed in 2008 (5% and 2% respectively).

While 2% of individuals with no or low psychological distress said they thought about suicide in the last year, this proportion is nearly 40% among those with moderate or severe psychological distress. The same trend is observed for attempted suicide. Less than 1%* of the population with no or low psychological distress said they had attempted suicide in the past year. This proportion is 25%* in those presenting signs of moderate or severe psychological distress.

FIGURE 3
Suicidal thoughts and attempted suicide in the last year based on psychological distress



DIAGNOSED MENTAL HEALTH AND BEHAVIORAL DISORDERS AMONG PEOPLE 12 YEARS AND OVER

The RHS does not cover the diagnosis of mental health issues exhaustively. The survey focuses on the most common disorders such as anxiety disorders, attention deficit disorder with or without hyperactivity, autism spectrum disorder, learning disabilities and mood disorders.

Anxiety disorders

Although it is natural for anyone to experience anxiety in certain situations, an anxiety disorder can be diagnosed when anxiety:[7]

– does not go away when the situation causing the anxiety returns to normal;

– causes a significant level of distress;

– appears without reason;

– continually troubles the person;

– prevents normal functioning and behaviour at work, in society or in other areas of daily life.

Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder (ADD/ADHD)

ADHD is a neurological disorder that is characterized primarily by difficulty in controlling one's behaviour and/or maintaining one's concentration. This disorder is usually diagnosed in childhood, but can very often continue to manifest in adulthood.

The main symptoms of ADHD are:[8]

– difficulty concentrating or staying focused on a task or activity;

– excessive activity and impulsivity.

Autism Spectrum Disorder (ASD)

According to the WHO, Autism Spectrum Disorder "refers to a range of conditions characterised by some degree of impaired social behaviour, communication and language, and a narrow range of interests and activities that are both unique to the individual and carried out repetitively." Symptoms of autism usually appear in the first five years of life, and persist in adolescence and adulthood. The level of intellectual functioning of people with autism is extremely variable and can range from profound impairment to higher cognitive abilities.[9]

Learning disabilities

Learning disabilities refer to "a number of disorders which may affect the acquisition, organization, retention, understanding or use of verbal or nonverbal information." Unlike intellectual disabilities, people with learning disabilities have normal intellectual abilities in thought or reasoning.[10]

Mood disorders

Mood disorders can be defined as the feeling of "negative emotions more intensely and for a longer period than others." This can have an impact on the ability to fulfill one's professional, family and social obligations. The most common forms of mood disorders are:

The most common forms of mood disorders are:[11]

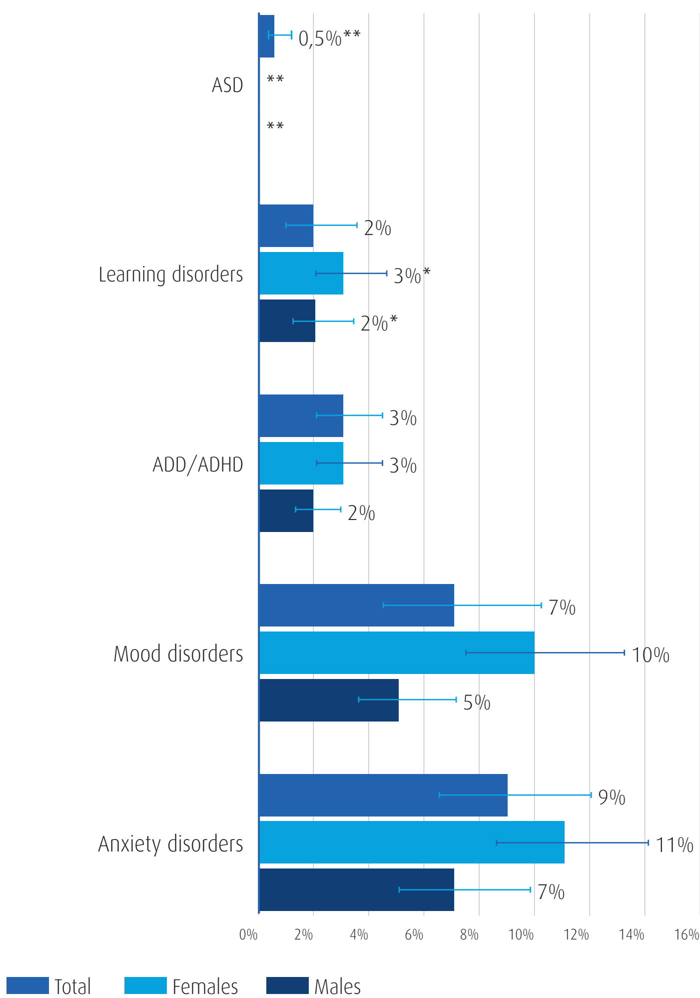
– depression;

– bipolar disorder;

– dysthymia, which is the presence of mild but persistent symptoms of depression for at least two years.

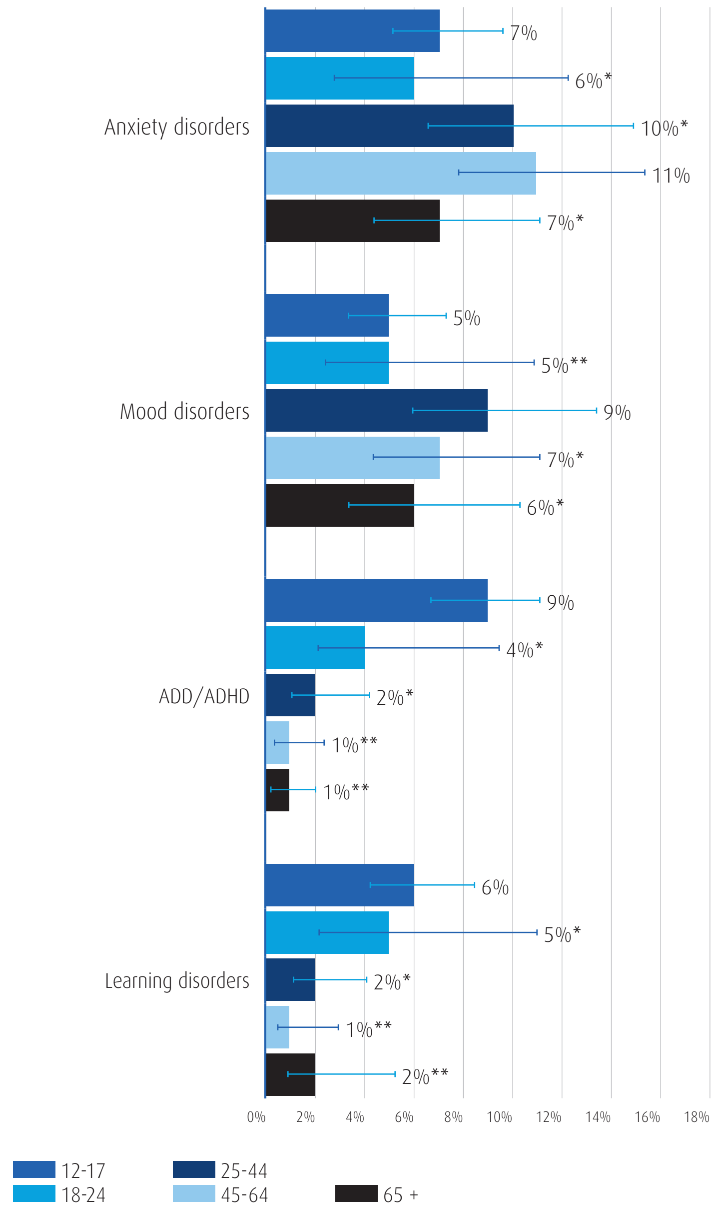
According to the survey data shown in FIGURE 4 below, the primary health issues diagnosed by a health professional that have been reported by individuals 12 years and over are anxiety disorders and mood disorders. Next come ADD/ADHD and learning disabilities. Finally, a very small proportion of individuals reported suffering from ASD. For all mental health issues, with the exception of ASD, females appear proportionally more likely to report a diagnosis, and this is especially true for anxiety disorders and mood disorders.

FIGURE 4
Diagnosed mental health and behavioral disorders



The type of diagnosed mental health issues also shows a tendency to vary based on age, with learning disabilities and ADD/ADHD being mainly diagnosed in the youngest age groups. The opposite trend seems to be observed for anxiety disorders and mood disorders, where the highest prevalences are reported among people aged 25 to 64 years old.

FIGURE 5
Diagnosed mental health and behavioral disorders based on age



DETERMINANTS OF MENTAL HEALTH AND WELLNESS

Mental health and wellness are influenced by many factors such as:[12]

– Income and social situation

– Level of education

– The social and physical environments

– Health services

– Culture

– The social support network

– Employment and working conditions

– The geographical context

– Gender

– The biological and physiological components

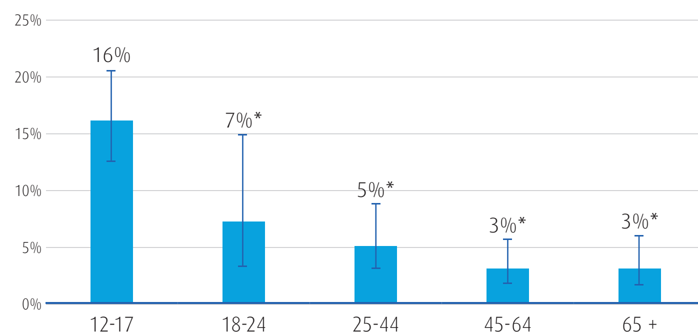
In short, mental health and wellness are altered by any condition that interferes with the reciprocal adaptation between the person and his or her environment, such as poverty, pollution or discrimination, constituting an obstacle to mental health. Conversely, any condition that facilitates this reciprocal adaptation, such as access to quality education, employment with adequate working conditions, access to housing, or the reduction of prejudice promotes and supports mental health.[12]

The data of the RHS illustrate the impact of some of these determinants on mental health.

Gender and age

Females are more likely to exhibit signs of moderate or severe psychological distress than males. FIGURE 6 shows that adolescents are also more likely to present such signs. The proportion of people suffering from psychological distress decreases with age.

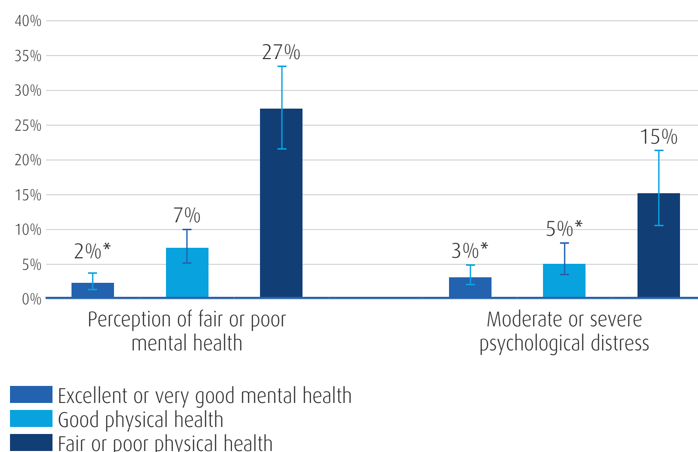
FIGURE 6
Individuals presenting signs of moderate or severe psychological distress based on age group



Physical health

Physical health status has a significant impact on mental health.[13] As shown in FIGURE 7, people who rate their physical health as fair or poor are more likely to report having fair or poor mental health and to show moderate or severe signs of psychological distress.

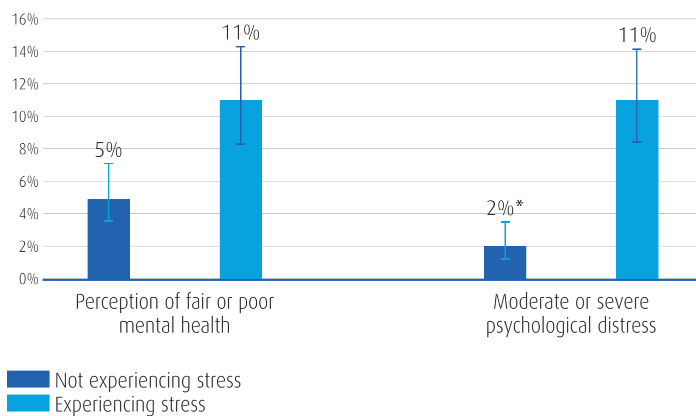
FIGURE 7
Perception of mental health and psychological distress based on self-assessed physical health status



Stress

Stress is an important determinant of mental health. FIGURE 8 shows that among those reporting experiencing stress, the proportion of individuals who perceive their mental health as poor is higher than those who say they do not experience stress. A similar trend is observed for the level of psychological distress.

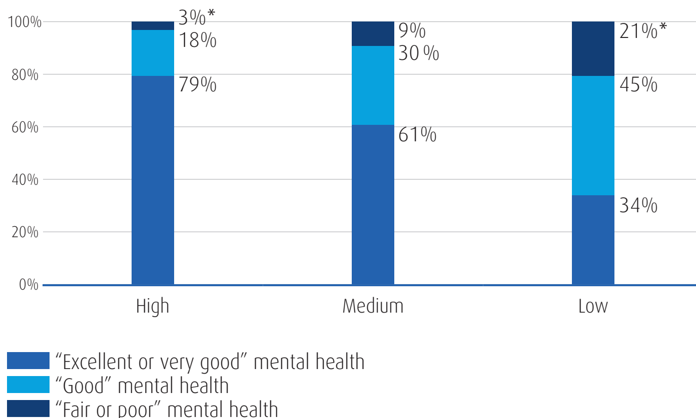
FIGURE 8
Perception of mental health and psychological distress based on exposure to stress



Perception of control over one's life

The perception of control that individuals have over their lives seems to have an influence on their mental health. Thus, among the people who feel that they have strong control over their lives, more than three-quarters claim to be in excellent or very good health. This proportion decreases to nearly two-thirds among those who feel they have medium control and one-third among those with low control. Of these, more than one in five believe they have fair or poor mental health.

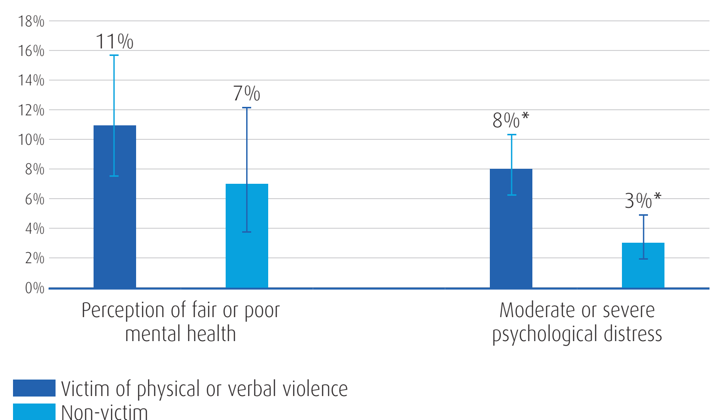
FIGURE 9
Self-assessment of mental health based on perception of control over one's life



Aggression

Having experienced physical or verbal aggression has an influence on mental health. Looking at FIGURE 10, we can see that people who have experienced physical or verbal aggression are more likely to say they have fair or poor mental health. In the same vein, they are also more likely to exhibit signs of moderate or severe psychological distress.

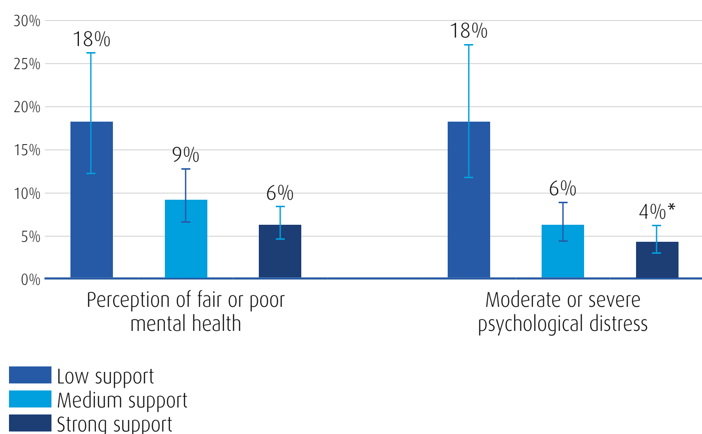
FIGURE 10
Perception of mental health and psychological distress based on exposure to physical and verbal violence



Social support

Having good social support contributes to good mental health. In the context of the RHS, social support is defined by the presence of people who can be counted on to support or help us in different moments of life (need for someone to confide in, get help from, have a good time with, do something enjoyable with, etc.). FIGURE 11 shows that the proportion of individuals who perceive themselves as having poor mental health is higher among people with low social support than among those who report having a strong support network. It seems to be the same for the psychological distress.

FIGURE 11
Perception of mental health and psychological distress based on social support



ELDER ABUSE

According to the WHO, abuse can be defined as "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect."[14]

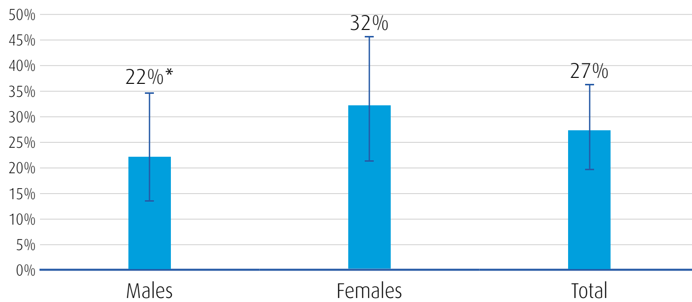
As part of the RHS 2015, abuse among people aged 65 and over was measured using an adaptation of the Elder Abuse Suspicion Index (EASI) questionnaire. The questions can help to identify elders who are at risk of being abused due to their vulnerability (depend on others to perform certain tasks) and those who show signs of abuse (TABLE 1).

TABLE 1
Results from the EASI questionnaire, a screening tool used to identify seniors at risk of experiencing abuse

Questions associated with increased risks of experiencing abuse	Proportion of positive answers (95% CI)	
1) Within the last 12 months, have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	21%	(14%-30%)
2) Within the last 12 months, has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?	1%**	(0%-4%)
3) Within the last 12 months, have you been upset because someone talked to you in a way that made you feel shamed or threatened?	7%*	(4%-14%)
4) Within the last 12 months, has anyone tried to force you to sign papers or to use your money against your will?	2%**	(0%-7%)
5) Within the last 12 months, has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	2%**	(0%-7%)
Shows no sign of potential abuse	**73%**	**(64%-80%)**
Show potential risks of abuse ("yes" to question 1 only)	**18%**	**(12%-27%)**
Shows signs of abuse ("yes" to at least one question among questions 2 to 5)	**9%***	**(5%-16%)**

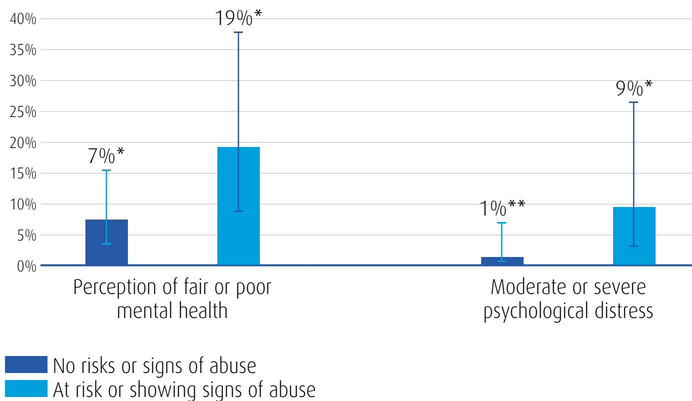
Based on these results, we should remain vigilant as about one-quarter of seniors – 27% (20-36%) – answered positively to at least one question. Although the difference is not statistically significant, it appears that more females are potentially at risk or are showing signs of abuse than males (FIGURE 12).

FIGURE 12
Elders potentially at risk or showing signs of abuse based on gender



Experiencing abuse has an undeniable effect on the mental health of individuals.[15] Whereas 7%* of those not showing potential risks or signs of abuse perceive their mental health as fair or poor; this proportion increases to 20%* among those showing potential risks or signs. The same phenomenon is observed for psychological distress, from less than 1%* among elders who do not show potential risks or signs of abuse to 9%* among those who show potential risks or signs. It should be noted, however, that the size of the 65-year-old sample does not allow for statistically significant conclusions. It is important to interpret these results with caution.

FIGURE 13
Perception of mental health and psychological distress based on the presence of risks or signs of abuse



CONCLUSION

Like physical health, mental health is a vital component of overall health. Both are closely related and influence each other. Despite this, people often hesitate to discuss mental health. The data of the RHS demonstrate that mental health status influences the wellness of an individual. It shows that several factors, such as gender, age, physical health status, stress, perception of control over one's life, aggression and social support, seem to influence the mental health status of individuals. These factors can therefore be targeted to promote the mental health of individuals.

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METHODOLOGY IN BRIEF

The third phase of the First Nations Regional Health Survey (RHS) aims to describe the health status of the population in First Nations communities in Quebec. It was conducted from February 2015 to May 2016 in 21 communities from eight nations and reached 3,261 people (825 children aged 0 to 11 years, 769 adolescents aged 12 to 17 years and 1,667 adults aged 18 years and over) who responded to an electronic questionnaire submitted by field agents.

Data followed by the "*" sign have a coefficient of variation of 16.6% to 33.3% and should be interpreted with caution. The sign "**" indicates a coefficient of variation greater than 33.3%. This data is not published, except for estimates below 5%, which must be interpreted with caution. The lines presented in the bar or line charts are the confidence intervals calculated using a 95% confidence level.

In certain cases, the data are presented according to the geographic zone of the community of the respondents. These zones are defined as follows:[1]

– Zone 1 (urban): less than 50 km from a service centre with road access;

– Zone 2 (rural): between 50 and 350 km from a service centre with road access;

– Zone 3 (isolated): more than 350 km from a service centre with road access;

– Zone 4 (difficult to access): no road.

Service centre: The nearest access to suppliers, banks and government services.

In the context of the RHS, the term "community" is used to represent "Indian reserves."

For more details, please refer to the *Methodology* booklet of the RHS.

The RHS report consists of 20 thematic booklets. All the booklets can be consulted at the FNQLHSSC documentation center: https://centredoc.cssspnql.com.

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