



LAMBTON PUBLIC HEALTH

Community Mental Health Survey and Qualitative Research

MARCH 2018 – FINAL REPORT

PREPARED BY IPSOS PUBLIC AFFAIRS

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INTRODUCTION

Background and context



Lambton Public Health (LPH) launched the ***Minds Connected*** initiative with their community mental health partners in 2017. This project includes a number of activities including:

- **Assessment and surveillance** of the population focused on mental health including building capacity for data collection and enabling sharing of data between organizations;
- **System mapping of mental health services** to help improve coordination, access and referrals for patients;
- **Sharing of knowledge to educate and raise awareness** about mental health and mental illness in the community;
- **Gathering information on evidence-informed interventions** for mental health promotion;
- **Monitoring and reporting of activities through evaluation;** and,
- **Community engagement and participation.**

As a part of this initiative, LPH commissioned Ipsos Public Affairs to conduct a survey among its residents to establish baseline measures for assessing the impact of *the Minds Connected* program in Lambton County.

Objectives



The results from the **Community Mental Health Survey** present a mental health “profile” of the community of Lambton County. Specifically, the objectives of the study are to measure the following:

- **Mental well-being** of community members;
- **Attitudes about mental health/mental illness**, including comfort level with concepts of mental health and mental illness;
- **Mental health literacy**: skills, knowledge, attitudes and beliefs to take care of their own mental health; and,
- **Awareness of and access to supports and services**, online and in the community, and primary care provider.

This year, both Lambton Public Health (LPH) and Chatham-Kent Public Health (CKPH) conducted the *Community Mental Health Survey*. In the future, LPH and CKPH plan to repeat the survey in their respective communities to measure change over time across the mental health indicators. As the Chatham-Kent community has not yet implemented community-wide plans for a mental health initiative, the results from the survey in Chatham-Kent will also serve as a comparison to assess the impact of *Minds Connected* in the community of Lambton County using a difference-in-difference analysis. Note that Chatham-Kent shares a school board with Lambton County.

A summary comparison of results from both communities is provided in Appendix A of this report.

Survey design



Ipsos designed the survey in close consultation with Lambton Public Health and Chatham-Kent Public Health. There were two important considerations in the design of the methodology and the questionnaire:

1. **Ability to replicate the survey** to measure change over time on key indicators identified in the logic model, including:
 - self-reported mental well-being of individuals;
 - community culture comfortable with the concepts of mental wellness and illness;
 - perceptions regarding mental health stigma and discrimination; and,
 - public and community awareness of interventions implemented by community partners.
2. **Ability to say results are representative** of the general population of the County of Lambton.

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* (conducted over the past three years). Where applicable, we have provided results from these different studies as provincial and/or national comparators in Appendix B.

Framework



The framework for the *Community Mental Health Survey* contains three themes: the well-being of the community, prevalence of mental health issues and mental illness, and mental health literacy.

Well-being of the Community	Mental health and mental illness	Mental health literacy: Help-seeking, knowledge of resources, and stigma
<ul style="list-style-type: none">• Self-perceived mental health• Mental Health Continuum- Short Form (MHC-SF) Well-being Index• Resiliency	<ul style="list-style-type: none">• Affected by mental health issue• Concerned with the mental health of children• Diagnosed with a mental health condition or mental illness• Children diagnosed with a mental health condition or mental illness	<ul style="list-style-type: none">• Talked with someone about mental health• Comfort level in talking about mental health• Help seeking efficacy• Access to resources• Where turn to for help first (open-end)• Mental health promotion• Knowledge and stigma about mental health

Methodology



The Lambton Public Health *Community Mental Health Survey* was administered via a **telephone methodology** that included a **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 n=802 residents** of Lambton County were surveyed between Tuesday, June 20 and Monday, July 10, 2017. A pre-test was conducted with n=13 (landline and cell). Slight modifications were made to the survey, including deleting questions to shorten the length.

The margin of error associated with the total sample size of 802 is +/- 3.5%, 19 times out of 20. Smaller sub-sets of the population will have larger margins of error.

Quota targets were set to obtain a representative sample of residents by gender, age, and geographical areas (urban, semi-urban and rural). The data were weighted to the latest Statistics Canada Census (2016) information to correct for minor deviations on age, gender, and regional area. The RIM weighting efficiency is 96.1%.

Study limitations:

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. However, the effects of both cannot be discerned from the data.

Methodology



The table below provides a breakdown of the proportion of responses (unweighted) from each geographical area within Lambton County. Data were weighted to reflect target regional area proportions.

Geographical area	Area	Area proportion	Actual regional area proportions	Target regional area proportions
Urban	Sarnia	56%	62%	60%
Urban	Bright's Grove (considered part of Sarnia)	3%		
Urban	Point Edward (Village)	3%		
Semi-urban	St Clair (Township)	7%	26%	30%
Semi-urban	Wyoming (Town) or Plympton-Wyoming	8%		
Semi-urban	Petrolia (Town)	7%		
Semi-urban	Lambton Shores (Municipality)	4%		
Rural	Brooke-Alvinston (Municipality)	5%	13%	10%
Rural	Dawn-Euphemia (Township)	1%		
Rural	Warwick (Township)	2%		
Rural	Oil Springs (Village)	2%		
Rural	Enniskillen Township	.5%		
Rural	A First Nations reserves in/around Lambton County*	2%		

First Nations: The recorded population of the three independent First Nations reserves, Kettle & Stoney Point First Nation, Aamjiwnaang First Nation, and Walpole Island First Nation, in the Lambton census division is approximately 4,400*.

We drew on the full sample of listed phone numbers for these three reserves (490 records) and obtained n=14 completes from residents in these communities. In total, we obtained n=42 respondents who identified as First Nations in Q29 of the survey.

Note that the sample of residents identifying as Indigenous is small in this sample, and not representative of the population group.

Reporting conventions



- Throughout the report, totals may not add to 100% due to rounding, or because the question is a multi-select question where respondents were permitted to choose or provide more than one response.
- Questions for which respondents answered “don’t know” or “not applicable”, or refused to answer, are indicated as “DK/REF/NA”.
- We ran statistical significance testing using a t-test applied across subgroups. The test was done at a confidence level of 95%.
- ▼▲ Red and green arrows are used throughout the report to indicate significant differences between subgroups.

Follow-up qualitative research



- Following the completion of the Community Mental Health Survey conducted in August 2017, Ipsos was commissioned by Lambton Public Health (LPH) to conduct qualitative research to provide more in-depth insight on attitudes to and experiences with mental health issues and services.
- The qualitative research targeted two groups in the population:
 - a) individuals who rated their mental health as good, fair or poor (30% of residents in Lambton based on the August 2017 survey) who were recruited from established qualitative market and social research panels or free-finding in the population
 - b) individuals who personally or their children access mental health services in Lambton who were recruited by LBH's community partners.
- Given the sensitive nature of the topic, participants' attitudes and experiences were explored via an online bulletin board. Participants were asked to answer a series of close-ended and open-ended questions on January 22nd and 23rd 2017. They were encouraged to provide full and detailed responses and the bulletin board was moderated by an Ipsos researcher. Responses were kept confidential in that they were not shared with other participants. A total of 39 participants took part in the study.
- Highlights from the research have been provide in the summary section of this report. For the full results of the study, please refer to the separate qualitative report that was provided.

SUMMARY AND RECOMMENDATIONS

Summary



well-being of the community

Three quarters of residents are “flourishing”, but 1 in 5 are “moderate” or “languishing” on the continuum of mental health.

Residents in Lambton County, 18 years and older, were asked to rate their overall mental health using a single self-rated mental health indicator. Overall, 7 in 10 residents rated their mental health as very good or excellent, 18% rated it as good, and 12% rated it as fair or poor.

When compared to the results of the Mental Health Continuum – Short form Index (MHC-SF – including 14 items that assess emotional well-being and aspects of psychological and social functioning), the proportion of Lambton residents categorized as “flourishing” is 76%, slightly higher than the self-reported mental health rating; 21% are “moderate,” and 3% are “languishing.”

Consistent with national studies, low household income is a social determinant of mental health.

Those in the lowest household income bracket are significantly less likely to have positive mental health: 52% rate positive mental health – very good or excellent, and 61% are “flourishing”.

Also consistent with other studies, there is a correlation between chronic physical illness and mental health: 64% of those with a chronic physical illness rate positive mental health, significantly lower than those not diagnosed (74%); and 70% are “flourishing” vs. 80% of those not diagnosed.

Summary



well-being of the community

Youth are less likely to report positive mental health than those older.

Interestingly, the percentage of respondents with very good or excellent mental health in the self-rated mental health question parallels the percentage of respondents who are “flourishing” by age subgroup, with the exception of 18 to 34 year olds who are much more likely to report lower positive mental health relative to the MHC-SF construct.

It is worth exploring why this is the case: is it not knowing or having the tools to manage stress, or is it life stage, employment status or other factors?

Caregivers are at increased risk of suffering from mental health issues.

The research indicates that informal caregivers may not recognize that they are an at-risk group. While they are just as likely as non-caregivers to say their mental health is excellent or very good, they are less likely to be classified as “flourishing” in the MHC-SF scale.

Increasing awareness among this group and providing supports will become more important as the population continues to age. It is also important to keep in mind that caregivers can belong to any age group, albeit 45 to 64 years olds skew higher in this group.

Summary



mental health and mental illness

Roughly one-quarter of residents are affected by mental health issues.

When asked about how mental health issues have impacted their lives, one-quarter of residents say they have done at least one of the following in the past year: taken medication to help with depression or stress; taken time off work or school to deal with mental health issues.

Among those “flourishing,” almost 2 in 10 report the same; but among those classified as “moderate” (accounting for 21% of the population), about 4 in 10 are affected. This is significantly higher among those who are “languishing” – 66% say they have been impacted by their mental health in the past year – taken medication and/or taken time off.

Prevalence of mental illness in the community is 1 in 5.

One in 5 residents report having ever been diagnosed with a mental illness or condition by a professional.

Of those diagnosed with a mental illness, half are classified as “flourishing,” but half are “moderate” (40%) and “languishing” (8%) in their mental health. These residents, representing roughly 10% of the total population, are in greatest need of support.

Summary



Openness to speaking with family doctor, but only half say their doctor asks about their mental health.

The primary resource where residents would turn to first for supports or services is the family doctor (mentioned top-of-mind), with only small proportions noting health clinics/units or work/school assistance programs, etc.

Residents are generally open to speaking about their mental health issues with their primary care provider: 84% of those who have a primary care provider say they are very or somewhat comfortable doing so. However, fewer (53%) report that their doctor asks about their mental health and well-being, and 6 in 10 say their doctor has provided resources and information to help them take care of their mental health. 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 resources.

Friends and family provide the greatest support for mental health needs.

One-quarter of residents say they have talked to their doctor in the past year specifically about their mental health (21% who are “flourishing,” but 46% of those who are “moderate,” and 73% of those who are “languishing”).

Fewer – less than 1 in 5 – have met with a mental health professional in the past year (11% of those who are “flourishing,” 33% of “moderate,” and 52% of “languishing”).

People are much more likely to rely on family and friends to discuss issues around their mental health – 46% have talked to close ones in the past year.

Summary



mental health literacy – resources

Many say they are confident in accessing information and resources on mental health, but only 2 in 10 say they are very confident.

The majority of residents feel confident in knowing where to find information about mental health and mental illness (85%, but only 32% strongly agree), although fewer feel that access is convenient and accessible (73%, but only 18% strongly agree). 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.

While internet access has reached the majority of the population, only 71% say they are confident (26% strongly agree) using the internet to search for information about mental health or mental illness. Younger residents are more likely to be confident (80% versus 52% of those 65 and older).

Summary



mental health literacy – stigma

While there is recognition that mental illness is a real illness, there is stigma around seeking help for some.

The results from the survey indicate a general recognition of mental illness as a real illness among most residents, and an understanding 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 with the statement).

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. One in 10, however, still hold the view 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.” Men and those who are 65 years and older are more likely to hold stigma about mental illness.

Summary



mental health promotion

The majority understand the benefits of physical activity, but fewer recognize the benefits of yoga or meditation in promoting mental health.

While almost all residents recognize that regular exercise or physical activity contributes to positive mental health (97% agree overall, but 59% strongly agree), fewer understand the benefits of practicing activities like meditation and yoga (73% agree overall, but 27% strongly agree).

Even knowing that physical activity is beneficial, one-third of residents say they are too often too busy to do things to address their mental health; those “languishing” are less likely to recognize the benefits of restorative exercises, and much more likely to say they do not have time to take care of their mental health.

Many see cost as a barrier to doing things to address mental health and mental illness.

Only 12% of residents strongly agree (55% agree overall) that they can comfortably pay for expenses associated with things they might need to do regarding mental health or mental illness. One-third say they don’t have the means. Those “moderate” and “languishing” are significantly less likely to say they have the means.

Summary



mental health and the workplace

Results indicate that many employers are in need of support to promote positive mental health.

Two-thirds of employees (21% strongly) feel their employer provides a positive workplace for mental health, and 54% (28% strongly) feel comfortable talking to their employers. Those who are “moderate” or “languishing” 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.

The majority of employers (97%) in Lambton County are small- and medium-sized businesses and likely do not have the resources to provide more comprehensive policies and supports for mental health.* It is important to consider capacity and to scale down resources and tools for these employers.

A range of mental supports should be considered for employees along the continuum of mental health.

The mental health profile of employees mirrors that of the general population. Of those who are employed full-time or part-time, 74% rate their health as very good or excellent, and 80% are classified as “flourishing,” with 1 in 5 as “moderate” or “languishing.” And similar to the general population, roughly 1 in 5 employees suffer from a medically diagnosed mental illness.

It is also important to note that even among those “flourishing,” almost 2 in 10 say they have been affected by mental health issues including taking medication to help with stress or depression and/or taken time off work.

*Sarnia Lambton Work force Development Board: Fast Facts. Accessed on August 24, 2017.
<http://www.slwdb.org/home/fast-facts/>

Summary



children and mental health

Half of parents are concerned about their children's mental health, but there is low awareness of resources.

Over half say they are concerned about the mental health of their children (significantly higher among those children 7 and older – 61%); however, relatively few can confidently say they know where to access mental health resources. Seven in 10 parents (only 17% strongly, however) say they have relatively easy access to resources for children's mental health and illness. The same proportion say their family/children's doctor provides them with information to help them take care of their children's mental health and well-being. Fewer – about half of parents, however, agree that their children's school would have the resources to help if they had concerns about their children's health. In fact, a quarter of parents say their school is not prepared with resources, and, importantly, a further quarter say 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).

Further research will help understand what parents are concerned about and will inform the development of supports and resources needed. If resources are available, then a campaign may be required to help raise awareness of where these resources can be easily accessible.

Summary



qualitative research

There was consensus that there is societal stigma towards both poor mental health and mental illnesses.

Participants 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. That said, the research found that there is scope for further eradicating stigma and misconceptions attached to mental health. Participants felt that mental health issues are poorly understood by their families or friends. A small number of service users went further to report that they had encountered health service provide who did not believe in them or made them “prove” their issues. Moreover, 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. This was seen to be compounded by the link the media often make between gun shootings and mental illness.

There were repeated calls for more public education and public campaigns to change the remaining negative societal attitudes. The research also highlighted a number of messages participants felt worthy promoting via a public education campaign to remove stigma:

- Don't be afraid of people with mental health conditions and messaging targeting employers directly on the employability of those with mental health conditions and the broad spectrum of those affected
- Don't tell people with mental health conditions to “get over it” and instead show ways to be tolerant, understanding and compassionate.
- Messages reinforcing the prevalence of mental health conditions and that those affected are not alone nor weak for seeking help

Summary



qualitative research

Most participants who took part in the qualitative research had sought information or help regarding mental health issues. The few who hadn't done so, they didn't feel a need for this information and generally rated their personal mental health as good.

The results were fairly varied in terms of who participants felt most comfortable speaking to about mental health issues. On the one hand, some participants preferred speaking to a professional such as a family doctor or counsellor. Professionals were trusted for their expert advice and were seen to offer a confidential and non-judgement environment to discuss mental health issues.

Meanwhile, others felt most comfortable with speaking with their family or friends. This was in part linked to a preference to speak to someone that knows them very well. For these participants, they found it easier to open up to those who knew them well or felt better understood by those who knew the full context of the situation and their personalities which in turn makes them feel “safe”, “comfortable” or able to focus on the issues at hand.

Encouragingly, the research found that once participants 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.

Summary



qualitative research

For the most part, participants 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 lead to improvements in their mental health and quality of life.

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 ER department at Bluewater Health 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.

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 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.

Summary



qualitative research

Attitude and demeanor of the service provider was the second most important area valued by those accessing mental health services. Specifically, they stressed the importance of the following qualities:

- Compassionate and caring – demonstrated by helping and supporting service users in a variety of ways (e.g. help with finances) and following up with participants (e.g. after referrals or missing appointments), rather than someone who “just got put into that job”
- Respectful and non-judgmental – demonstrated by listening to service users, getting to know them and taking on their concerns seriously, before making a diagnosis then explaining things and not talking down to service users
- Easy to talk to in order to build good rapport between service user and provider

While some had very positive experiences with staff, others called for more training for staff working for mental health service providers and staff who do not directly provide mental health services but may come across individuals affected by mental disorders.

Summary



qualitative research

Participants identified three main ways in which employers can promote positive mental health in the workplace:

- Creating positive relationships between staff through regular communication channels, team building exercises and social events. New types of programs – suggestions included coping strategies for a variety of disorders, music therapies and life skills (e.g. cooking, budgeting).
- 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.
- More tangible support from employers should employees need help with mental health issues. Suggestions related to this included not requiring doctors' notes for sick days, offering assistance for counselling or other types of mental health services, offering alternative working options and mental health training for senior staff.

Mental health in schools could be addressed via:

- Equipping young people with self-awareness and coping strategies by including mental health as part of the school curriculum in the same way that sex education and physical education.
- Mental health training teachers so that young people have a “safe” person to turn to for help
- Combatting bullying

DETAILED RESULTS

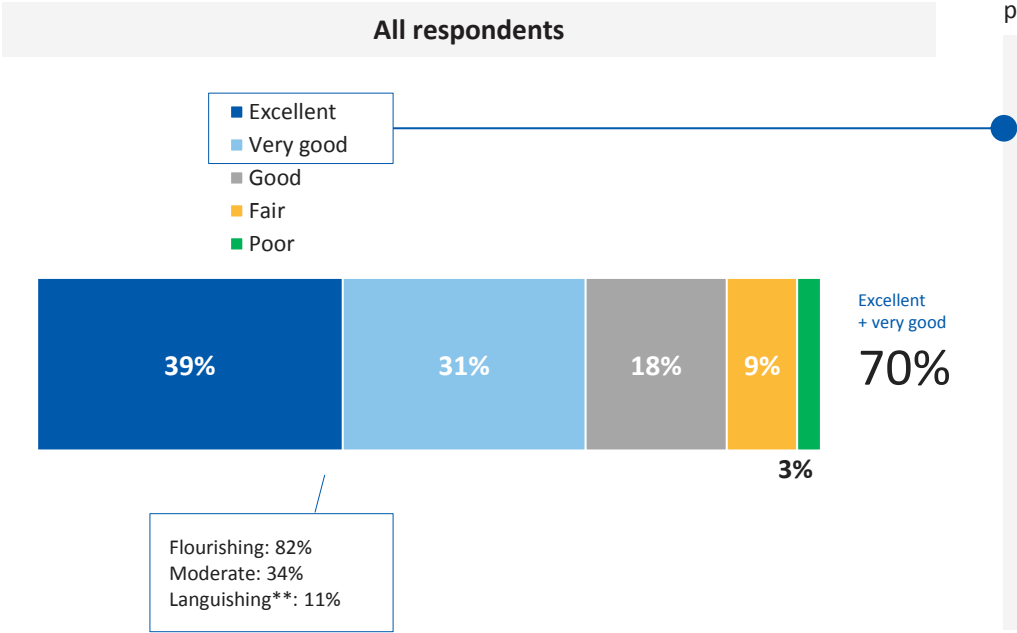
A. WELL-BEING OF THE COMMUNITY

PERCEIVED MENTAL HEALTH
MHC-SF WELL-BEING INDEX
RESILIENCY

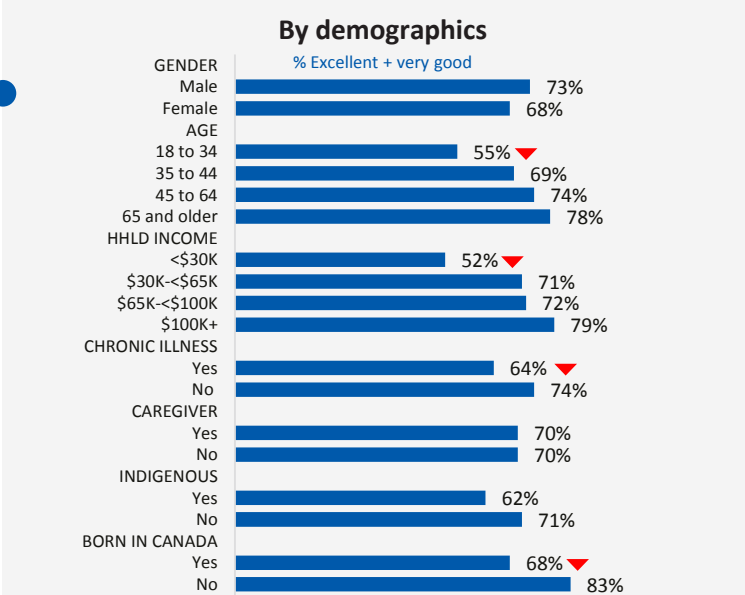
Perceived mental health



The Self-Rated Mental Health indicator measures an individual’s perception of his or her mental health status. Seven in 10 Lambton County residents say they have very good or excellent mental health.



Residents with lower household income were significantly less likely to report positive mental health than those in higher income brackets. Just over half of those 18-34 years old felt they had very good or excellent mental health, lower than those in older age groups. Those with a chronic physical illness also report lower perceived mental health, as do immigrants within the community.



9. In general, would you say your mental health is...(READ SCALE)? Base: All respondents (n=802).

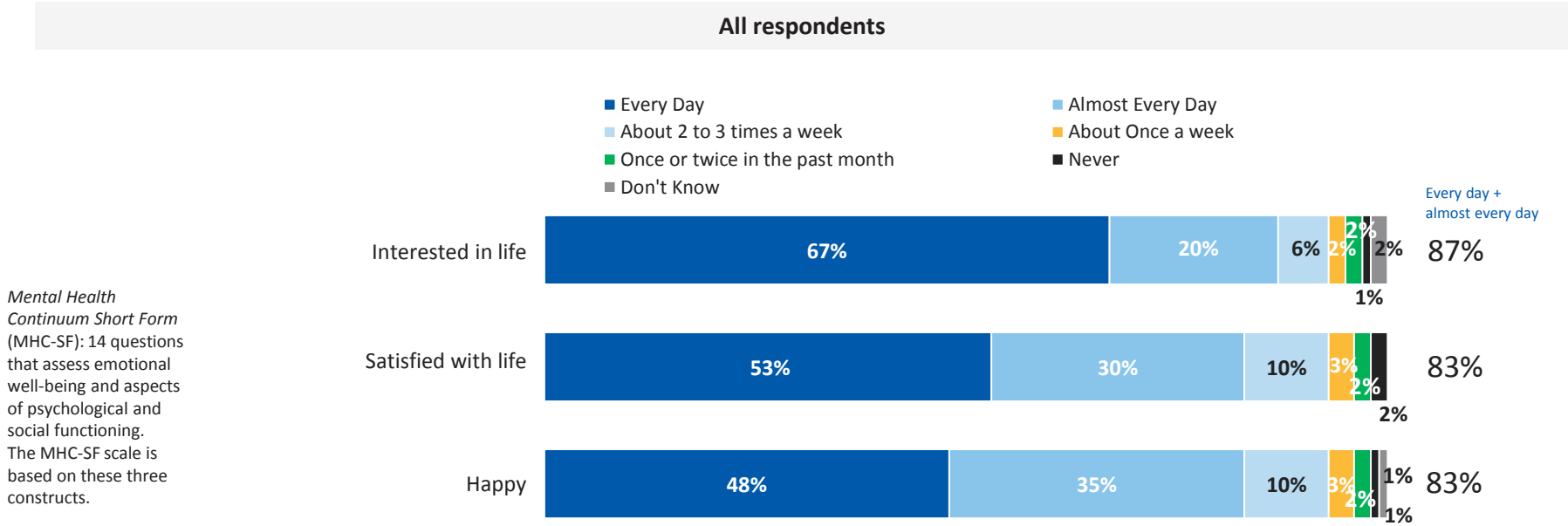
▼ ▲ Denotes significant difference from all other subgroups

** very small base n=42

Emotional well-being



Overall, residents of Lambton County have a high level of emotional well-being. The majority said they were interested in (87% every day or almost every day) and satisfied with life (83%), and happy (83%).



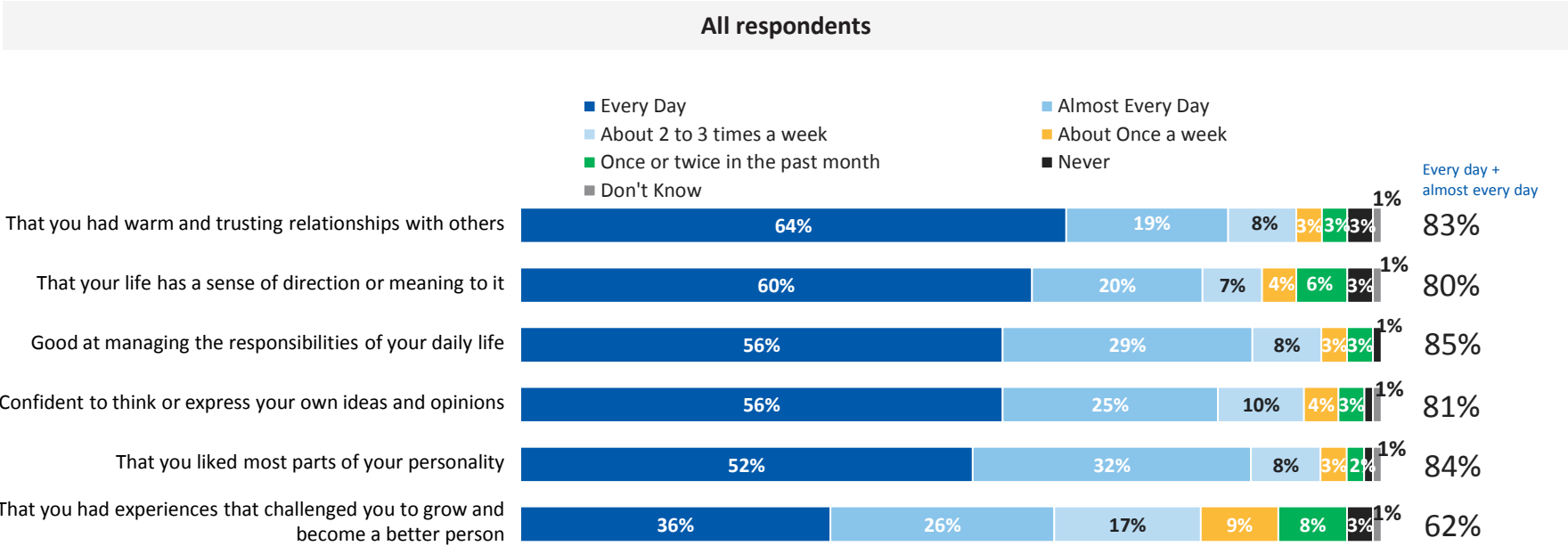
DK % not labeled in chart

Q10 During the past month, how often did you feel...[INSERT ITEM]. Would you say it was...? Base: All Respondents (n=802)

Psychological well-being



The majority of residents – over 8 in 10 – also report a strong sense of psychological well-being: 83% say they have warm and trusting relationships; 80% say their life has a sense of direction; and 85% say they can manage daily responsibilities of life every day or almost every day. Fewer say they have felt challenged to grow and become a better person in the past month (62% every day or almost every day).

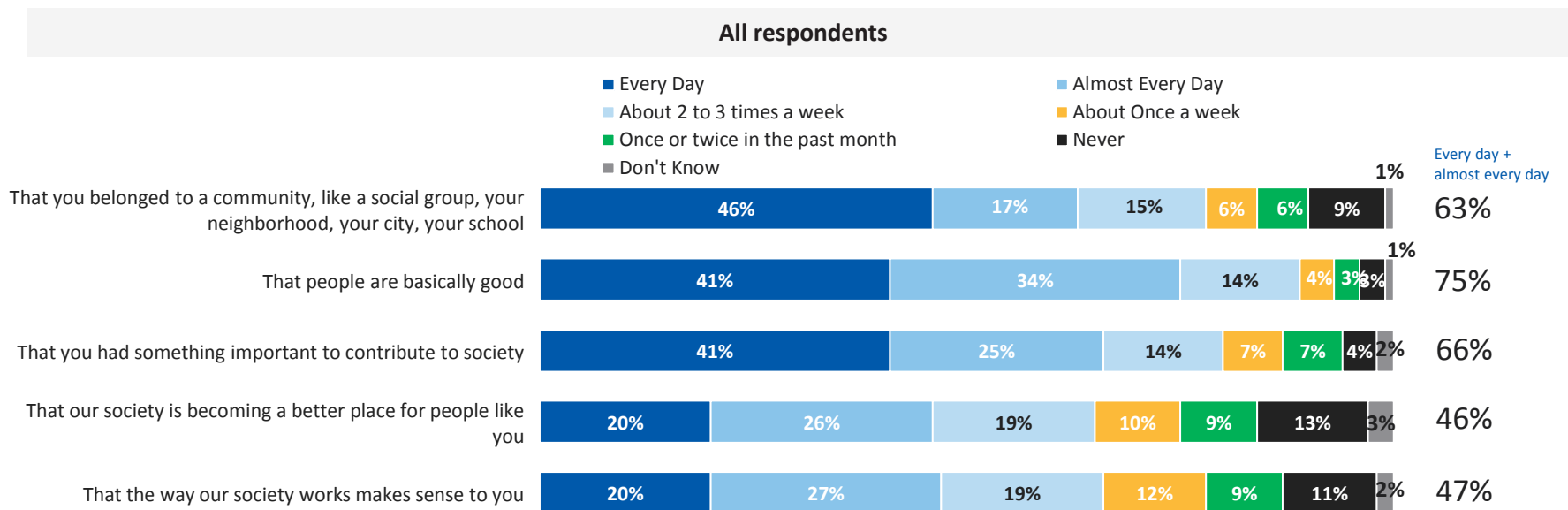


Q11 During the past month, how often did you feel...[INSERT ITEM]. Would you say it was...? Base: All Respondents (n=802)

Social well-being



Social well-being among residents is lower in comparison to emotional and psychological well-being: two-thirds (63%) said they felt they belonged to a community.* Two-thirds also said they felt they had something important to contribute to society, but less than half felt positive about society more broadly – that it is becoming a better place for people (46% every day or almost every day), and that the way it works makes sense (47%).



Q11 During the past month, how often did you feel...[INSERT ITEM]. Would you say it was...? Base: All Respondents (n=802)

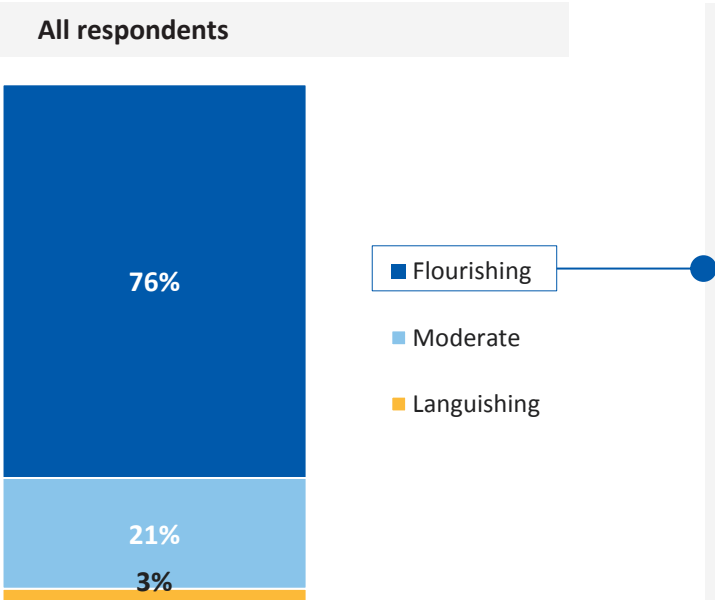
*As a rough comparator, this proportion is similar to the Sense of Community Belonging indicator in the Canadian Community Health Survey (2014), in which 66% said their sense of community belonging was somewhat or very strong.

MHC-SF WELL-BEING INDEX

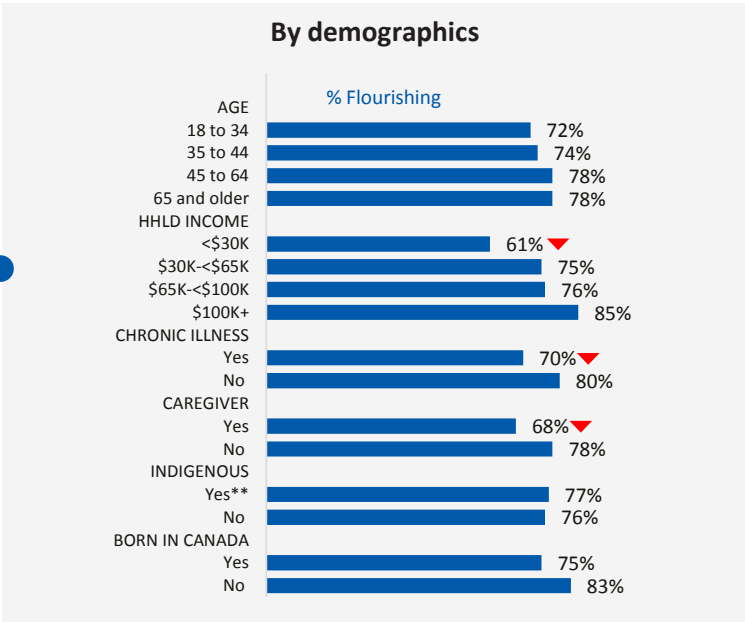


The proportions of Lambton residents classified as “flourishing,” “moderate,” and “languishing” are 76%, 21% and 3%, respectively.

Mental Health
Continuum Short Form
(MHC-SF): 14 questions
that assess emotional
well-being and aspects
of psychological and
social functioning. 3
categories: Flourishing,
Languishing, Moderate.
SPSS syntax from: *Brief
Description of the
Mental Health
Continuum Short Form
(MHC-SF):*
<https://www.aacu.org/sites/default/files/MHC-SFEnglish.pdf>



Residents living in lower income households are less likely to be “flourishing” compared to those in higher income households. Those with a chronic physical illness are also less likely to be flourishing, as are caregivers (although they are just as likely as non-caregivers to say their mental health is excellent or very good).



Q10/Q11: Mental Health Continuum Short Form (MHC-SF): 14 questions that assess emotional well-being and aspects of psychological and social functioning. 3 categories: Flourishing, Languishing, Moderate. Base: All respondents (n=802)

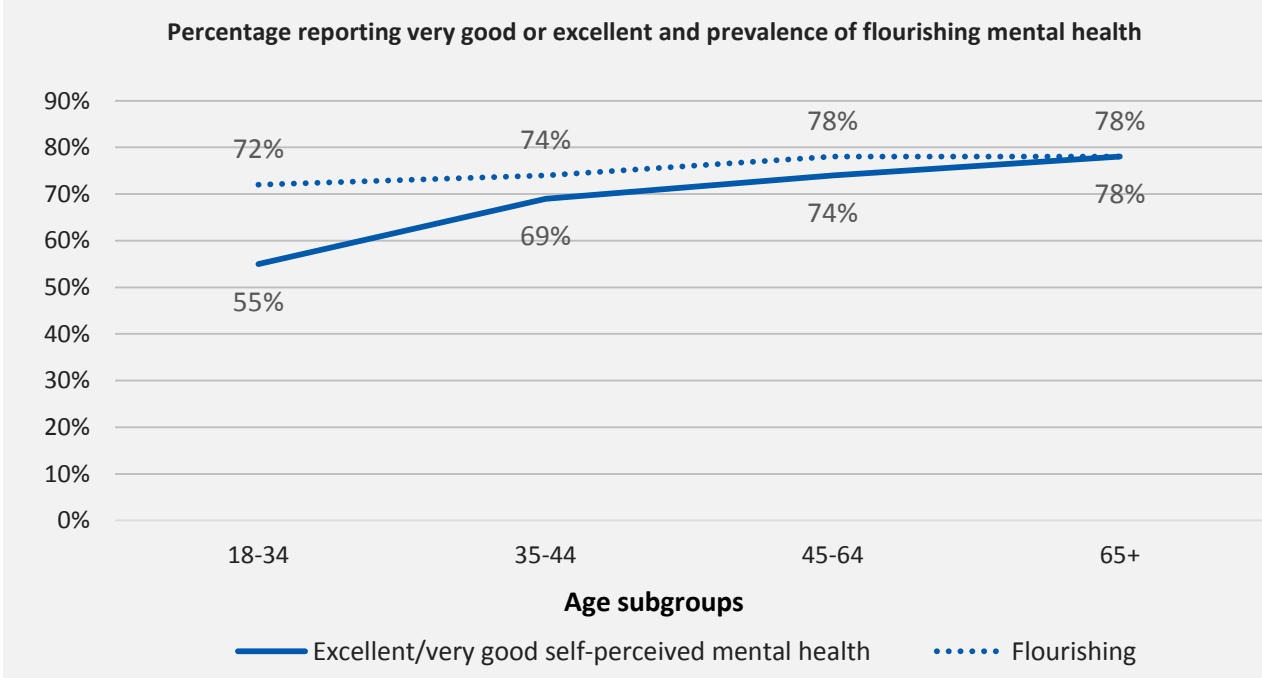
▼ ▲ Denotes significant difference from all other subgroups

** very small base n=42

Self-rated mental health indicator and “flourishing”



Interestingly, while the percentage of respondents with very good or excellent mental health in the self-rated mental health question parallels the percentage of respondents with flourishing mental health by age subgroup, 18 to 34 year olds are much more likely to report lower positive mental health relative to the MSCH-SF construct.



Base: All respondents (n=802).

Level of resiliency



The majority of residents in Lambton County report a high level of resiliency, with over 8 in 10 saying they are able to bounce back or adapt often or nearly all of the time, when faced with hardships and changes.

All respondents

■ True nearly all the time ■ Often true ■ Sometimes true ■ Rarely true ■ Not true at all

I tend to bounce back after illness, injury, or other hardships (n=789 excluding DK/REF/NA)



True nearly all the time + often true

85%

I am able to adapt when changes occur



84%

Q12. How much do you agree with the following statements as they apply to you over the last month? Base: All respondents (n=802)

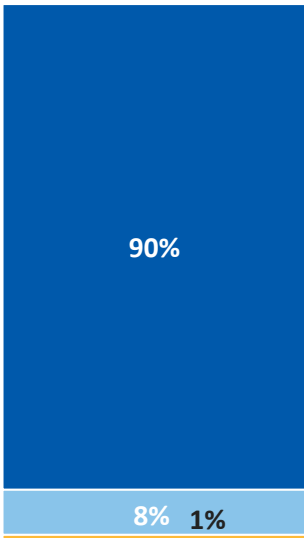
RESILIENCY INDEX



Overall, 9 in 10 residents report a high level of resiliency.

Three-quarters of those classified as “moderate” and half of those “languishing” score high on the resiliency index, significantly lower than those “flourishing.”

All respondents excluding REF/DK



Flourishing: 96%
Moderate: 74%
Languishing**: 55%



Question items drawn from Connor-Davidson Resilience Scale.

- Not true at all=0
- Rarely true=1
- Sometimes true=2
- Often true=3
- True nearly all the time=4

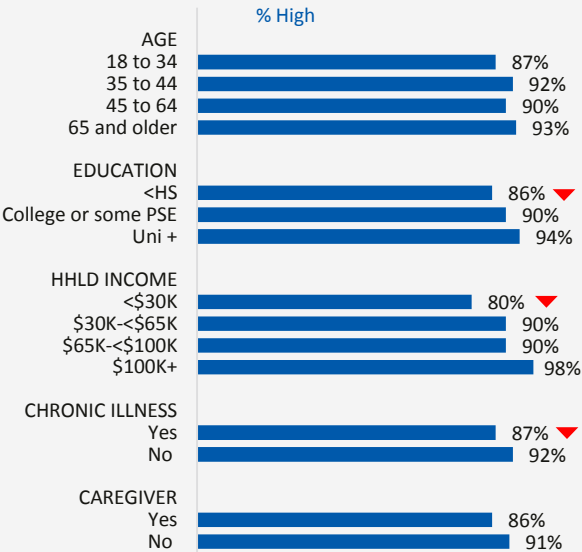
Min score 0; max score 8.
Recalibrate down to 0 to 4.

INDEX SCORING:

High = 3 and 4
Moderate = 2
Low = 0 and 1

Residents with lower education, high school or less, 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.

By demographics



Index includes 2 items from Q12: I tend to bounce back after illness, injury, or other hardships; I am able to adapt when changes occur. Base: All respondents who answered both items, excludes respondents who answered REF/DKs (n=789)

▼ ▲ Denotes significant difference from all other subgroups

B. MENTAL HEALTH AND MENTAL ILLNESS

AFFECTED BY MENTAL HEALTH ISSUES

INCIDENCE OF MENTAL HEALTH CONDITION/ILLNESS

Affected by mental health issues in past year

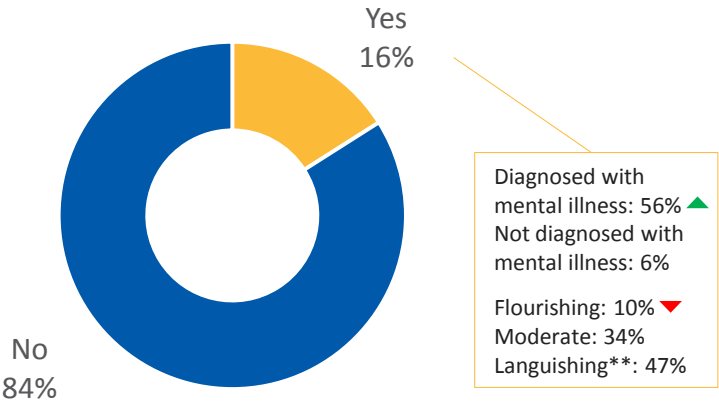


Sixteen percent of residents say they have taken a medication to help with depression or stress in the past year. A similar proportion (13%) say they have been impacted by their mental health to the point where they have taken time off work or school to deal with it.

Roughly 1 in 10 of those who have not been diagnosed with a mental illness say they have taken medication or taken time off work/school.

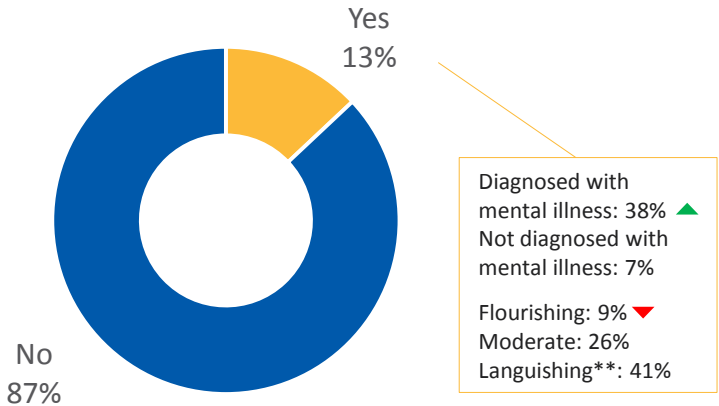
All respondents

Taken a medication to help with your mental health,
for things like stress or depression



Respondents, excluding not applicable

Taken time off work or school to deal
with a personal mental health issue



** very small base n=20

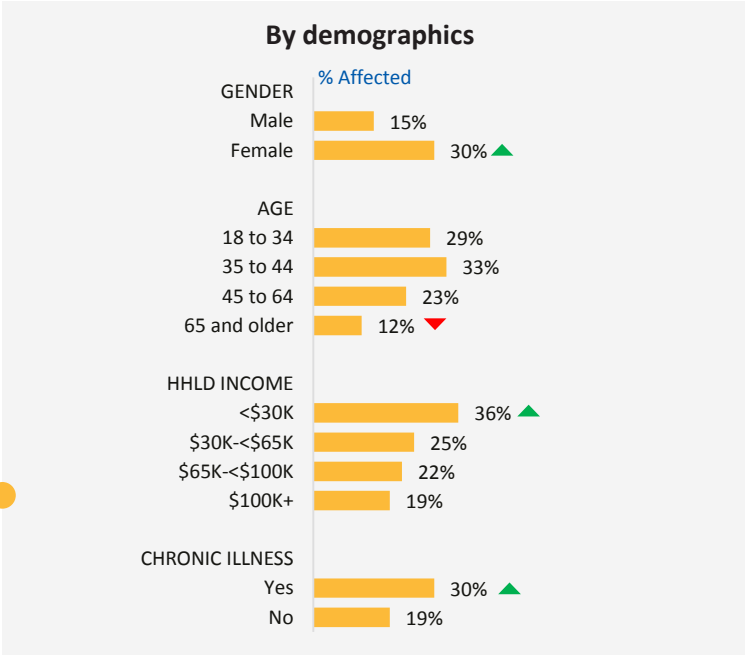
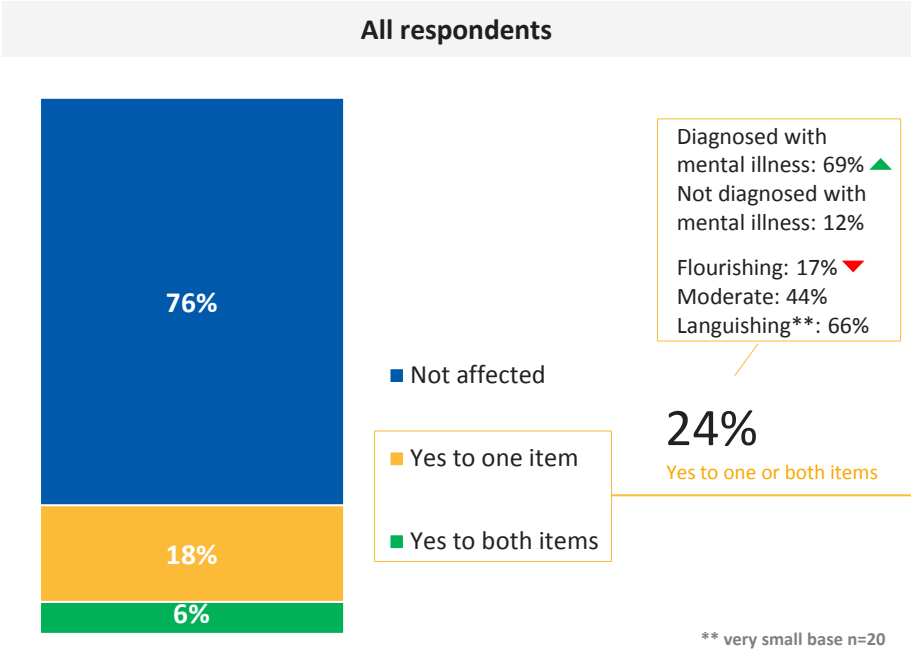
Q15. In the past year, please indicate whether you have done any of the following: Base: Taken a medication to help with your mental health, for things like stress or depression (n=802); Taken time off work or school to deal with a personal mental health issue (n=751), excludes DK/REF/NA.

AFFECTED BY MENTAL HEALTH SUMMARY



One quarter of residents say they have been affected by their mental health in the past year – taken a medication and/or taken time off work or school. Twelve percent of those who have not been diagnosed with a mental illness say they have done either of these.

Women are significantly more likely to have been affected by mental health issues, as are those with lower household income and those with a chronic physical illness.



Affected by Mental Health Summary includes: Q15. a) Taken a medication to help with your mental health, for things like stress or depression; b) Taken time off work or school to deal with a personal mental health issue. Base: All respondents who answered, excludes “not applicable” and REF/DK (n=750)

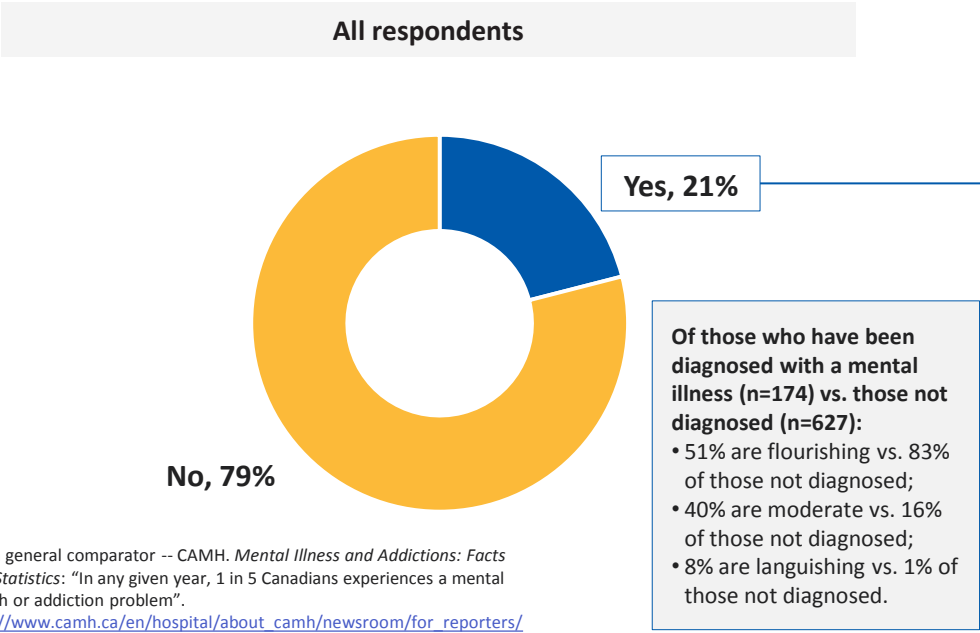
▼ ▲ Denotes significant difference from all other subgroups

Mental health condition/illness

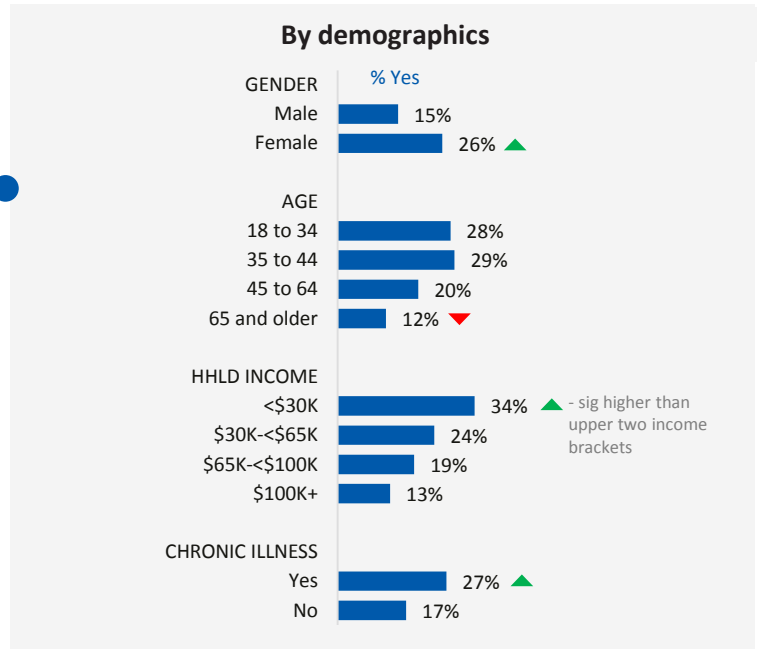


One in 5 Lambton County residents report having ever been diagnosed with a mental health condition or mental illness by a health care professional.*

The majority of those diagnosed with a mental illness are “flourishing” or “moderate” on the MHC-SF scale.



Women, and those younger, under 44 years of age, are more likely to report having ever been diagnosed with a mental health condition/illness, as are those with lower household income and those with a chronic physical illness.



*As a general comparator -- CAMH. *Mental Illness and Addictions: Facts and Statistics*: “In any given year, 1 in 5 Canadians experiences a mental health or addiction problem”.

http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx. Retrieved on August 8, 2017.

Q21. Have you ever been diagnosed with a mental health condition or mental illness by a health care professional? By a mental health condition or illness, we mean having chronic depression, bipolar, anxiety, psychotic, substance abuse, or personality disorders? Base: All respondents (n=802).

C. MENTAL HEALTH LITERACY

HELP-SEEKING EFFICACY

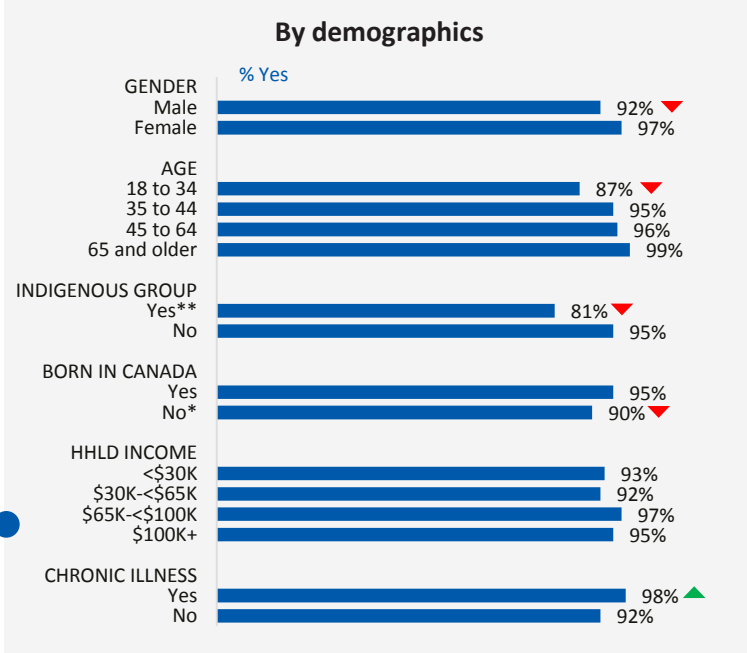
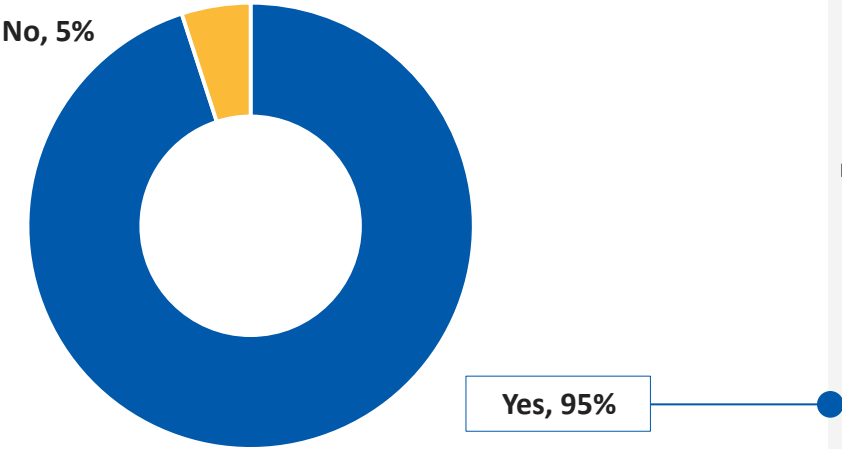
Have a regular primary care provider



Ninety-five percent of Lambton County residents say they have a regular family doctor/general practitioner or nurse practitioner.

This is significantly lower among men, those younger in the 18-34 year old subgroup, residents who identify as Indigenous, and immigrants.

All respondents



Q8. Do you have a regular family doctor, or general or nurse practitioner? Base: All respondents (n=802).

** very small base n=42

▼ ▲ Denotes significant difference from all other subgroups

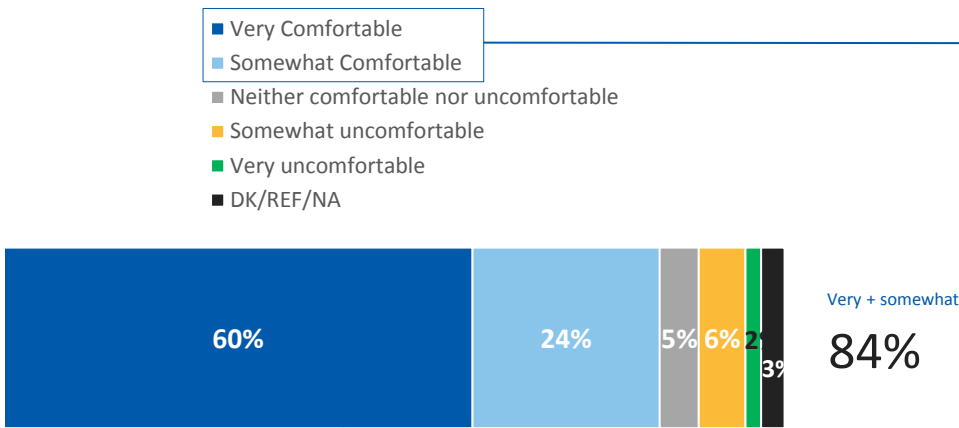
Level of comfort in speaking with primary care provider



A majority (84%) say they are comfortable with speaking to their primary care provider about their mental health. Those who are “flourishing” are more likely to say they are comfortable than those who are “moderate” or “languishing” on the MHC_SF scale.

Women feel more comfortable than men in speaking with their doctor. There are no significant differences by age.

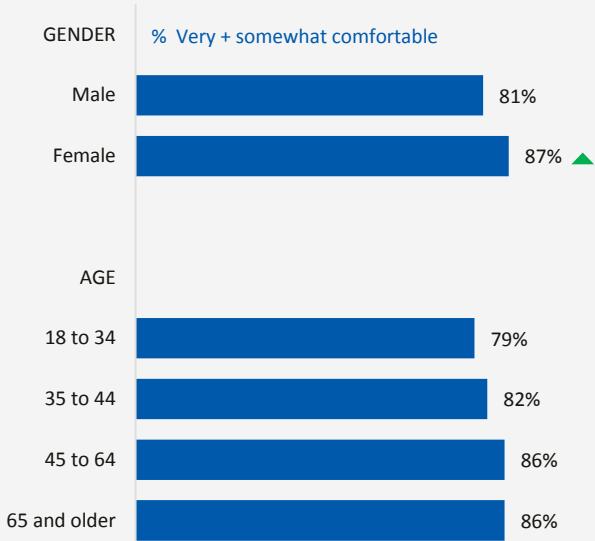
Respondents with a primary care provider



Flourishing: 87% ▲
Moderate: 76%
Languishing**: 62%

** very small base n=20

By demographics



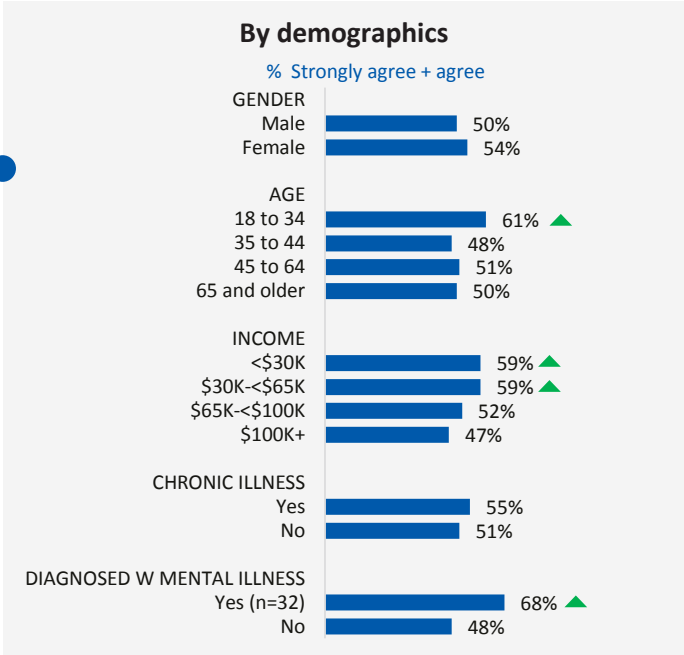
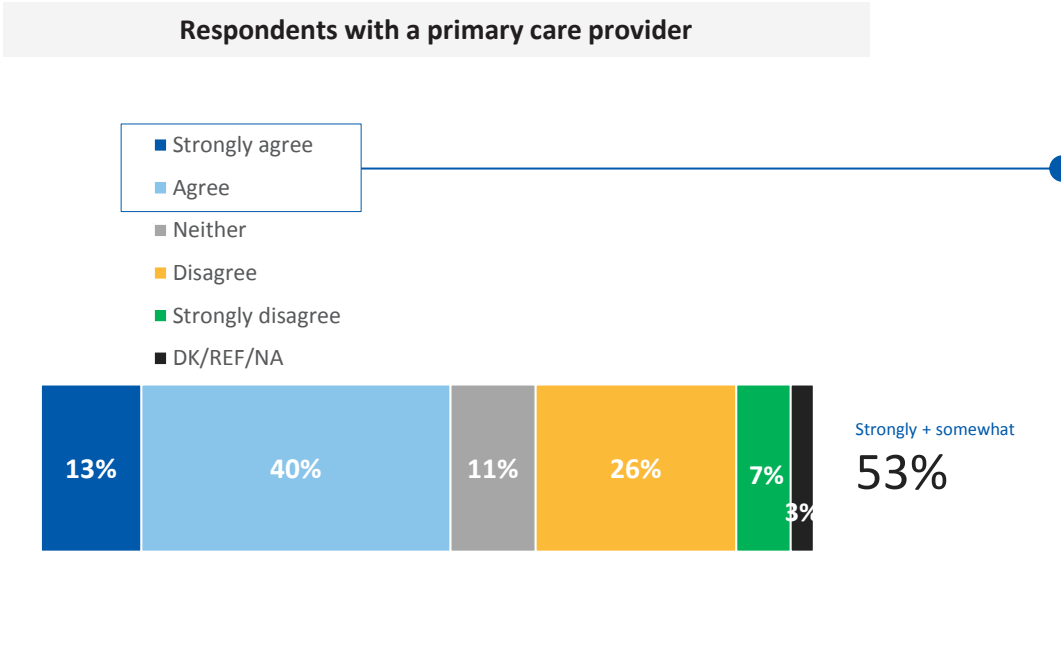
Q16. How comfortable would you say you are talking to [Family doctor, or general or nurse practitioner] about your mental health: Base: Respondents with a primary care provider (n=761)

Primary care provider asks about mental health/well-being



Just over half of residents with a family doctor say their provider asks about their mental health and well-being.

Those who are younger and those belonging to lower income households are significantly more likely to say their doctor asks about their mental health. Those diagnosed with a mental illness are also more likely to report the same.



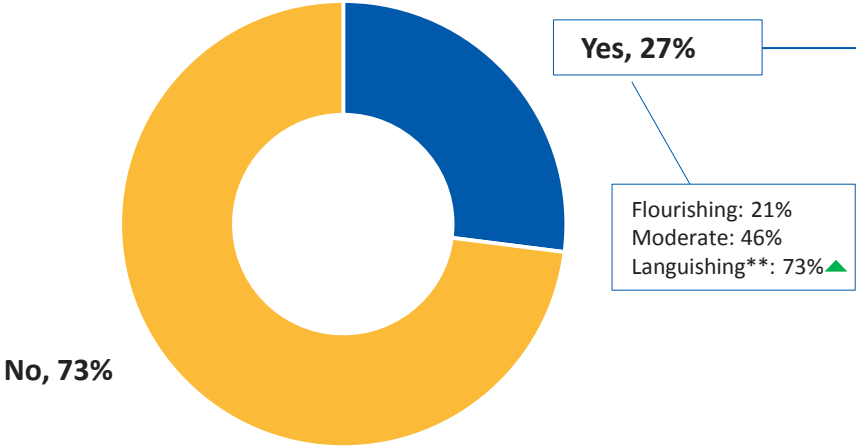
Q23. Please tell me how much you agree or disagree with each of the following statements: My family doctor asks me about my mental health and well-being, Base: Respondents with a primary care provider (n=761).

Talked with family doctor about mental health



One-quarter of residents with a family doctor say they have talked to their doctor about their mental health.

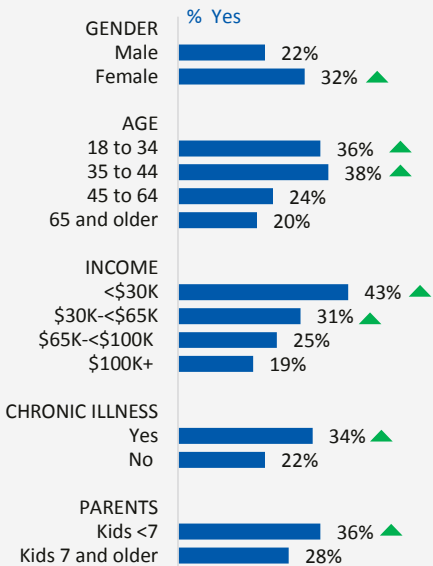
Respondents with a primary care provider



** very small base n=20

Subgroups that are more likely to have done so: women; those younger under 45 years old; those with lower household income; those suffering from a chronic physical illness; and parents with younger kids.

By demographics



Q15. In the past year, please indicate whether you have done any of the following: 3) Talked with your family doctor about your mental health? Base: Respondents with a primary care provider (n=761)

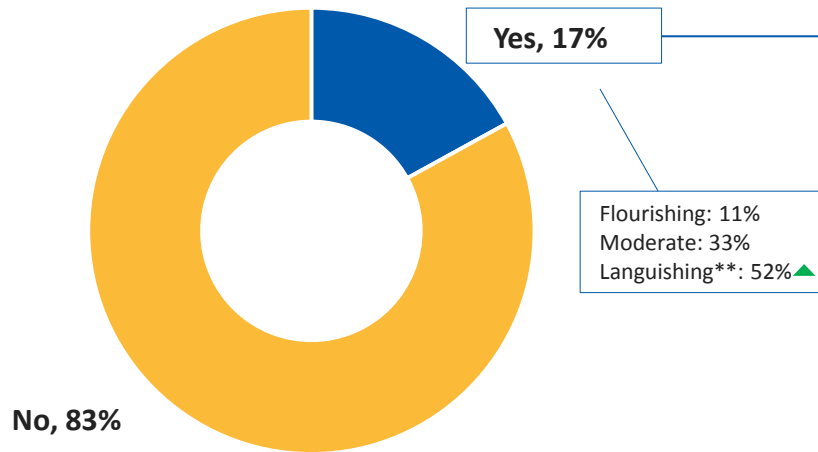
Talked with mental health specialist



Almost 2 in 10 say they have talked to a counsellor, psychologist, or psychiatrist about their mental health in the past year.

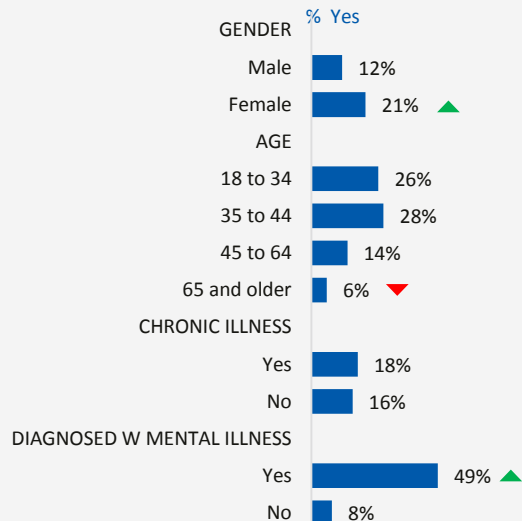
Women are more likely to say they have talked to a mental health specialist, as are those under the age of 45. While those with a chronic physical illness are more likely to talk to their family doctor about mental illness, they are not more likely to talk to mental health specialists.

All respondents



** very small base n=20

By demographics



Q15. In the past year, please indicate whether you have done any of the following: 4) Talked with a counsellor, psychologist, psychiatrist about your mental health? Base: All Respondents (n=802)

▼▲ Denotes significant difference from all other subgroups

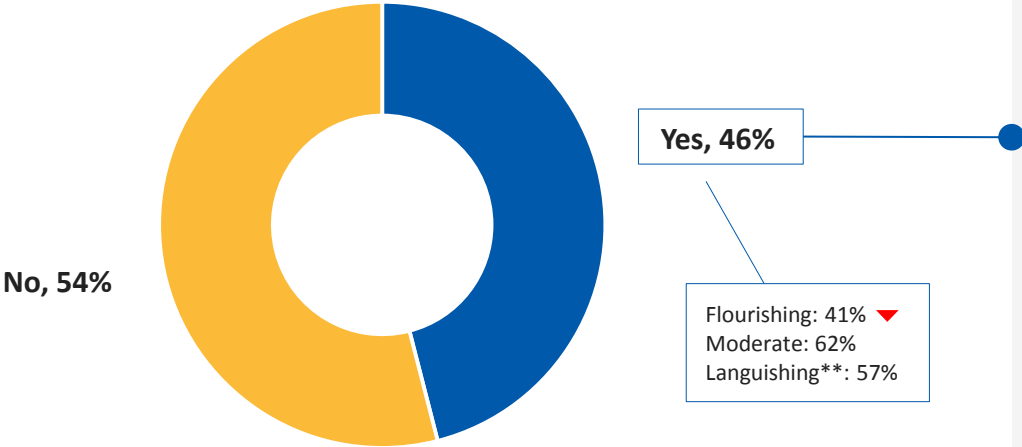
Talked with friends or family about mental health in past year



Approximately half of residents say they talk to friends or family about their mental health.

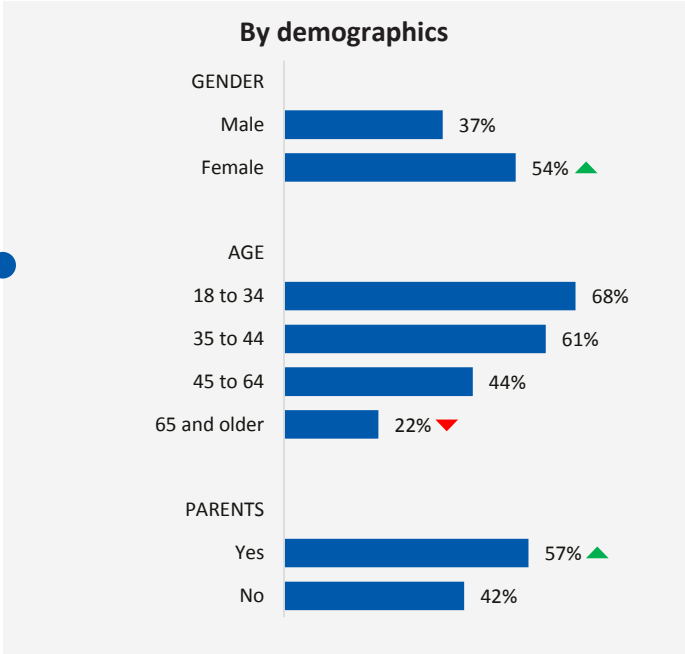
Women and those specifically under 44 years old are more likely to say they talk with friends and family about their mental health. Parents are also more likely to do so.

All Respondents



Flourishing: 41% ▼
Moderate: 62%
Languishing**: 57%

** very small base n=20



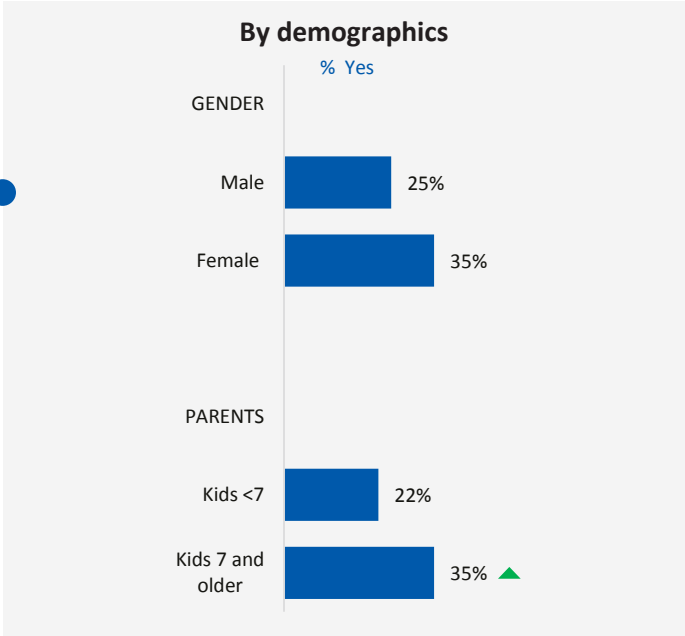
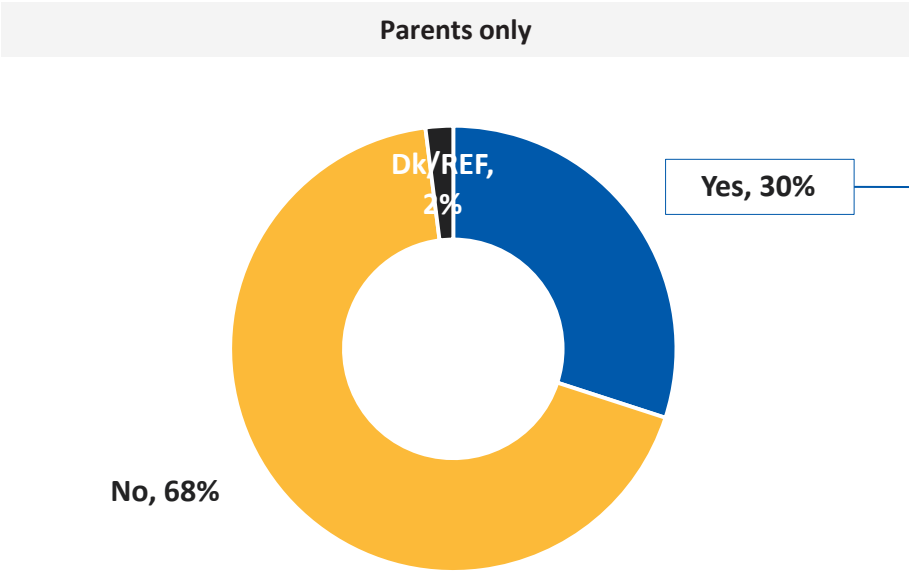
Q15. In the past year, please indicate whether you have done any of the following: 5) Talked with friends or family about your mental health? Base: All respondents (n=802).

Talked with children about own mental health in past year



Three in 10 parents say they have talked to their children about their own mental health.

Mothers are more likely to say they do so (not significant), as are those with kids 7 or older.



Q15. In the past year, please indicate whether you have done any of the following: 6) Talked with your child or children about your mental health (Parents only, n=229)

D. MENTAL HEALTH LITERACY

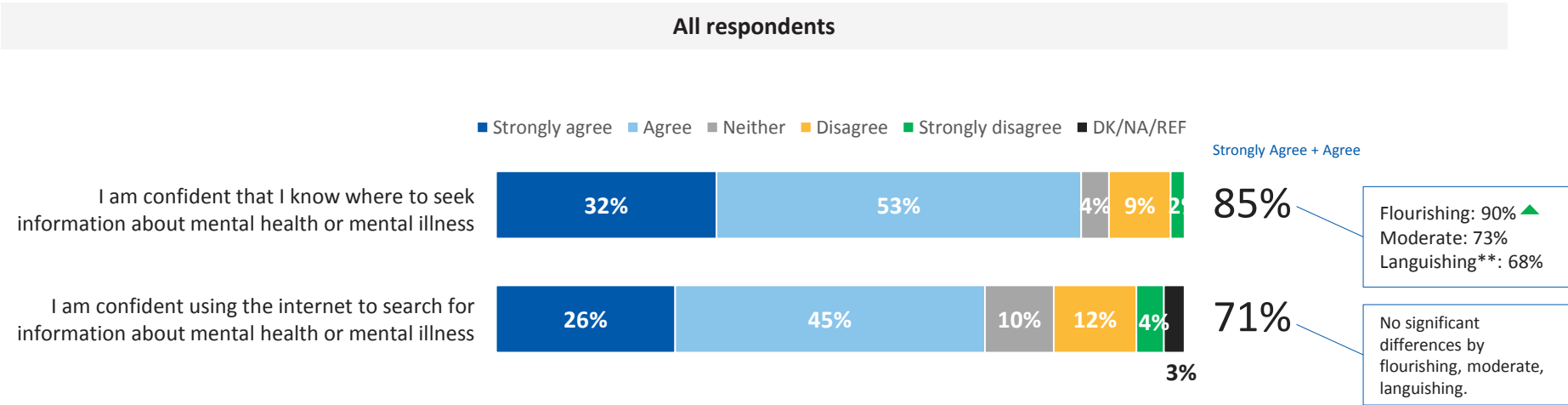
AWARENESS AND ACCESS TO RESOURCES IN THE COMMUNITY

Confidence in accessing mental health resources



The majority of residents (85%) say they are confident they know where to seek for information about mental health and mental illness. Those who are “flourishing” are much more likely to be confident about where to find information.

Seventy-one percent are confident in using the internet to search for information related to mental health. There is, however, a significant difference between age groups: 80% of those 18 to 44 years old, and 74% of those 45 to 64 years old, but only 52% of those 65 and older agree they are confident.



** very small base n=20

Q23. Please tell me how much you agree or disagree with each of the following statements: Base: All respondents (n=802).

Convenient access to mental health resources

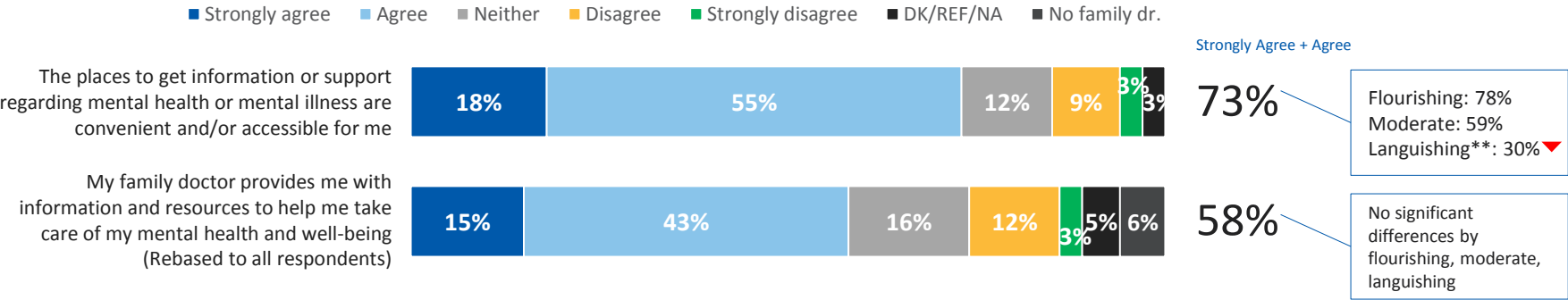


Three-quarters of residents say that information or supports for mental health or illness are convenient and/or accessible to them, but slightly fewer (58%) have access to information and resources from their family doctor to help them take care of their mental health and well-being.

There are no significant differences across age and gender, but there are differences across subgroups by income: those in the lowest household subgroup (70%) are significantly more likely to say their family doctor provides them with resources compared to 51% of those with \$100K or more

Again, those who are “languishing” are significantly less likely to feel that resources are convenient for them.

All respondents



** very small base n=20

Q23. Please tell me how much you agree or disagree with each of the following statements: Base: All respondents (n=802)

Means to access mental health resources

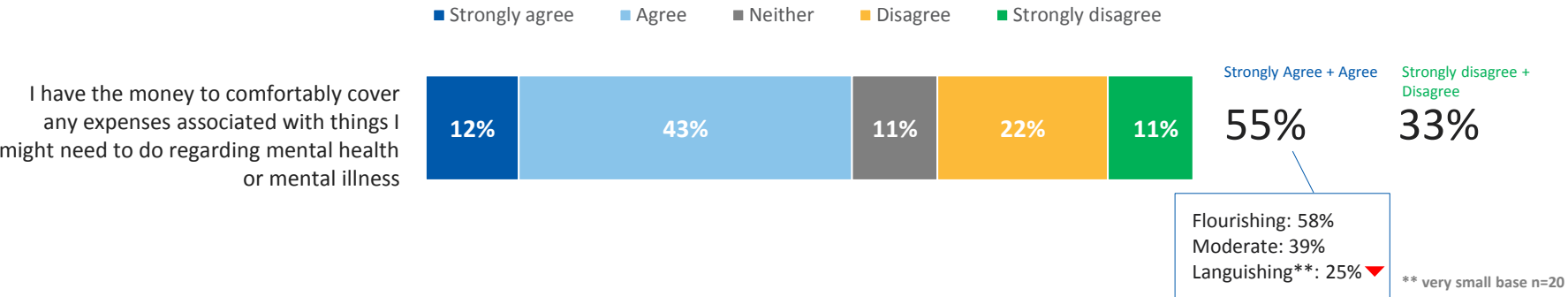


Over half of residents (55%) say they have the means to comfortably cover expenses for addressing their mental health issues or concerns. One-third say they are not able to do so.

Certain subgroups are significantly more likely to report they have the ability to do so:

- 61% of men vs. 49% of women;
- 70% with university level or higher education vs. 49% with high school or less; and,
- 57% of employed (FT/PT) and 59% of retired vs. 35% others who are unemployed, or on sick or disability leave; and,
- 58% of those with “flourishing” mental health vs. 39% of those who are “moderate” and 25% who are “languishing”.

All respondents, excluding REF/NA



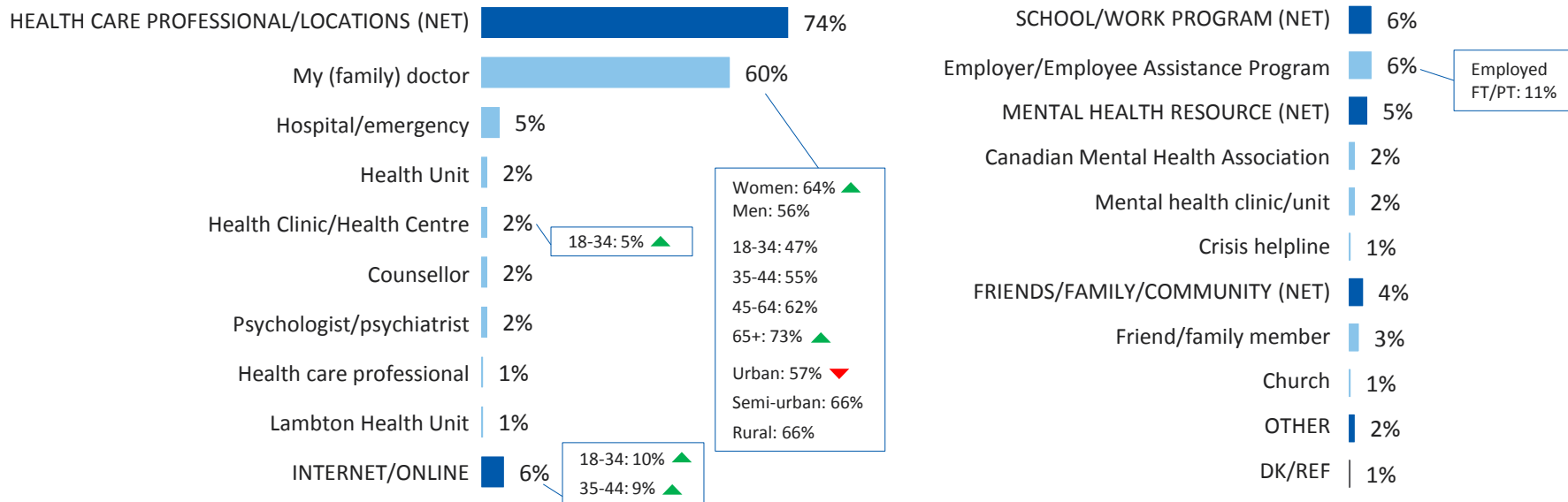
Q23. Please tell me how much you agree or disagree with each of the following statements: Base: All respondents excludes “not applicable”, REF/DK (n=775).

Resources for mental health – top-of-mind



The majority of residents mentioned family doctor as the primary resource to access professional supports or services for their own mental health or mental illness. A range of other resources were mentioned including hospital emergency and the Employee Assistance Program (EAP). Those younger, 18-34, are more likely to visit a health clinic or health centre, and to search online for information.

All respondents



Q25. If you needed to access professional supports or services for your own mental health or mental illness, where would you go first? Base: All respondents (n=802)

E. MENTAL HEALTH LITERACY

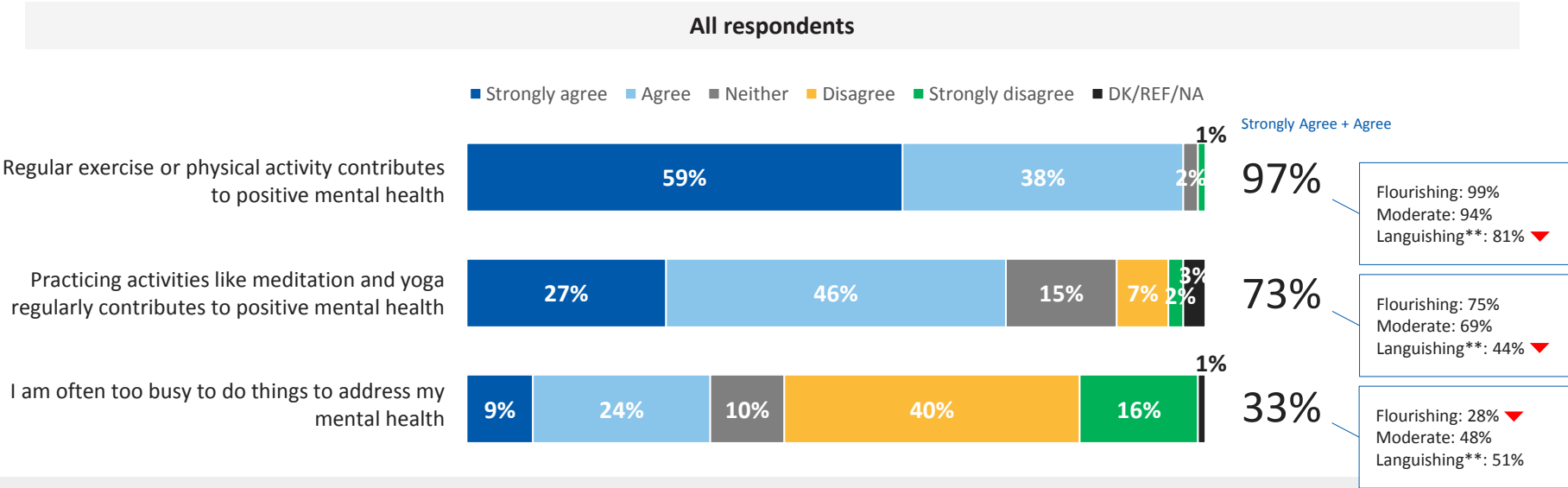
MENTAL HEALTH PROMOTION

Mental health promotion



While the vast majority of residents recognize that regular exercise or physical activity contributes to positive mental health, fewer understand the benefits of practicing activities like meditation and yoga. Women are more likely than men to agree that meditation and yoga contributes to positive mental health (79% vs 67%), as are those who are more educated (81% with university or higher compared to 64% with high school or less). There is no difference across age groups. However, those who are “moderate” or “languishing” are less likely to believe that exercise, and particularly yoga/meditation, can make a difference in boosting mental health.

One-third of residents say they are too often too busy to do things to address their mental health. This is significantly higher among those who are “moderate” or “languishing”.



Q14. Please tell me how much you agree or disagree with each of the following statements: Base: All respondents (n=802)

▼ ▲ Denotes significant difference from all other subgroups

** very small base n=20

F. MENTAL HEALTH LITERACY

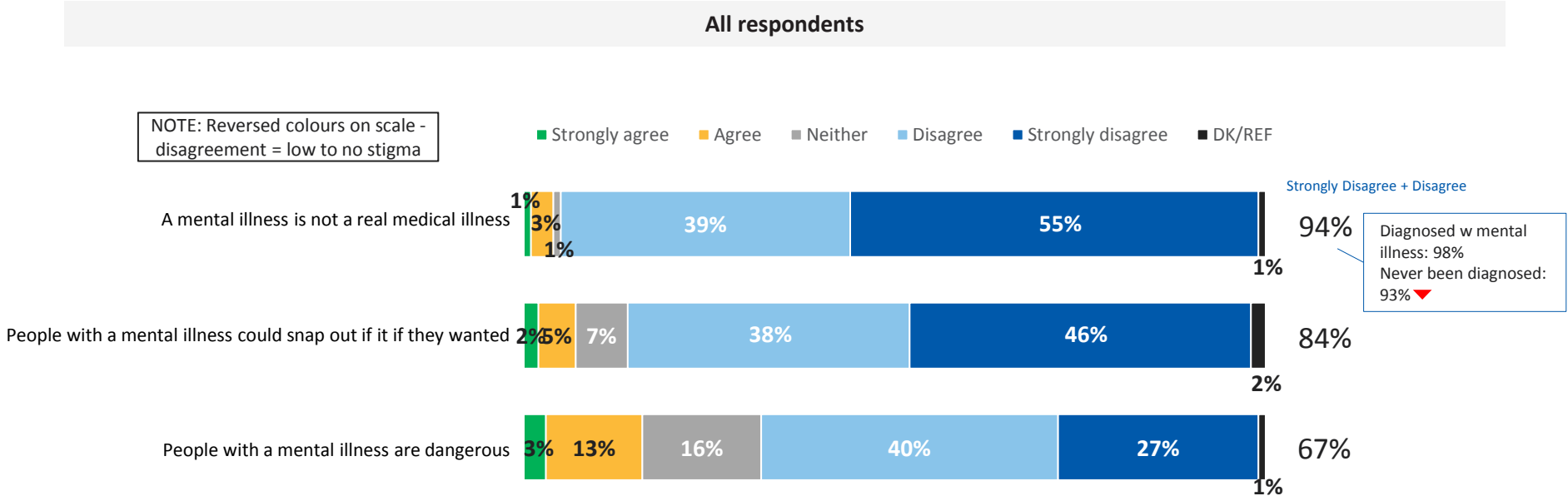
MENTAL ILLNESS STIGMA

Stigma about others with mental illness



The majority of residents (94%) recognize that mental illness is a real medical illness and disagree with the statement that people with mental illness could snap out of it if they wanted (84%). However, there is some uncertainty and stigma in thinking that people with mental illness are dangerous (16% neither agree nor disagree, and 16% agree with the statement).

There are no significant differences by the MHC-SF categories.



Q19. How much do you agree or disagree with: Base: All respondents (n=802)

Note: Items drawn from the Mental Health Literacy Scale (MHLS). Accessed on August 22, 2017: https://www.researchgate.net/publication/305776185_The_Mental_Health_Literacy_Scale_MHLS. Reference: O'Connor, M., & Casey, L. (2015). The mental health literacy scale (MHLS): A new scale-based measure of mental health literacy, *Psychiatry Research*.

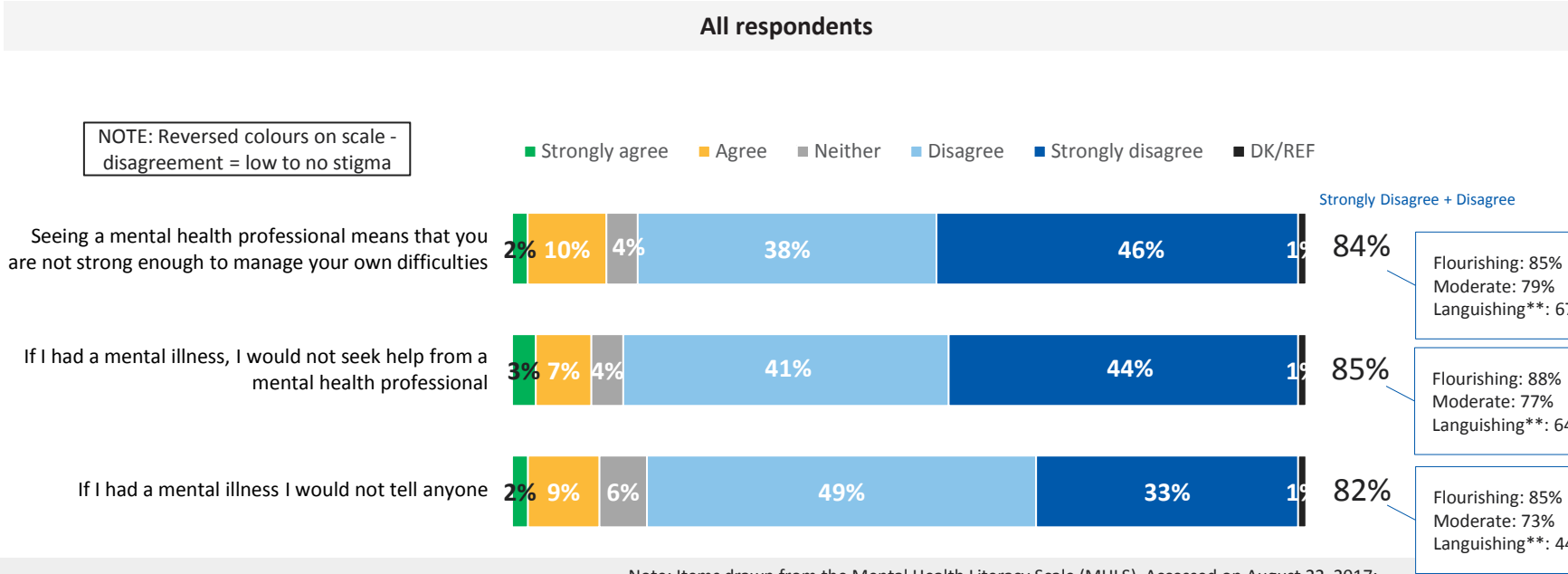


Stigma related to seeking help



When it comes to taking care of their own mental health, the majority (over 8 in 10) say they would talk to others and would seek help from a mental health professional. One in 10, however, still hold the view that seeking help from a mental health professional shows weakness, i.e. not strong enough to manage your own difficulties.

Those who are “languishing” are significantly less likely to disagree that they would not seek help or tell anyone, i.e. they are less likely to seek help for themselves. There are no significant differences in attitudes between those who have ever been diagnosed with a mental illness and those who have not.



Q19. How much do you agree or disagree with: Base: All respondents (n=802)

Note: Items drawn from the Mental Health Literacy Scale (MHLS). Accessed on August 22, 2017: https://www.researchgate.net/publication/305776185_The_Mental_Health_Literacy_Scale_MHLS. Reference: O'Connor, M., & Casey, L. (2015). The mental health literacy scale (MHLS): A new scale-based measure of mental health literacy, *Psychiatry Research*.

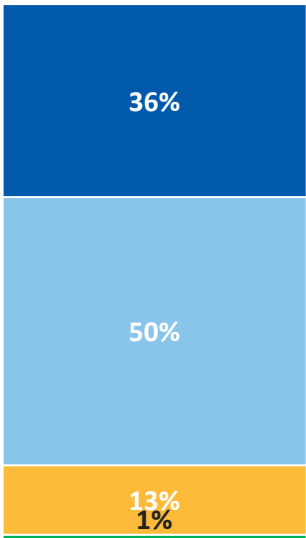
MENTAL ILLNESS STIGMA INDEX



Fourteen percent of the population score moderate to high on the mental health stigma index.

Men are more likely to score high, as are older residents and those living in rural areas.

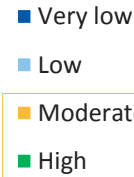
All respondents



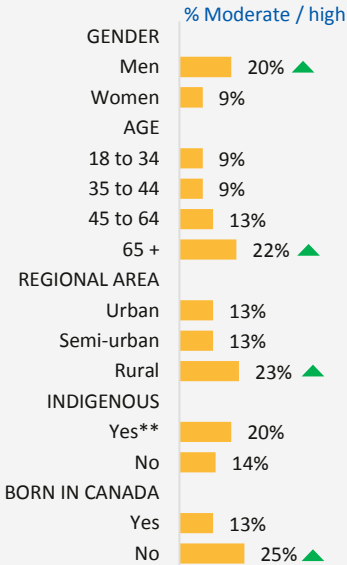
- Strongly disagree=1
- Disagree=2
- Neither=3
- Agree=4
- Strongly agree=5

Min score 6; max score 30.
Recalibrate down to 1 to 5.

INDEX SCORING:
Very low=5
Low=4
Moderate=3
High = 2 and 1



By demographics



Index includes 6 items from Q19 Base: All Respondents (n=802)

▲ Denotes significant difference from all other subgroups

** very small base n=42

G. MENTAL HEALTH AND THE WORKPLACE

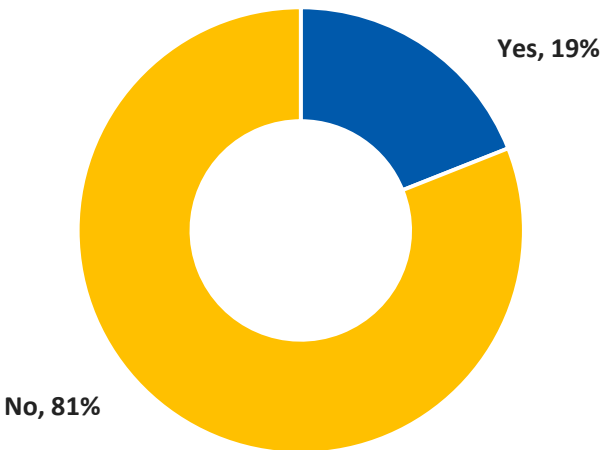
Incidence of employed who are diagnosed with mental illness



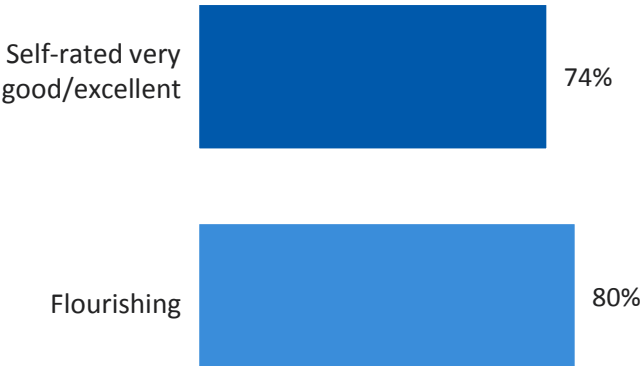
One in five of those employed FT/PT report having ever been diagnosed with a mental illness by a professional.
Eight in 10 of those employed are flourishing, and 2 in 10 are “moderate” or “languishing.”

Employed FT/PT

Diagnosed with mental illness or mental health condition



Self-rated positive mental health and “flourishing”



Q21. Have you ever been diagnosed with a mental health condition or mental illness by a health care professional? By a mental health condition or illness, we mean having chronic depression, bipolar, anxiety, psychotic, substance abuse, or personality disorders. Base: Employed FT/PT (n=450)

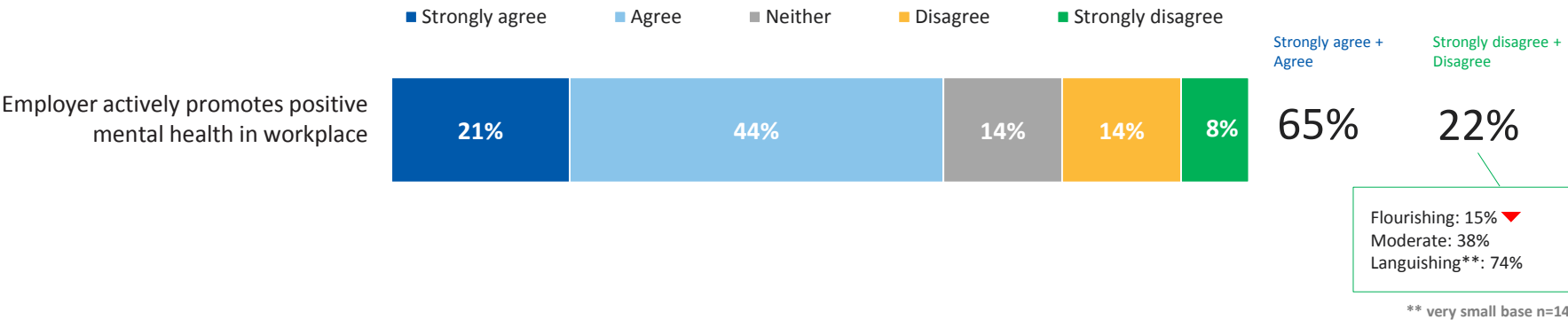
Employer promotes positive mental health



Two-thirds are employed in a workplace that promotes positive mental health, but 2 in 10 say this is not the case in their place of employment. Three-quarters of those who are “languishing” and 38% of those classified as “moderate” say their employer does not promote positive mental health in the workplace compared to 15% of those “flourishing.”

There are no significant differences by gender or age.

Respondents excluding NA

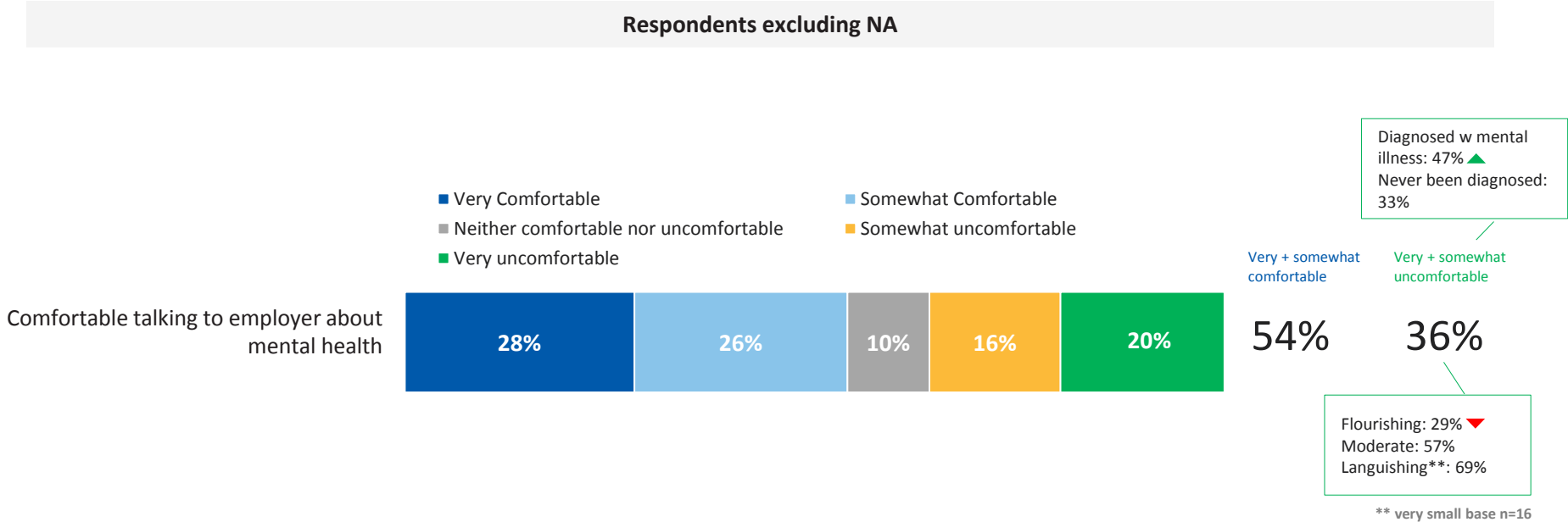


Level of comfort talking to employer about mental health



While over half of those employed (54%) say they are comfortable talking to their employer about mental health, one-third (36%) say they are not comfortable doing so.

Those who are “moderate” or “languishing” on the MHC-SF scale and those who have ever been diagnosed with a mental illness feel significantly less comfortable speaking to their employer about their mental health.



Q16. How comfortable would you say you are talking to your employer about your mental health: Base: Respondents (n=543), excludes DK/REF/NA.

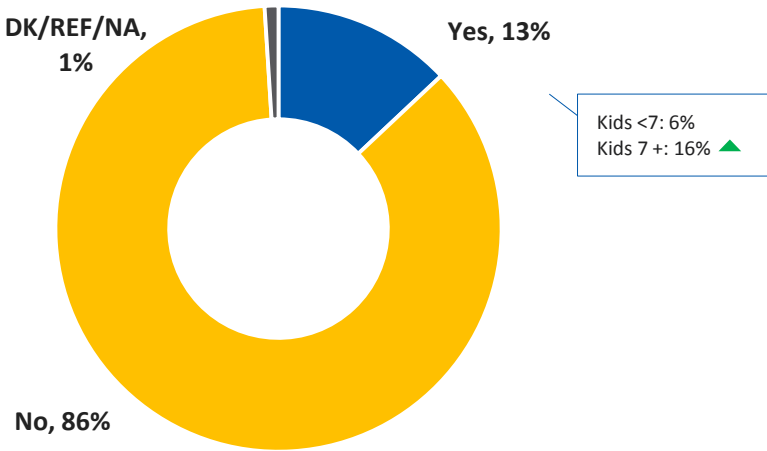
H. CHILDREN AND MENTAL HEALTH

Children diagnosed with mental health condition



Thirteen percent of parents report that their children have ever been diagnosed with a mental health condition or mental illness by a health care professional. Prevalence of children diagnosed with mental illness is higher among parents with children 7 and older.

Parents



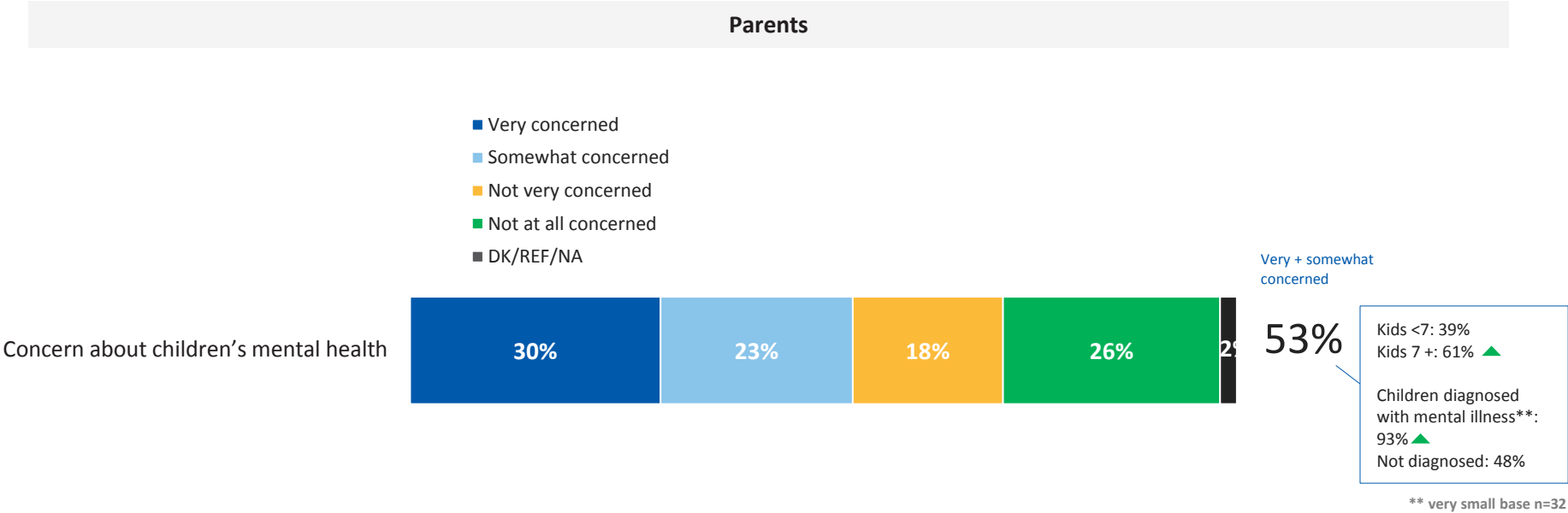
Q22. [HAS YOUR CHILD/HAVE ANY OF YOUR CHILDREN] ever been diagnosed with a mental health condition or mental illness by a health care professional?. Base: Parents of children 17 and under (n=229).

Concern about children’s mental health



Over half of parents say they are concerned about the mental health of their children. Parents with children 7 years or older are more likely to say they are concerned about their children’s mental health.

The majority of parents who have children diagnosed with mental illness (93%) express concern for their children’s mental health; half of parents whose children have never been diagnosed also say they are concerned.



Q18. How concerned are you, if at all, with the mental health of [YOUR CHILD/ANY ONE OF YOUR CHILDREN]? Base: Parents (n=229).

▲ Denotes significant difference from all other subgroups

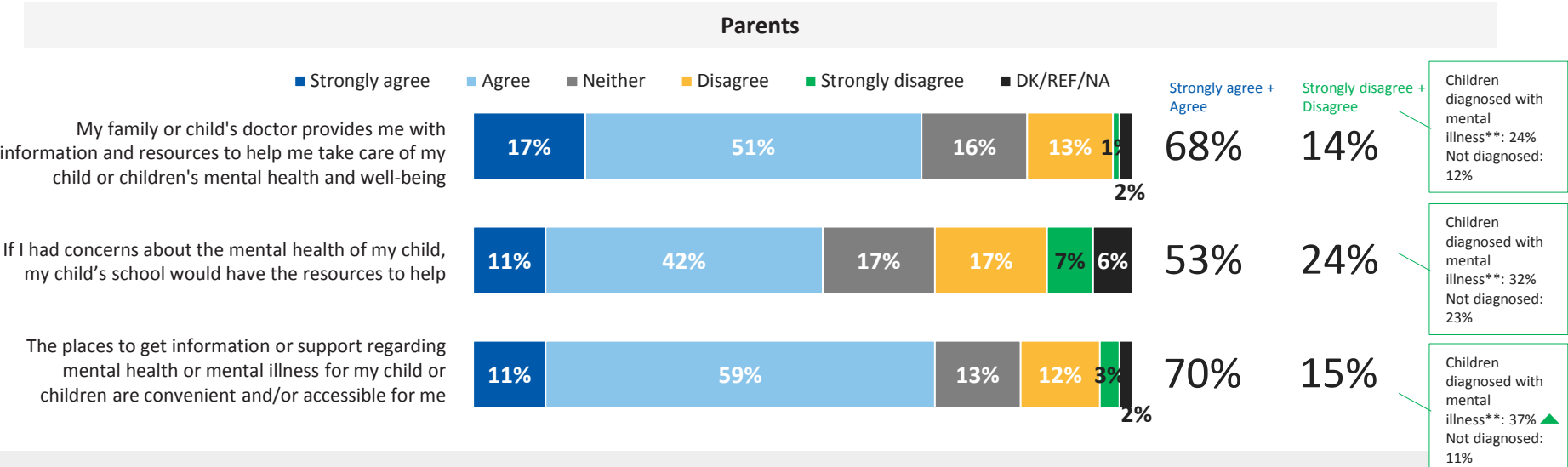
Children's mental health resources for parents



Seven in 10 parents say they have relatively easy access to resources for children's mental health and illness. The same proportion say their family/children's doctor provides them with information to help them take care of their children's mental health and well-being.

Fewer, however, say their children's school would have the resources to help if they had concerns about their children's health. Noteworthy is that a quarter of parents say their school is not prepared with resources (24% disagree), and a further quarter say they neither agree nor disagree or don't know.

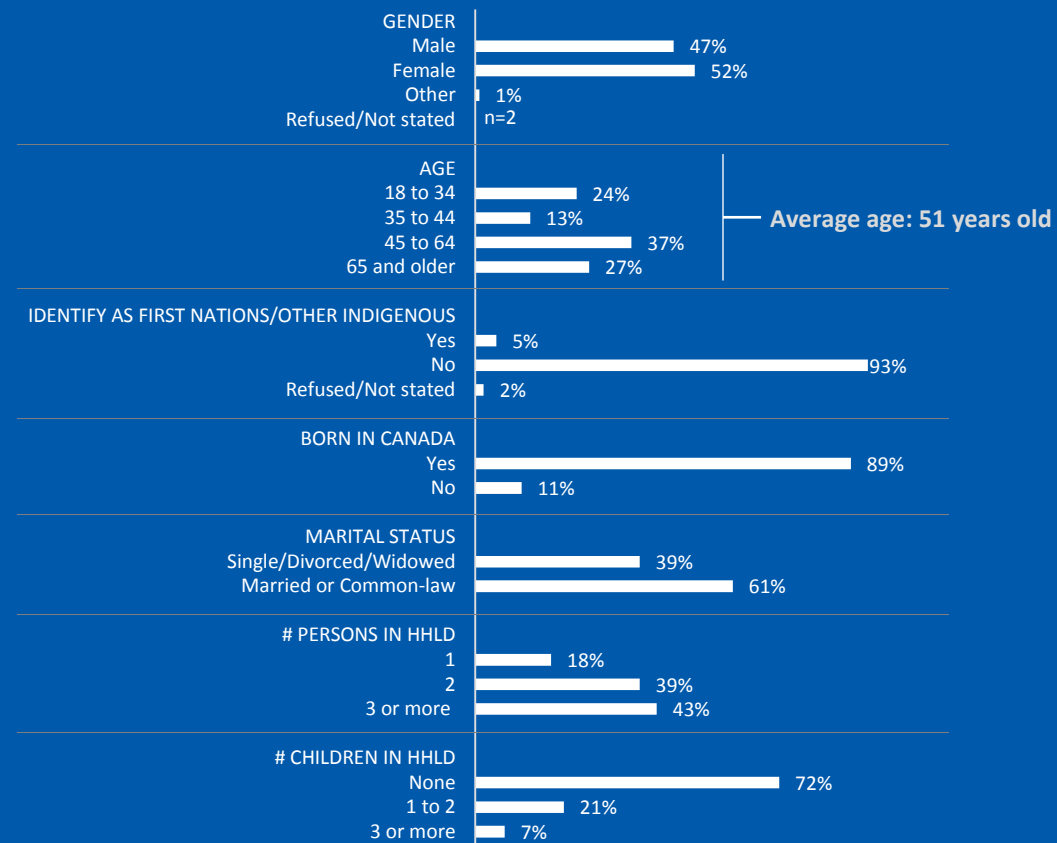
Parents with children diagnosed with a mental illness are significantly more likely to say they do not have access to resources that are convenient or accessible to them.



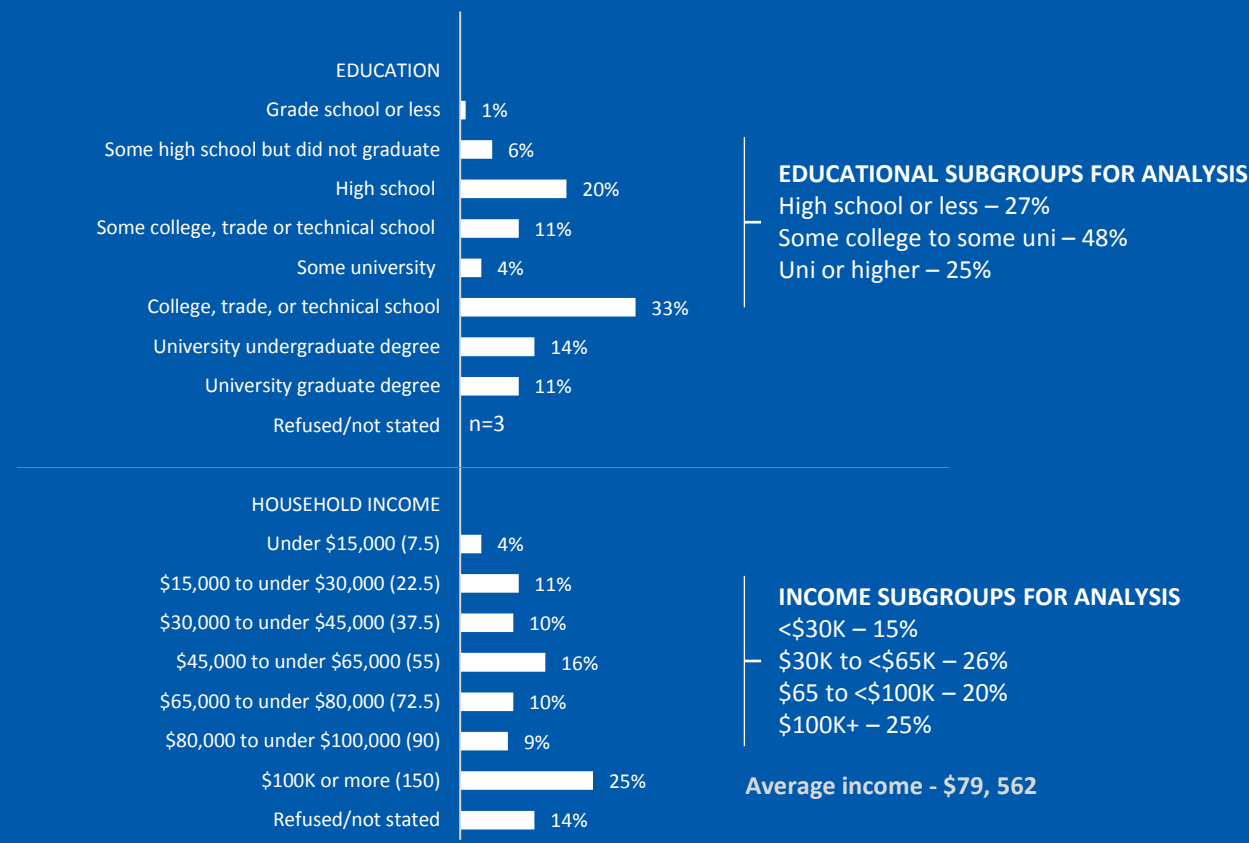
Q23. Please tell me how much you agree or disagree with each of the following statements (8). Q24. Thinking about mental health and your child or children, how much do you agree or disagree with each of the following statements: Base: All parents (n=229)

DEMOGRAPHIC PROFILE

DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

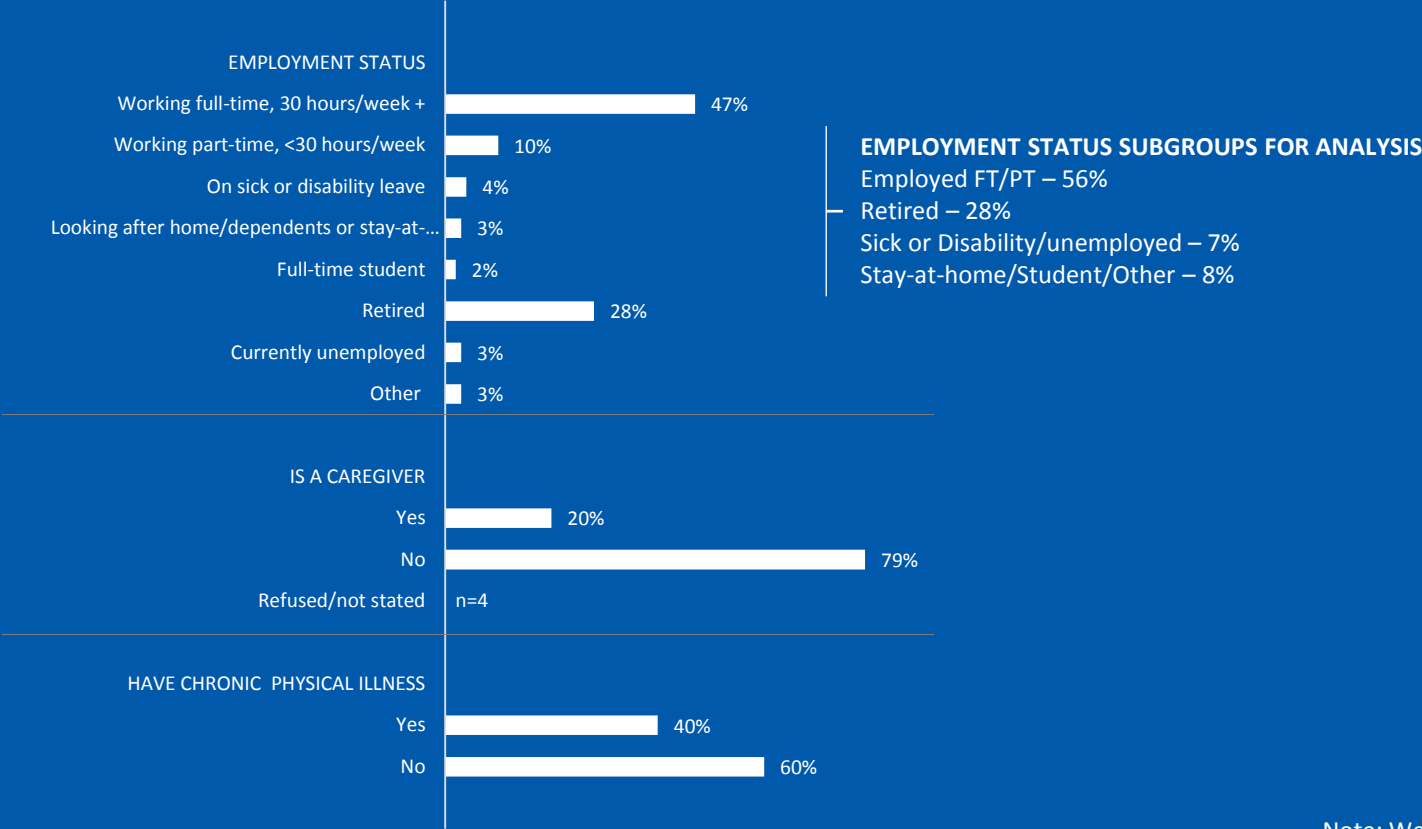


DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS



Note: Weighted proportions

DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS



DEMOGRAPHIC PROFILE by gender and age



		Total	Male	Female	18-34	35-44	45-64	65+
	<i>Unweighted base</i>	<i>(n=802)</i>	<i>(n=361)</i>	<i>(n=441)</i>	<i>(n=166)</i>	<i>(n=127)</i>	<i>(n=299)</i>	<i>(n=210)</i>
			C	D	E	F	G	H
GENDER	Male	47%	-	-	50%	48%	47%	46%
	Female	52%	-	-	51%	49%	48%	46%
	Other	1%	-	-	n=1	n=1	n=2	n=1
AGE	18 to 34	24%	25%	23%	-	-	-	-
	35 to 44	13%	13%	13%	-	-	-	-
	45 to 64	37%	37%	37%	-	-	-	-
	65 and older	27%	25%	28%	-	-	-	-
IDENTIFY AS BELONGING TO INDIGENOUS GROUP		5%	5%	5%	6%	3%	4%	7%
IMMIGRANT		11%	14%	9%	7%	8%	10%	19% ^{EFG}
MARITAL STATUS	Single/Divorced/Widowed	39%	36%	41%	65% ^{FGH}	27%	27%	39% ^{FG}
	Married or Common-law	61%	64%	59%	35%	73% ^{EH}	73% ^{EH}	61% ^E
PARENTS	Parents – yes	28%	28%	28%	37% ^{GH}	73% ^{EGH}	23% ^H	2%
REGIONAL AREA	Urban	60%	60%	60%	68% ^G	63%	54%	60%
	Semi Urban	30%	30%	30%	24%	30%	37% ^{EH}	26%
	Rural	10%	10%	10%	8%	7%	10%	14%
CAREGIVERS		20%	20%	21%	13%	12%	28% ^{EF}	21% ^F

Notes:

- Seniors subgroup skews immigrant vs. younger age groups – 19% are immigrants.
- 45 to 64 year old subgroup skews caregivers – 28% are caregivers.

REPORTING CONVENTION NOTE: When comparing data between sub-groups, a letter indicates that a result is significantly higher for this group when compared with the others.

DEMOGRAPHIC PROFILE by gender and age



		Total	Male	Female	18-34	35-44	45-64	65+
	Unweighted base	(n=802)	(n=361)	(n=441)	(n=166)	(n=127)	(n=299)	(n=210)
			C	D	E	F	G	H
CAREGIVERS		20%	20%	21%	13%	12%	28% ^{EF}	21% ^F
EDUCATION	HS<	27%	32% ^D	23%	29% ^F	10%	23% ^F	40% ^{EFG}
	Some college to some uni	48%	46%	49%	43%	64% ^{EGH}	53% ^{EH}	37%
	Uni +	25%	22%	27%	28%	26%	23%	23%
EMPLOYMENT	Employed (FT/PT)	56%	62% ^D	51%	76% ^{GH}	82% ^{GH}	65% ^H	14%
	Retired	28%	27%	30%	-	-	19% ^{EF}	81% ^{EFG}
	Sick or Disability/unemployed	7%	7%	7%	9% ^H	7% ^H	10% ^H	0
	Stay-at-home/Student/Other	8%	4%	12% ^C	15% ^{GH}	11% ^H	6%	4%
INCOME	<\$30K	15%	13%	17%	15%	12%	13%	19%
	\$30K-<\$65K	26%	25%	28%	32% ^G	22%	20%	32% ^{FG}
	\$65K-<\$100K	20%	23% ^D	16%	24%	18%	19%	17%
	\$100K+	25%	29% ^D	22%	22% ^H	40% ^{EH}	34% ^{EH}	9%
	Average income (excluding DK/REF)	\$79,600	\$83,900 ^D	\$75,100	\$73,400% ^H	\$94,300% ^{EH}	\$90,700% ^{EH}	\$60,100
HAVE CHRONIC PHYSICAL ILLNESS		40%	36%	43%	17%	32% ^E	45% ^{EF}	56% ^{EFG}

Notes:

- Seniors skew high school or less, but about one quarter have university level or higher education, similar to other age groups.
- Men are more likely than women to have high school education or less, to be employed, and to have a higher household income.
- Residents identifying as Indigenous earn significantly less per household: \$52,400 vs. \$81,470 non-Indigenous. They are also more likely to have high school or less education: 48% vs. 26% non-Indigenous.

REPORTING CONVENTION NOTE: When comparing data between sub-groups, a letter indicates that a result is significantly higher for this group when compared with the others.

APPENDIX A. COMPARISON WITH RESULTS FROM CHATHAM-KENT

Demographic profile – Lambton County vs. Chatham-Kent



Residents of Lambton County are more likely to live in an urban area compared to residents in Chatham-Kent.

Lambton County respondents in this sample are more likely to hold a university level education or higher, and to have, on average, a higher average household income.

		LAMBTON COUNTY	CHATHAM- KENT
		Total	Total
	Unweighted base	(n=802)	(n=548)
GENDER	Male	47%	47%
	Female	52%	52%
	Other	1%	n=1
AGE	18 to 34	24%	23%
	35 to 44	13%	13%
	45 to 64	37%	37%
	65 and older	27%	26%
IDENTIFY AS BELONGING TO INDIGENOUS GROUP		5%	8%
IMMIGRANT		11%	11%
MARITAL STATUS	Single/Divorced/Widowed	39%	40%
	Married or Common-law	61%	60%
PARENTS	Parents – yes	28%	28%
	Children <7	13%	17%
	Children 7 +	20%	25%
REGIONAL AREA	Urban	60%	53%
	Semi Urban	30%	17%
	Rural	10%	30%
CAREGIVERS		20%	21%

		LAMBTON COUNTY	CHATHAM- KENT
		Total	Total
	Unweighted base	(n=802)	(n=548)
EDUCATION	HS<	27%	39%
	Some college to some uni	48%	45%
	Uni +	25%	16%
EMPLOYMENT	Employed (FT/PT)	56%	53%
	Retired	28%	26%
	Sick or Disability/unemployed	7%	9%
	Stay-at-home/Student/Other	8%	12%
INCOME	<\$30K	17%	24%
	\$30K-<\$65K	31%	34%
	\$65K-<\$100K	23%	23%
	\$100K+	29%	19%
Average income (excluding DK/REF)		\$79,600	\$65,800
HAVE CHRONIC PHYSICAL ILLNESS		40%	40%

Comparison of results – Lambton County vs. Chatham-Kent



Item	Lambton	Chatham-Kent
<i>Full base</i>	<i>(n=802)</i>	<i>(n=548)</i>
Self-rated mental Health – <i>very good or excellent</i>	70%	69%
MHC-SF WELL-BEING INDEX - % <i>Flourishing</i>	76%	75%
RESILIENCY INDEX – score <i>High</i>	90% ▲	86%
AFFECTED BY MENTAL HEALTH SUMMARY – <i>yes to one or both: taken a medication; taken time off work or school</i>	24%	29% ▲
MENTAL HEALTH STIGMA INDEX – score <i>Moderate and High stigma</i>	14%	16%
% report mental health condition/illness	21%	23%
Item	Lambton	Chatham-Kent
<i>Full base</i>	<i>(n=802)</i>	<i>(n=548)</i>
Interaction with Health Care Professionals		
Level of comfort in speaking with primary care provider (among those with PCP) - % <i>very and somewhat comfortable</i>	84%	87%
Primary care provider asks about mental health and well-being (among those with PCP) - % <i>strongly and somewhat agree</i>	53%	54%
My family doctor provides me with information and resources to help me take care of my mental health and well-being (Rebased to all respondents) - % <i>strongly and somewhat agree</i>	61%	65%
Talked with family doctor about mental health in past year - % <i>yes</i>	27%	29%
Talked with mental health specialist in past year - % <i>yes</i>	17%	18%
Support from family		
Talked with friends or family about mental health in past year - % <i>yes</i>	46%	47%
Talked with your child or children about your mental health (among parents) - % <i>yes</i>	30%	26%

▲ Denotes significant difference from all other subgroups

Comparison of results – Lambton County vs. Chatham-Kent



Item	Lambton (n=802)	Chatham-Kent (n=548)
<i>Full base</i>		
Access to Resources - % strongly agree and agree		
I am confident that I know where to seek information about mental health or mental illness	85%	89% ▲
I am confident using the internet to search for information about mental health or mental illness	71%	71%
The places to get information or support regarding mental health or mental illness are convenient and/or accessible for me	73%	74%
I have the money to comfortably cover any expenses associated with things I might need to do regarding mental health or mental illness (excluding REF)	55% ▲	49%

Item	Lambton (n=802)	Chatham-Kent (n=548)
<i>Full base</i>		
- % strongly agree and agree		
Regular exercise or physical activity contributes to positive mental health	97% ▲	95%
Practicing activities like meditation and yoga regularly contributes to positive mental health	73%	73%
I am often too busy to do things to address my mental health	33%	40% ▲

▼ ▲ Denotes significant difference from all other subgroups

Comparison of results – Lambton County vs. Chatham-Kent



Item	Lambton	Chatham-Kent
<i>Among those employed FT/PT (excluding NA – bases vary by question)</i>		
Level of comfort in speaking with employer - % <i>very and somewhat</i>	54%	55%
Employer promotes positive mental health - % <i>strongly agree and agree</i>	65%	63%

Question item	Lambton	Chatham-Kent
<i>Base: Parents</i>	<i>(n=229)</i>	<i>(n=160)</i>
Concern about children's mental health - % <i>very and somewhat concerned</i>	53%	48%
Children diagnosed with mental health condition - % <i>yes</i>	13%	15%
- % <i>strongly agree and agree</i>		
If I had concerns about the mental health of my child, my child's school would have the resources to help	53%	55%
My family or child's doctor provides me with information and resources to help me take care of my child or children's mental health and well-being	68%	64%
The places to get information or support regarding mental health or mental illness for my child or children are convenient and/or accessible for me	70%	74%

▼ ▲ Denotes significant difference from all other subgroups

APPENDIX B. COMPARATOR RESULTS

Sources for comparator data

To provide context to the findings and data for key indicators, we compared results with provincial and national estimates. Note that these comparators should not necessarily be taken as direct comparisons. Factors such as mode (phone vs. online, landline only vs. landline/cell), timing and timeframe across various studies can have an impact on the direct comparability of results. The following is a list of comparators per indicator:

1. **Self-rated mental health:** *Canadian Community Health Survey 2012; Ipsos Mental Health Check-up (Canadians 18+ online) 2015, 2016, and 2017.*
2. **Emotional well-being:** *Canadian Community Health Survey 2012*
3. **MHC-SF SCALE:** Statistics Canada. *Table 1. Percentage reporting flourishing mental health, by chronic pain and selected characteristics, household population aged 18 or older, Canada, 2011/2012.*
4. **Reported mental illness:** CAMH website. *Mental Illness and Addictions: Facts and Statistics.*
5. **Impacted by mental health (2 items):** *Ipsos Mental Health Check-up 2017.*
6. **Mental illness stigma (6 items):** Ontarians using Ipsos' online OMNI (18+) (n=800) in field June 19 to 21, 2017. The credibility interval on a sample of this size is +/- 3.1 percentage points, 19 times out of 20, had all Canadian adults been surveyed. The precision of Ipsos online surveys is measured using a credibility interval. This is similar to standard confidence limits assigned to traditional phone and other surveys, but has been tailored for online surveys.
7. **Mental health literacy (6 items):** Ontarians using Ipsos' online OMNI (n=800).
8. **Employer promotes of positive mental health:** Ontarians using Ipsos' OMNI (n=800).
9. **School resources for mental health:** Ontarians using Ipsos' online OMNI (n=800).

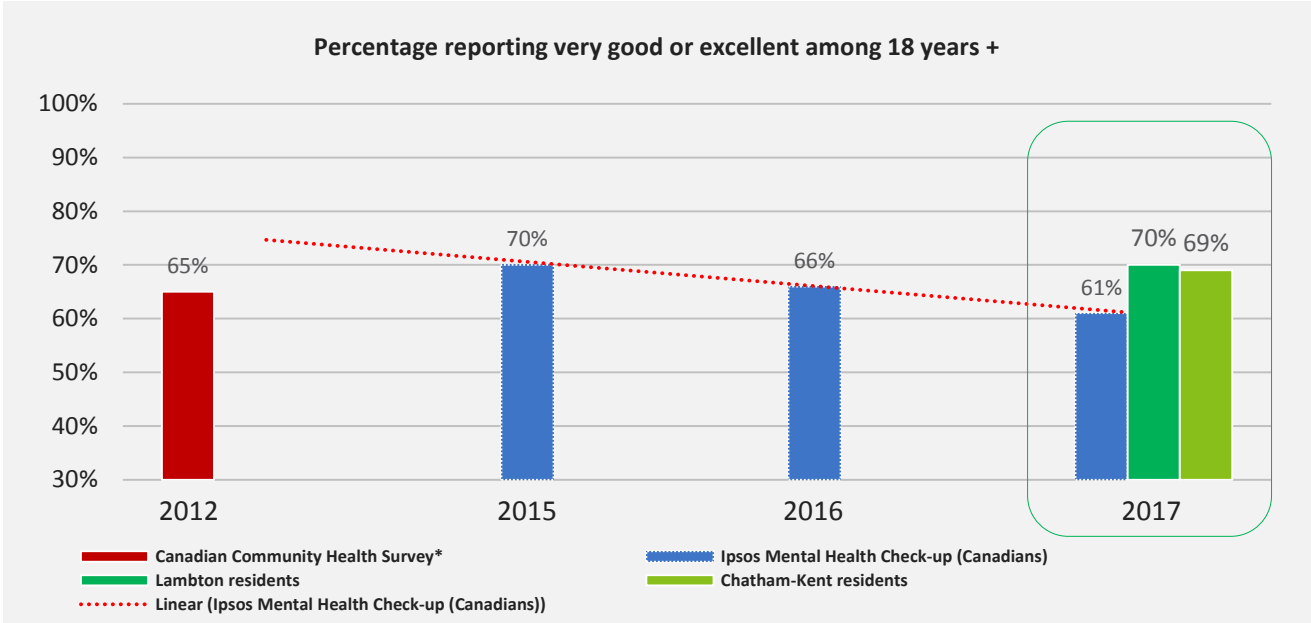
Self-rated mental health: comparable data



Self-reported mental health in the communities of Lambton County and Chatham-Kent is significantly higher than among Canadians, with about 7 in 10 residents reporting positive mental health versus 6 in 10 Canadians (*Ipsos Mental Health Check-up 2017 – Canadians 18+*).

Note that there has been a decrease in the proportion of Canadians reporting their mental health as very good or excellent from 70% in 2015 to 61% in 2017 in *Ipsos' Mental Health Check-up Study*.

The Canadian Community Health Survey data among Canadians 18 and older shows that 65% reported positive health in 2012.



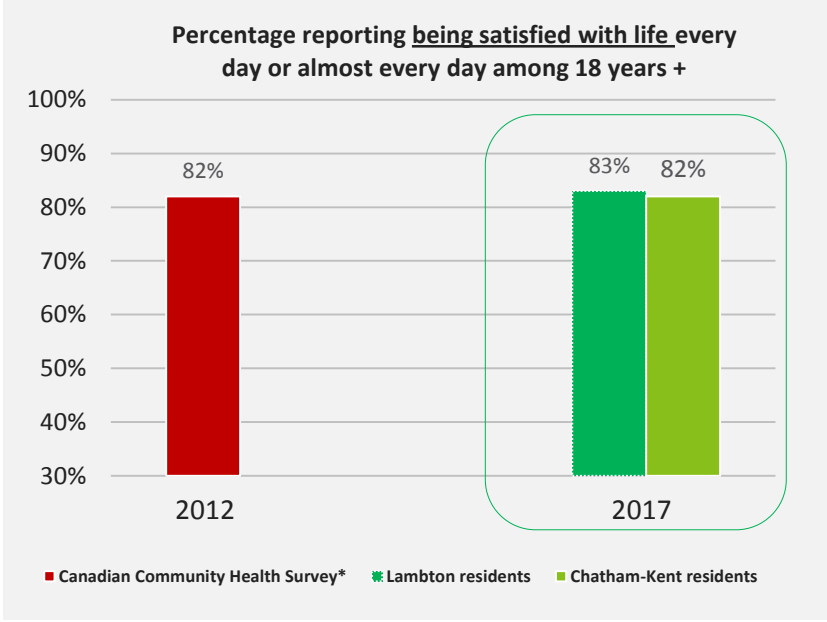
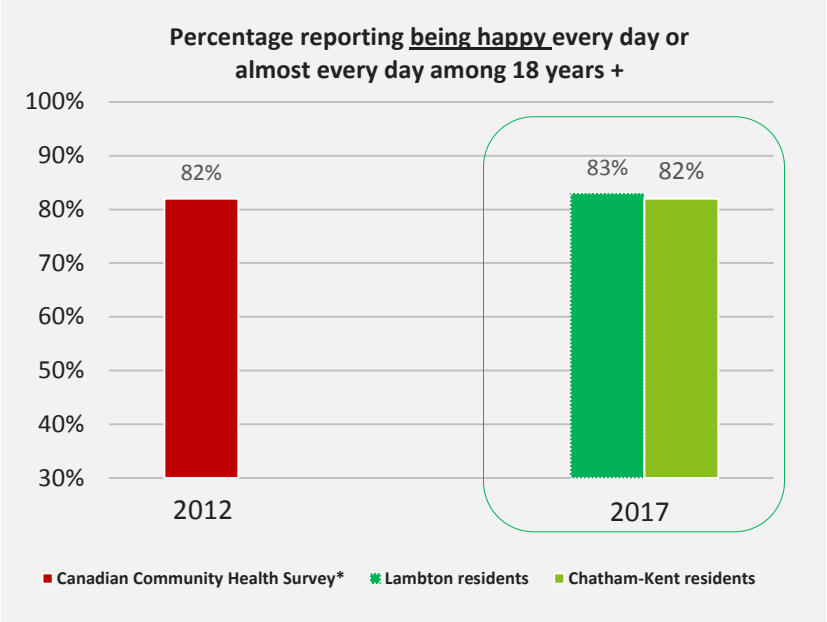
Lambton - Base: All respondents (n=802).
Chatham-Kent - Base: All respondents (n=548).
Ipsos Mental Health Check-up 2015, 2016, 2017 – Base: General population (n=1000)

*POSITIVE MENTAL HEALTH SURVEILLANCE INDICATOR FRAMEWORK QUICK STATS, ADULTS (18 YEARS OF AGE AND OLDER), CANADA, 2016 EDITION for CCHS data.
<http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/36-1/assets/pdf/ar-02-eng.pdf>

Emotional well-being: comparable data



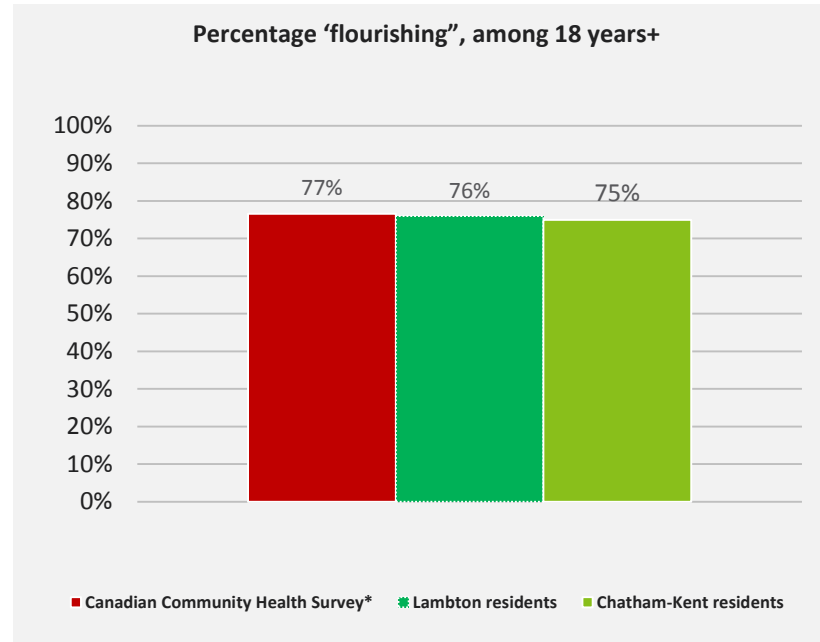
The proportion of Lambton County and Chatham-Kent residents that report positive emotional well-being is the same across both communities. This is consistent with the results from the CCHS (2012).



MHC-SF scale: comparable data



Three-quarters of Lambton County and Chatham-Kent community residents are "flourishing." This is similar to the national average (77% flourishing) in the 2012 Canadian Community Health Survey.

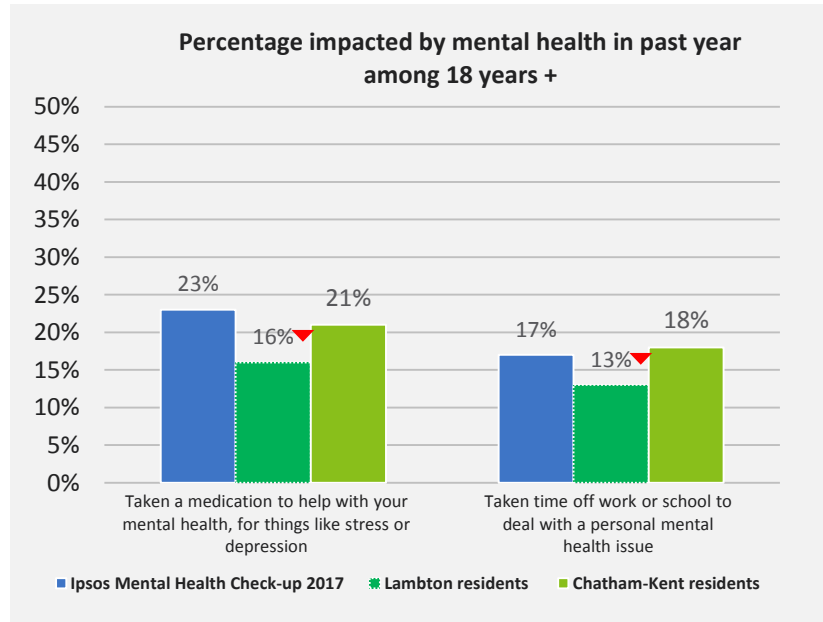
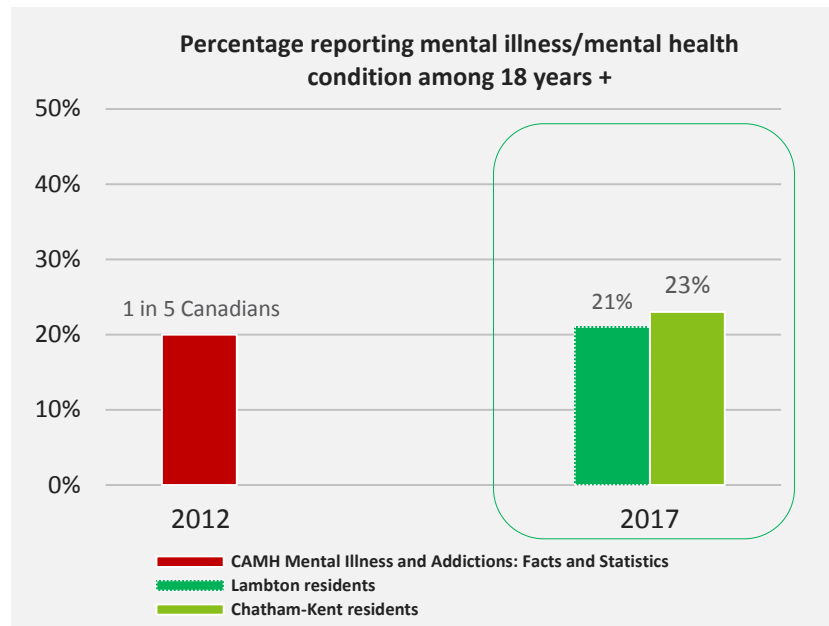


Reported mental illness and impacted by mental health: comparable data



Roughly one in five Lambton County and Chatham-Kent residents report that they have even been diagnosed with a mental illness or a mental health condition. This is consistent with the prevalence of mental illness among Canadians in any given year as one in five, as reported by CAMH.

In comparison to the Canadian population (*Ipsos' Mental Health Check-up 2017*) and to residents of Chatham-Kent, Lambton County residents are less likely to report that they have been impacted by mental health issues in the past year, i.e. taken medication or taken time off work or school.



Lambton - Base: All respondents (n=802).

Chatham-Kent - Base: All respondents (n=548).

Ipsos Mental Health Check-up 2017 – Base: General population (n=1000)

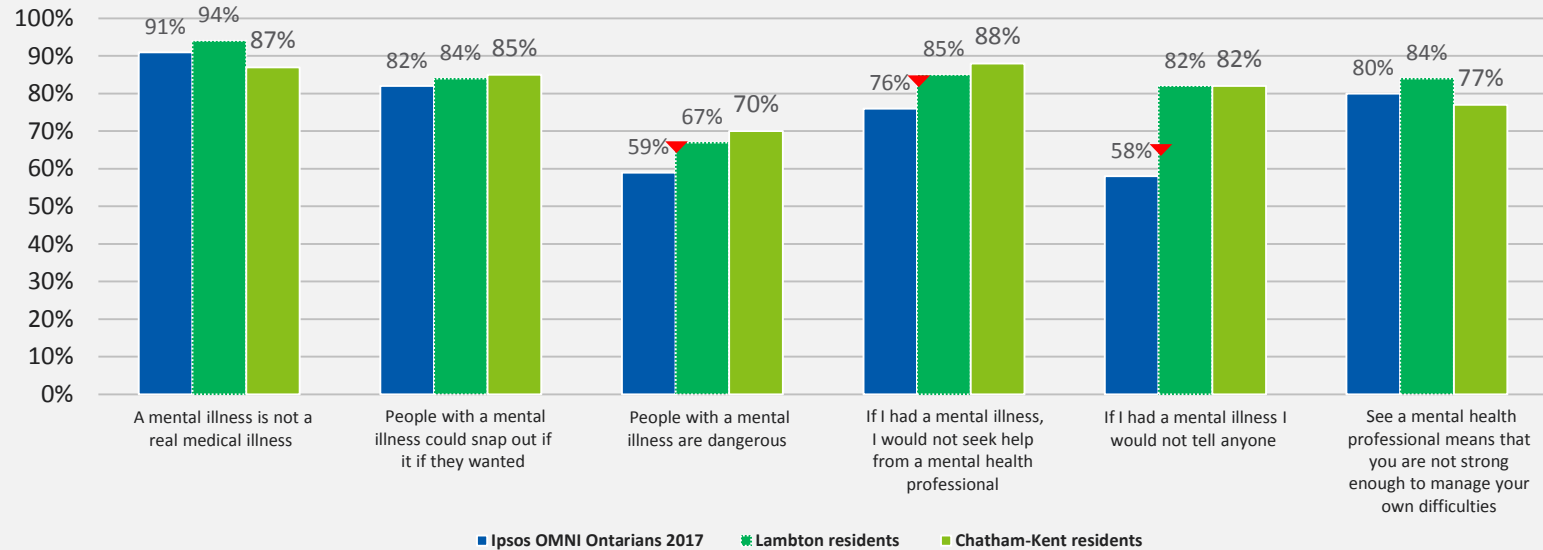
*General comparison indicating prevalence of mental illness in the population. CAMH. Mental Illness and Addictions: Facts and Statistics: "In any given year, 1 in 5 Canadians experiences a mental health or addiction problem".
http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx.
Retrieved on August 8, 2017.

Mental illness stigma: comparable data



In the battery of items about mental illness, the majority of Lambton County and Chatham-Kent residents disagreed with the following statements about mental illness: that mental illness is not a real medical illness; that people with mental illness could snap out of it if they wanted; and that seeing a mental health professional means that you are not strong enough to manage your own difficulties. This is consistent with how Ontarians perceive mental illness. However, there are significant differences in responses to other statements about mental illness stigma. Residents in the two communities are significantly more likely to disagree that people with mental illness are dangerous, and that they would not seek help or would not tell anyone, i.e. they would seek help.

Percentage who disagree with each statement – strongly or somewhat disagree



Lambton - Base: All respondents (n=802).

Chatham-Kent - Base: All respondents (n=548).

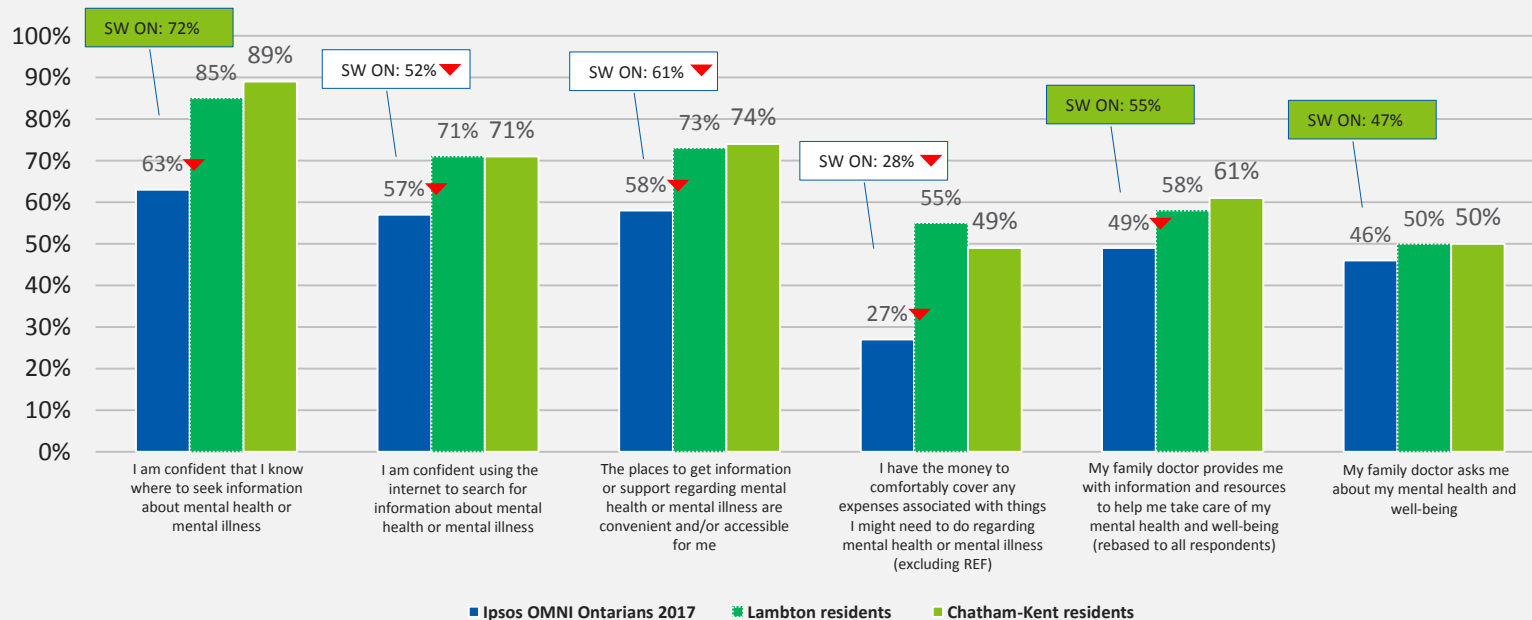
Ipsos online OMNI Ontarians – Base: representative sample of Ontarians (n=800)

Mental health literacy: comparable data



A majority of Lambton County and Chatham-Kent 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. This is significantly higher than the proportion of Ontarians who say the same. They are also more likely to say they have the money to comfortably cover any expenses associated with things they might need to do regarding mental health or mental illness. However, there is little to no difference between the communities and residents of Southwestern Ontario overall in terms interactions with the family doctor regarding mental health.

Percentage who agree with each statement – strongly or somewhat agree



Lambton - Base: All respondents (n=802).

Chatham-Kent - Base: All respondents (n=548).

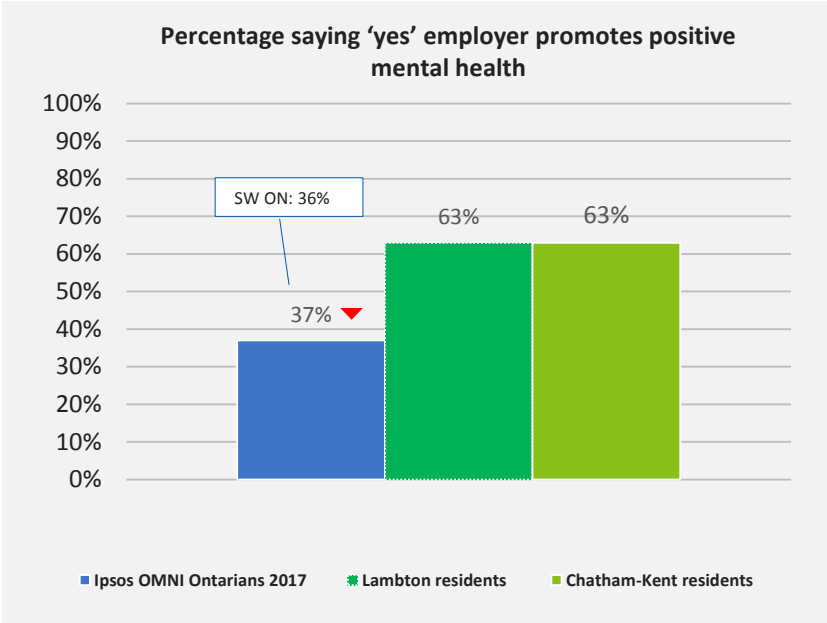
Ipsos online OMNI Ontarians – Base: representative sample of Ontarians (n=800); Southwest Ontarians (n=219).

Reader's note: SW ON boxes highlighted in green show no significant differences from Lambton County (LC) and Chatham-Kent (C-K) results. Red arrows indicate significant differences between SW ON results and LC and C-K.

Employer promotes of positive mental health: comparable data



Two-thirds of Lambton County and Chatham-Kent residents say their employer promotes positive mental health in the workplace. The proportion of Ontarians and residents of Southwestern Ontario who say the same is significantly lower.

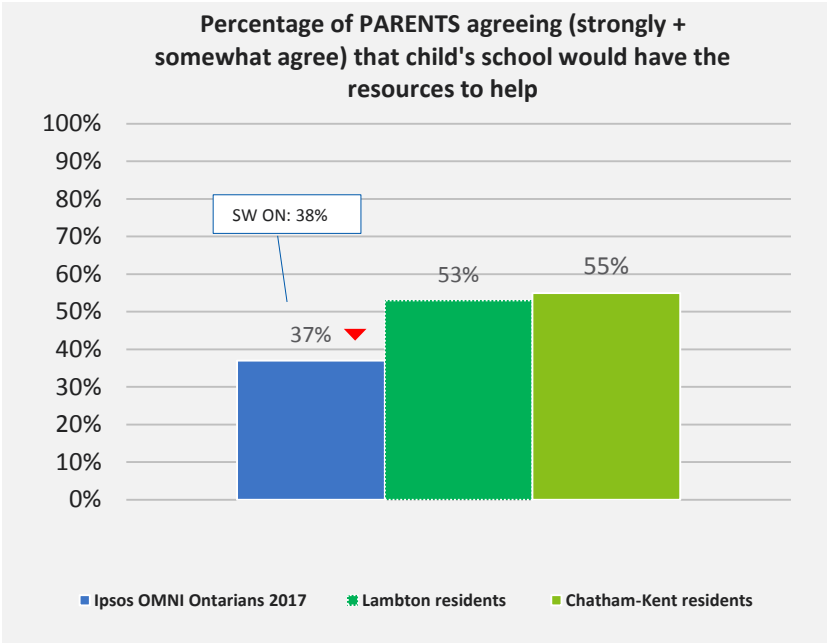


Lambton - Base: Respondents excluding NA (n=574).
Chatham-Kent - Base: Respondents excluding NA (n=382).
Ipsos online OMNI Ontarians – Base: Ontarians excluding NA (n=625); Southwest Ontarians (n=163)

School resources for mental health: comparable data



Just over half of Lambton County and Chatham-Kent parents say their children’s school would have the resources to help if they had concerns about their children’s mental health. The proportion of Ontarians and residents in Southwestern Ontario who report the same is significantly lower.



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