



What is Mental Health and Mental Illness?

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.^[1]

Mental illness is a recognized, medically diagnosable illness that results in the significant impairment of an individual's cognitive, affective or relational abilities. Mental disorders result from biological, developmental and/or psychosocial factors and can be managed using approaches comparable to those applied to physical disease (i.e., prevention, diagnosis, treatment and rehabilitation).^[2]

Although the terms are often used interchangeably, mental health and mental illness is not the same thing; but they are also not mutually exclusive. A fundamental difference between mental health and mental illness is that everyone has some level of mental health all of the time, just like physical health, whereas it is possible to be without mental illness. Mental illness is extremely prevalent in Canada and around the world. However, the main burden of illness is concentrated in a much smaller proportion — about 6 percent, or one in 17, who suffer from a serious mental illness.^[3] Figure 2, shown to the right, is adapted from *Mental Health for Canadians: Striking a Balance*. It illustrates how mental health and mental illness are found on two separate continuums. Optimal mental health, often referred to as mental well-being or mental wellness, is at one end of the continuum, while poor mental health, also referred to as languishing, is at the other end. On the horizontal axis, having a serious mental illness is at one end of the continuum, while having no symptoms of a mental illness is at the other end. Ultimately, this means that someone can be mentally healthy with a mental illness and that someone can have poor mental health without a mental illness.^[4]

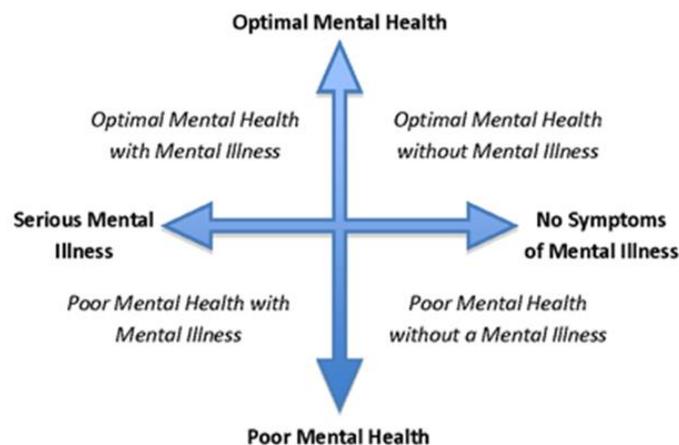


Figure 1: The Mental Health/Illness Continuum

Despite poor mental health *not* defined as an illness, having poor mental health is associated with emotional distress and psychosocial impairment comparable to that of a major depressive episode.^[5] The effects of poor mental health are both severe and prevalent, with poor mental health being more common than depression.

The three most significant determinants of mental health are:[\[6\]](#)

- social inclusion;
- freedom from discrimination and violence;
- access to economic resources.

These factors are inextricably intertwined with employment. As workplaces develop mental health promotion programs, these determinants must be addressed in the programming.

Mental health is not static

It is important to remember that mental health and mental illness are not static; they change over time depending on many factors. Some of the factors that influence mental health include: levels of personal and workplace stress; lifestyle and health behaviours; exposure to trauma; and genetics. When the demands placed on any individual exceed their resources and coping abilities, their mental health will be negatively affected. Two examples of common demands that have the ability to wear away at people are: i) working long hours under difficult circumstances, and ii) caring for a chronically ill relative. Economic hardship, unemployment, underemployment and poverty also have the potential to undermine mental health. In fact, three out of 10 Canadian employees report that their work environments are not psychologically safe or healthy.[\[7\]](#)

Types of mental illnesses

There are many different types of mental illnesses, just as there are many types of physical illness. Some of the defining characteristics of a mental illness are:

- that it is a recognized, medically diagnosable illness;
- that it can cause significant cognitive, affective, or relational impairment;
- that it results from biological, developmental and/or psychosocial factors;
- that it can be managed using physical disease approaches (i.e. prevention, diagnosis, treatment and rehabilitation).

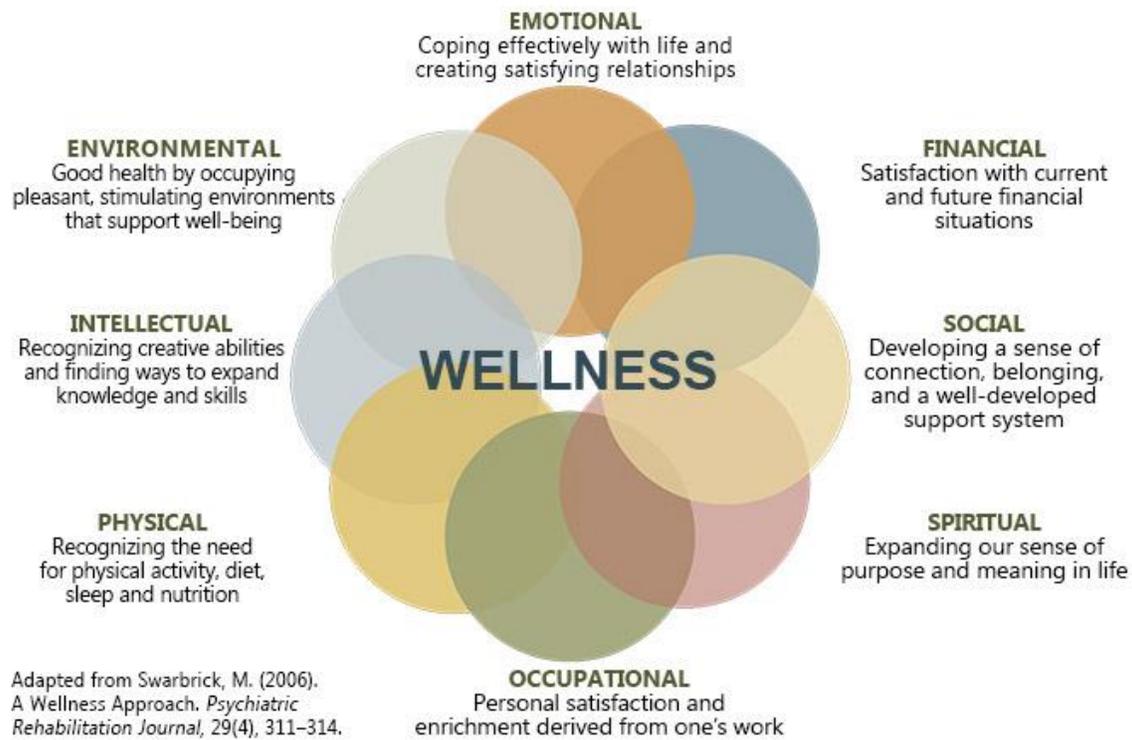
Research on mental illness is evolving. As time passes, more mental illnesses are being discovered and diagnosed. Some of the more common and well researched mental illnesses, by category of illness, include:

If you are concerned that you or someone you know may have an undiagnosed mental illness, encourage them to visit a doctor or health professional or go to www.checkupfromtheneckup.ca.

- **Mood disorders (affective disorders):** Depression, mania and bipolar
- **Anxiety disorders:** Generalized anxiety disorder, post-traumatic stress disorder, obsessive-compulsive disorder, panic disorder
- **Psychotic disorders:** schizophrenia
- **Concurrent disorders:** addictions and substance abuse
- **Personality disorders:** antisocial personality disorder, obsessive-compulsive personality disorder

Mental illness is much like diabetes, heart disease and a broken leg — one can live with it and recover from it. Recovery is not an end state; it does not mean that the individual no longer has depression, schizophrenia or another mental

illness. Recovery means that the person has stabilized and regained their role in society.[8] Learning more about mental health and mental illness is a crucial step in dispelling stigma, stopping prejudice and promoting early identification and effective treatment.



[1] World Health Organization [WHO]. "Strengthening mental health promotion (Fact Sheet No. 220.)," www.who.int/mediacentre/factsheets/fs220/en (accessed January 6, 2010).

[2] Jake Epp, "Mental health for Canadians: Striking a balance," *Health & Welfare Canada* (1988) quoted in Kathy GermAnn and Paola Ardiles, *Toward Flourishing for All... Mental Health Promotion and Mental Illness Prevention Policy Background Paper*. (2009) 82.

[3] R.C. Kessler, et al., "Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R)," *Archives of General Psychiatry* 62 (2005): 617.[4] Jake Epp, "Mental health for Canadians: Striking a balance," *Health & Welfare Canada* (1988).

[5] Corey Keyes, "Complete mental health: An agenda for the 21st century," (2003): 293 quoted in C. Keyes & J. Haidt *Flourishing. Positive psychology and the life well-lived* (Washington: American Psychological Association, 2003).

[6] Helen Keleher and Rebecca Armstrong, "Evidence based mental health promotion resource," Melbourne, Dept. of Human Services, (2006). www.health.vic.gov.au/healthpromotion/downloads/mental_health_resource.pdf (accessed January 6, 2010).

[7] Edelman Wyeth, "Beyond Emotion: Depression Creates Disconnect for Canadians at Home, with Friends and in the Workplace," (2009)<http://www.mooddisorderscanada.ca/documents/Publications/Depression%20Survey%20Release%20Beyond%20Emotion%20ENG%20July6.09.pdf>(accessed January 6, 2010).

[8] Government of Ontario, "Every Door is the Right Door. Towards a 10-year Mental Health and Addictions Strategy: A discussion paper," (2009) http://www.health.gov.on.ca/english/public/program/mentalhealth/minister_advisgroup/pdf/discussion_paper.pdf(accessed January 6, 2010).

(This resource was downloaded September 2015 from: <http://wmhp.cmhaontario.ca/workplace-mental-health-core-concepts-issues/what-is-mental-health-and-mental-illness>. The Wellness image at the end is from: <http://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness>)