

An Environmental Scan of Current Research on Mental Well-Being on Prince Edward Island

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List of Definitions

Affective Well-Being: A component of mental well-being that refers to the frequency at which a person experiences both positive and negative emotions.

Cognitive Well-Being: A component of mental well-being that describes a person's overall satisfaction with life.

Food Insecurity: a diet where there is not enough food or not enough healthy food.

Grey Literature: Materials and literature published outside of traditional commercial and academic publishing channels, including policy documents, white papers, reports, government documents, and news articles.

Healthcare Provider: All service delivery professionals working in the healthcare system including physicians, nurses, counsellors, psychiatrists, physiotherapists, etc.

Health Inequity: Differences in health outcomes that are systemic, unfair, and avoidable.

High-Risk Drinking: Consuming five or more alcoholic beverages on a single occasion.

Life Satisfaction: A key cognitive component of mental well-being that describes an evaluation of one's perceived quality of life.

Material Deprivation: The inability to obtain goods and services that are a part of modern life.

Material and Social Deprivation Index: A marker of inequalities and a socio-economic proxy at the neighbourhood level. It is made up of six socio-economic indicators: 1) the proportion of people with no high school diploma or certificate; 2) the ratio of employment to population; 3) average personal income; 4) proportion of people separated, divorced or widowed; 5) proportion of people living alone; and 6) proportion of single-parent families. Quintile 1 represents the most privileged individuals and quintile 5 represents the most deprived individuals.

Overdose Prevention Site: a federally approved service that provides a safer, supervised environment for people to consume preobtained substances, and receive medical assistance from trained staff should a person experience an overdose.

Poverty Line: For the purpose of this document, the poverty line is defined as a gross annual income under \$15,000.

Social Deprivation: Related to available social capital and includes the types, quality, and intensity of available social interactions.

Social Determinants of Health: Various social factors that shape the conditions in which people, families, and communities live, work, learn, and play and impact the collective health of a population.

Socio-economic Factors: A combination of income, education, and occupation that contribute to socioeconomic status.

Introduction

Purpose

The current report is an environmental scan of recent research focused on the mental well-being of Prince Edward Island residents. The purpose of the environmental scan is to determine the scope of mental well-being research and analyses on Prince Edward Island and to identify existing gaps in research, analyses, and programming. The environmental scan will inform discussions at a Research Forum to be hosted in Charlottetown in September 2023. The environmental scan will answer the following question:

1. What is the current landscape of mental well-being research on PEI?

Using this Document

This document is intended to be used by researchers, policy makers, and community service providers to inform strategic research planning discussions. It should be treated as a guiding summary of evolving data and information rather than an exhaustive list of existing research and analyses.

What is Mental Well-Being?

Mental well-being is a multidimensional concept that is influenced by several socioeconomic and personal factors. Socioeconomic factors, such as housing, employment, gender, race, and sexuality, shape our identities, the environment we live in, and how we interact with it. These factors are closely related to our subjective senses of belonging and connection to community. Because of the complex and often personal nature of mental well-being, it is difficult, if not impossible, to find a single definition of mental well-being that would be representative of all residents of PEI. For this environmental scan, mental well-being will be defined as:

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.

- World Health Organization, 2022

Methodology

The environmental scan consisted of a review of peer-reviewed and grey literature on mental well-being in PEI that was conducted from June-July 2023. The literature retrieved for the environmental scan is not an exhaustive list of all mental well-being research and analyses on PEI, but rather a snapshot of available and recent information that was found by the research team during this timeframe.

Inclusion Criteria

Studies were included for full-text screening if they were published between 2016-2023, were written in English, had a primary focus on mental well-being, and had residents of Prince Edward Island as their population of interest. Exclusion criteria included studies that were not primarily focused on mental well-being, were published before 2016, or were conducted in jurisdictions outside of Prince Edward Island.

Search Strategy

An online, passive literature search was conducted to assess the breadth of available grey literature on mental well-being on PEI. The search focused on resources from provincial and federal government websites, local nonprofits, University of Prince Edward Island (UPEI), and Holland College. Eighty-nine resources were identified and 12 were included in the final environmental scan.

Online library databases were searched for peer-reviewed research on mental well-being on Prince Edward Island. PsycInfo, CINAHL, ERIC, and Medline were searched, and titles and abstracts were screened using the keywords mental well-being, psychological well-being, subjective well-being, well-being, mental wellness, mental health, and Prince Edward Island or PEI. These searches yielded 433 articles. Six articles met the inclusion criteria and were retained for full-text screening, and three were included in the final environmental scan.

Detailed flowcharts describing the search strategy can be found in Appendix 1.

Results

Fifteen resources, including peer-reviewed articles, government reports, white papers, strategic action plans, and policy briefs were included in the final environmental scan. A comprehensive set of available information from the 15 resources can be found in Appendix 2.

Ten distinct population groups were represented in research from 15 sources. Most research and analyses were focused on the general population of PEI.^{1, 4, 7, 8, 10, 13, 15} Others focused on specific populations including: residents of Lennox Island and Abegweit First Nations communities¹², residents of Prince County⁹, mental health professionals¹⁴, government and decision makers¹¹, farmers⁶, children³, people at higher risk of suicidal ideation², and people with lived experience using illicit substances⁵.

A variety of data collection methods were used in the 15 identified studies, including surveys, key informant interviews, literature reviews, focus groups, and Photovoice. About half of the studies (7) used a combination of quantitative and qualitative research methods. Only one study was purely qualitative.¹²

Key research highlights have been extracted and presented thematically, below.

1) The Social Determinants of Health

Health inequity exists on PEI.⁴ It is caused by a group of socioeconomic factors known as the social determinants of health. The social determinants of health describe how individual and environmental factors influence the way people experience the world around them and how those combined experiences impact their health and mental well-being.^{3,4} The social determinants of health are the most important factor in determining the health of a population, even more so than the healthcare system.⁴ The following social determinants of health have been highlighted in mental well-being research on PEI:

Income. Income is a key determinant of health and mental well-being. Income impacts an individual's ability and capacity to have control of unforeseen circumstances.^{1,4} People living on PEI who reported a gross annual income under \$15,000 were found to have low levels of mental well-being.¹ People with the lowest household incomes are more likely to be diagnosed with hypertension, diabetes, mood disorders, and anxiety disorders.³

Employment. Employment, especially working conditions, can have positive and negative effects on our physical and mental health.⁴ Working long hours, having a physically demanding job, or a lack of job security can lead to physical and mental stress.⁴ Unemployment leads to a loss of income and work-related benefits which can in turn cause increased levels of stress and anxiety.⁴ Adults who are unemployed and unable to

work have lower levels of self-reported mental health.⁴ Unemployment on PEI is higher than the national average.⁴

Food Security. Food insecurity can affect mental well-being by causing increased stress and feeling of uncertainty.⁴ Food insecurity on PEI exceeds the national average, and some people living on PEI have reported having to skip meals to afford rent.^{4, 10} In 2017, 15.2% of parents of toddlers and 12.7% of parents of preschoolers struggled to purchase food for their families.³

Gender and Sexuality. Members of the LGBT community and gender diverse people living on PEI reported lower levels of mental well-being compared to the rest of the population.¹

Sexual violence is a form of gender-based violence that can cause long-lasting trauma.³ Aspects of social identity, such as gender and sexuality, impact individual risk factors for experiencing sexual violence. In Canada, it is estimated that 30% of women and 8% of men have experienced sexual violence.¹⁵ Sexual violence is connected to other forms of violence, such as racism, transphobia, and homophobia.¹⁵ To create and promote better conditions for residents of PEI of all genders and sexualities, work needs to be done to address the root causes of sexual violence at the individual, relational, community, and policy levels.¹⁵ This can be achieved in part by promoting positive social norms such as consent, positive masculinity, and up-to-date sex education curriculums in schools.¹⁵

Education. Education has been found to have a positive effect on mental well-being.⁵ Education was found to be positively correlated with greater life satisfaction and better health outcomes.^{1,4}

Disability. People living on PEI experience higher levels of disability compared to the rest of Canada.⁴ People living with a disability reported lower levels of mental well-being compared to the rest of the population.¹

Housing. Healthy environments are key contributors to well-being.¹ Safe, affordable housing is a necessity for all residents of PEI.⁷ Housing demand has been increasing beyond the current capacity of the construction sector.¹¹ In 2021, the vacancy rate decreased in PEI, with Charlottetown and Summerside reporting vacancy rates of 1.5% and 0.7%, respectively. Several factors, including an aging population, immigration, increased tourism, rising construction costs, and the conversion of long-term rentals to short-term rentals have impacted housing needs on Prince Edward Island.^{7,11} These factors have not only affected the availability of housing, but also the cost to rent.⁷ From 2014-2018, the average cost to rent a two-bedroom apartment was expected to rise by 15.7%.⁷

Plans have been made and are being actioned regarding the housing needs of residents of PEI. From 2018-2023, the provincial government planned to build 1,000 affordable

housing units, beginning with 275 in 2018.⁷ As of 2021, 302 units had been opened across the province and an additional 144 were under construction, bringing the total number of housing starts to 466 since December 2019.⁸ The province has set a goal of having 20% of the social housing stock as accessible housing for seniors and residents of PEI with disabilities.⁸ Additional programs have also been established to assist residents of PEI in saving for down payments, paying rent, and making repairs on their properties.⁸

2) Prevalence of Mental Illness on PEI

The Prevalence of Mood and Anxiety Disorders. In recent years, the prevalence of mood and anxiety disorders has been stabilizing in Canada.⁴ During the same period in PEI, however, the prevalence has been steadily increasing.⁴

Death by Suicide. In Canada, 12.3 of people per 100,000 die by suicide each year.² The Suicide rate on PEI is lower than the national average, with the province reporting 10.7 deaths by suicide per 100,000 people.²

3) Substance Use

The following information is a summary of available data on substance use from Health Canada.

Substance Use on PEI. Consumption of alcohol on PEI in 2019 was comparable to the Canadian average of about 76% of the population.¹³ This percentage had increased since 2017 when about 68% of residents of PEI reported consuming alcohol in the past 12 months compared to around 78% of Canadians.¹³ Cannabis use on PEI also increased from 2017-2019, from just under 15% of the population using cannabis in the past 12 months to about 23%.¹³ This is higher than the national average of just over 20% of Canadians using cannabis in the past 12 months.¹³ It was estimated that the lifetime prevalence of drug overdose on PEI was around 1%, similar to Alberta and New Brunswick, while Nova Scotia, Ontario, Manitoba, Saskatchewan and Quebec reported a prevalence of about 2%.¹³ Data was not available for Newfoundland or British Columbia.¹³

Substance Use by Minors. Data collected from 2018-2019 revealed that in the past 12 months, Island students used harmful substances at around the same rate as the national average.¹⁷ While 43% of Island students had reported using alcohol in the past 12 months compared to 44.1% of all Canadian students, Island students reported engaging in high-risk alcohol use – defined as having 5 or more alcoholic beverages on one occasion – at a higher rate (29% vs. 23.4%).¹⁷ When asked about smoking and vaping habits, Island students were more likely to have reported using both cigarettes (8.4% vs. 5.4%) and e-cigarettes (26.7% vs. 20.2%) in the past 30 days.¹⁷ Additionally, 39.3% of Island students have reported trying e-cigarettes at least once compared to 33.9% of Canadian students.¹⁷

Overdose Prevention. The Chief Public Health Office conducted a study asking people with lived experience using illicit substances how they felt about the proposed Overdose Prevention Site.⁵ Several (87%) participants said that they would use an Overdose Prevention Site to support their health and safety.⁵ Participants also said they would like to see other wraparound mental health supports available onsite.⁵ These supports included medical services, supports for mental health, addictions, and housing, access to nutrition, and to be located near related services such as the community kitchen and the Outreach Centre.⁵ It is notable that all participants indicated they had used illicit substances in public at least once in their lifetime.⁵

4) **Life Satisfaction**

Life satisfaction is a key cognitive component of mental well-being.¹ People living on PEI generally report high levels of life satisfaction; when surveyed on eight dimensions of mental well-being, residents of PEI scored higher than the rest of Canada on every dimension.¹⁰ Marginalized populations, including LGBT, gender diverse, Indigenous, disabled, and those living under the poverty line have been found to report lower levels of cognitive and affective well-being.¹

Self-reported life satisfaction varied by age and gender. For example, children between the ages of 12-17 and seniors over the age of 65 were more likely to report low stress, high life satisfaction, and high levels of mental well-being.^{1,4} In comparison, people between the ages of 50-64 reported the lowest levels of life satisfaction.⁴ Men were more likely than women to report low or nonexistent stress.⁴

Although having low income is correlated with lower levels of mental well-being, people who lived in the neighbourhoods with the highest levels of material and social deprivation reported the lowest levels of work-related stress.⁴

Being a newcomer to the Island also had an effect on life satisfaction. Immigrants living on PEI were found to experience higher levels of positive emotions than residents who were born in Canada.¹

5) **Well-Being of Children**

Health inequity exists among Island children; it is estimated that about 50% of Island children live in an area that falls within the two most deprived quintiles on the Material and Social Deprivation Index.³ Children who reside in the most materially and socially deprived neighbourhoods are at a greater risk for food insecurity, acute hospitalization, asthma, and other health risk factors.³ Children who reside in the most materially and socially deprived neighbourhoods are more likely to access mental health services.³

6) **Indigenous Well-Being**

Indigenous populations on PEI experience lower levels of mental well-being.¹ Western

concepts of well-being can vastly differ from traditional Indigenous ways of knowing.¹² It is important that these differences, as well as the diversity of Indigenous cultures in Canada, are acknowledged, accepted, and respected.¹² Forcing Indigenous people to assimilate to Western mental well-being practices is a form of colonial harm that can cause increased trauma and a disconnect between people and their culture.¹²

A recent study examined the mental wellness needs of the Lennox Island and Abegweit Mi'kmaq communities.¹² The study revealed community members had a desire to work with governments to support system-level change that would allow them to create their own, independent infrastructure and programs to support mental wellness needs in the community.¹² For such an initiative to be successful, there would need to be mutual respect between the government and communities regarding cultural values and practices.¹² Establishing independent, community-led infrastructure to support mental wellness needs of the communities would allow for an increased sense of cohesion, identity, and pride.¹²

It is important to acknowledge that beliefs and practices about mental well-being do not always translate across cultures.¹² Forcing Indigenous populations to participate in Western psychotherapy practices can cause undue harm.¹² It is important to recognize and acknowledge cultural practices related to mental health and mental well-being and allow Indigenous populations, among others, the space to create their own healing spaces operated by the community, for the community.¹² By recognizing and respecting differences in values and practices, communities are able to build stronger connections, cohesion, and a sense of identity.¹²

7) Capacity of the Healthcare System to Provide Mental Healthcare

Accessibility. Having timely access to appropriate mental health services is important in improving and maintaining the mental well-being of residents of PEI. When asked to rate the accessibility of mental health services on PEI, only 19% of participants indicated it was good or excellent.¹⁰ Additionally, only 22% of participants felt the quality of the service they received was good or excellent.¹⁰

Capacity of the Healthcare System. From 2015-2021, the population of PEI grew from 144,500 to 164,300.¹⁷ During the same period, the number of physicians, registered nurses, and hospital beds per capita decreased.¹⁷ Hillsborough Hospital, PEI's only psychiatric hospital, also saw a decrease in capacity from 69 to 68 in-patient beds.¹⁷ Palliative care beds, however, have increased from 8 to 10.¹⁷

Services for Youth. Capacity issues have been identified in youth mental health services, particularly in the Public Schools Branch. In 2017, it was estimated that about 10% of Island children had accessed mental health services.³ From 2001 to 2016, the number of full-time equivalent positions for school psychologists in the PEI Public Schools Branch increased from 4 to 8.4.¹³ However, the Public Schools Branch has had difficulty

recruiting and retaining staff to fill these positions.¹³ Barriers, such as a high patient load, education requirements, and restrictions on additional private practice, have had a negative impact on the recruitment and retention of school psychologists.¹⁶

Emergency Housing. In 2018, there were 47 beds in five emergency shelters across the province.¹¹ Eviction, lack of affordable housing, fleeing domestic violence, and needing mental health and addictions supports were the most common reasons residents of PEI were accessing emergency shelters.¹¹ Provincial housing action plans have made the following recommendations to improve conditions at emergency shelters: increasing transportation to and from shelters, increasing the availability of wraparound services, and increasing provincial funding for emergency shelters and other housing supports.¹¹

8) Community Well-Being

PEI is a small province consisting of several tight-knit communities.² When a crisis occurs, including a mental health crisis, the impact can be felt through the whole community.² Mental well-being on PEI can be maintained and strengthened through community-driven efforts, however, many residents of PEI reported having complicated relationships with their communities. In one study, many participants indicated that they loved their community and felt safe in their communities but did not necessarily feel that they belonged.¹⁰ This was especially evident among participants who were not born on PEI.¹⁰ Even the use of the term “Islander” can be seen as othering as it is usually reserved only for people who were born on PEI.¹⁰

To improve the mental well-being of residents of PEI, it is important that work is done to create safe, protective environments, especially for the most vulnerable populations.¹⁷ To establish mental health services as safe spaces for residents of PEI, service providers need to be compassionate, kind, and nonjudgmental.^{5, 17} When creating safe spaces, it is important to be mindful and respectful of cultural differences to avoid perpetuating further harm.¹²

Efforts in the agricultural sector. The Department of Agriculture has been successful in promoting the mental well-being of Island farmers and their families in recent years.⁶ Targeted investments have been made to develop and evaluate programs to help improve mental well-being of farmers including the Farmer’s Assistance Program, #FarmersLetsTalk, and providing mental health first aid to Department of Agriculture employees.⁶ The Department of Agriculture has worked in collaboration with the federal Department of Agriculture and local stakeholders in the sector to ensure the success of these programs.⁶ These programs have been well-received by all parties involved.⁶ Recommendations have been made to provide funding to continue these programs, collaborate with partners within and outside of government, and to conduct formal research on mental health and resilience in farmers.⁶

Conclusion

This environmental scan provides a snapshot of the current landscape of mental well-being research and analyses on PEI. It is intended to be used as a tool to better understand the complex, underlying mechanisms of mental well-being and identify gaps in the literature to set future research priorities for PEI. Through collaboration and strategic, targeted actions, the mental well-being of all people living on PEI can be improved.

Future Research

This environmental scan is intended to be used as a tool to inform future research. Future studies could build from the information gathered in the current study to strengthen our understanding of specific topics. This could include:

1. A scoping review of a specific dimension of mental well-being discussed in the results section
2. A scoping review of mental well-being research being conducted at a national level
3. A systematic review of mental well-being research being conducted at a national level

Limitations

The data collected was limited to materials that were publicly available between June-July 2023 and does not represent an exhaustive list of mental well-being research and analyses on PEI. It is anticipated that newer, up-to-date versions of some Government of PEI documents will be published in the future.

Funding Acknowledgement

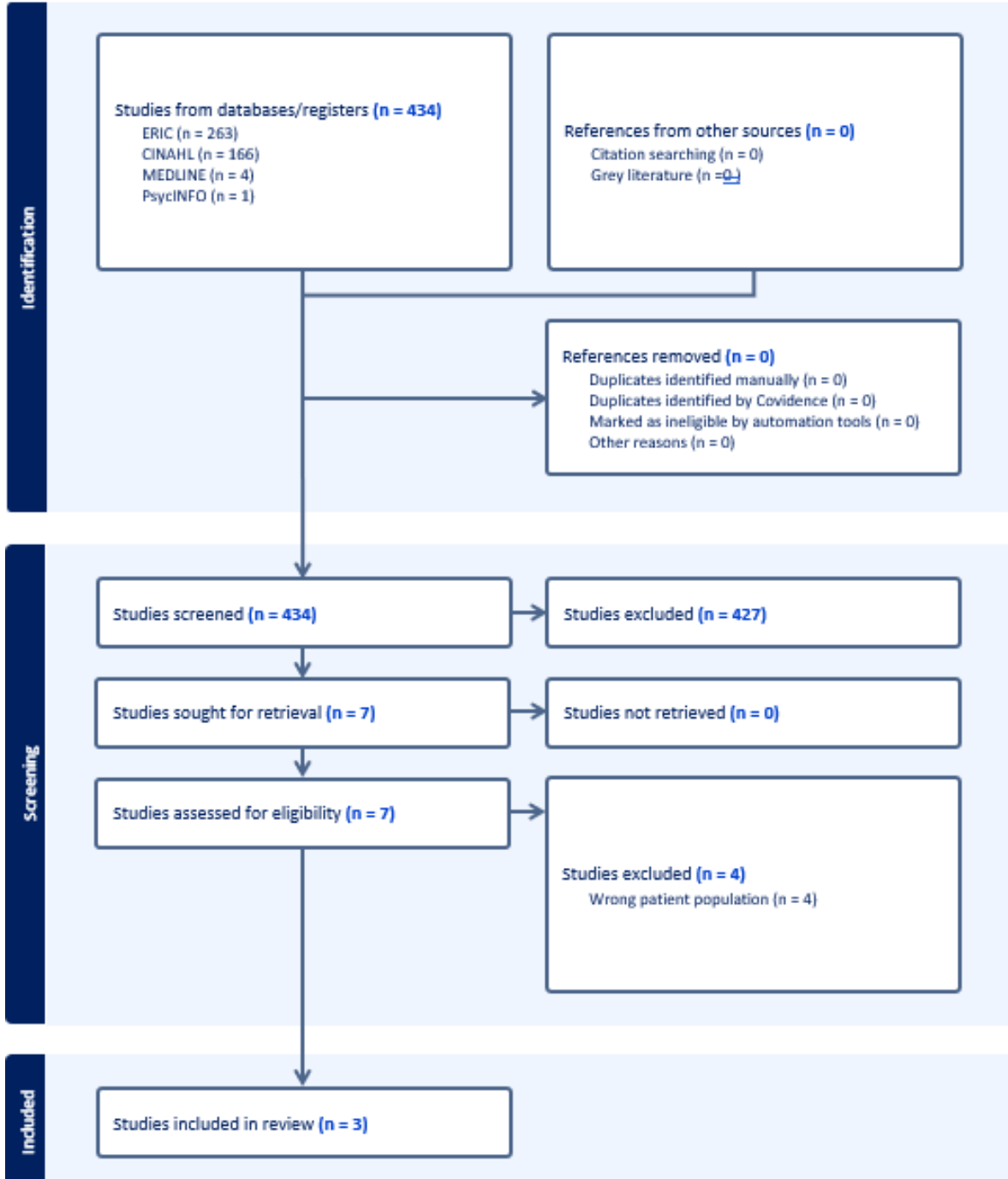
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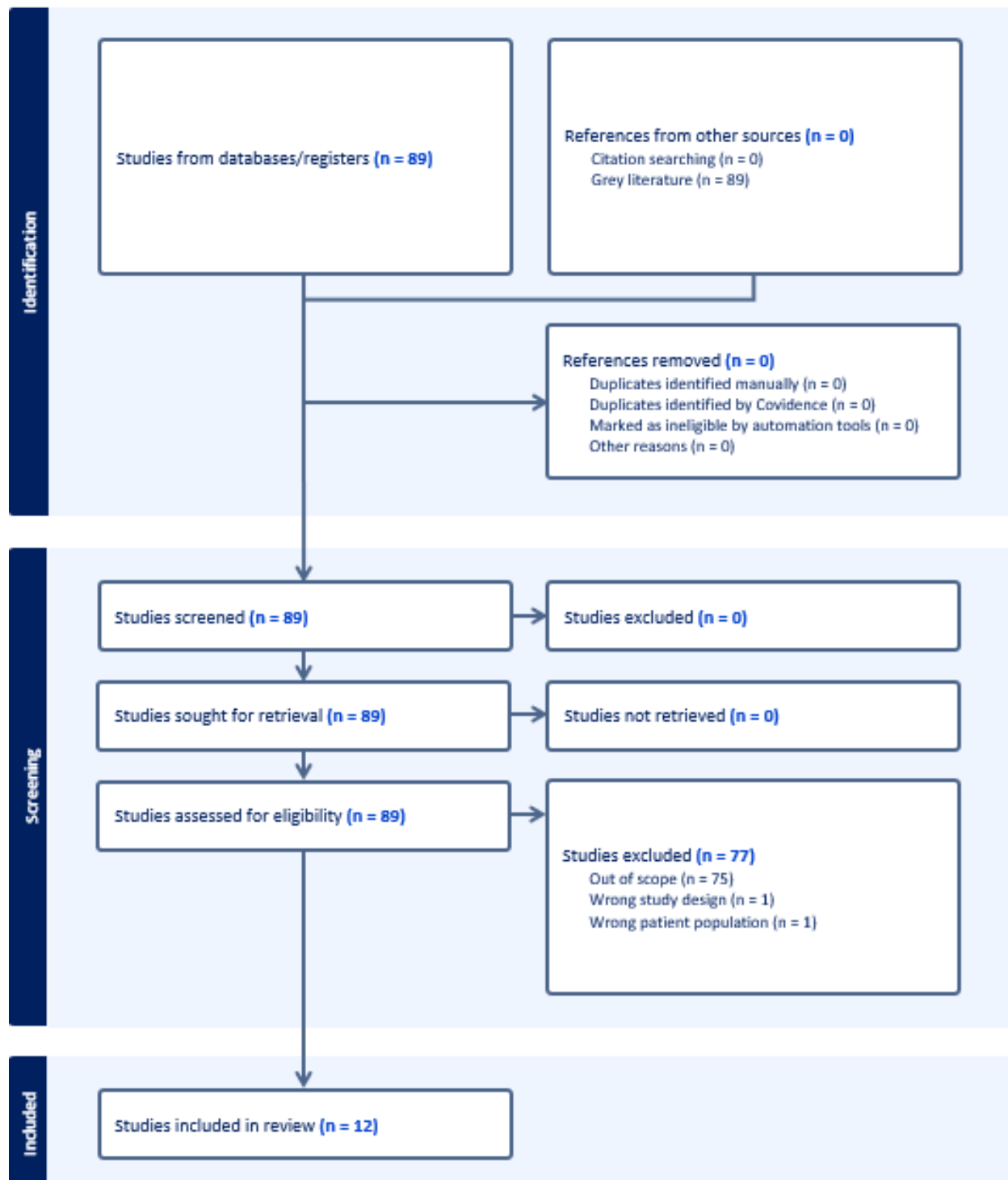
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Appendix 1: Search Strategy Flowcharts





Appendix 2: Detailed List of Available Resources

1. Peer-Reviewed Articles

Well-Being on Prince Edward Island, Canada: A Statistical Case-Study of Well-Being Related Community Factors (Aziz et al., 2022)

Purpose	To evaluate the happiness of PEI at the community level and as a whole
Key Results	<ul style="list-style-type: none"> • Psychological health and healthy environments were important to well-being • Lower levels of cognitive and affective well-being were found in LGBT, gender diverse, Indigenous, and disabled people as well as people living below the poverty line • Elderly populations reported higher levels of cognitive and affective well-being than youth populations • Immigrants living in PEI reported experiencing higher levels of positive emotions than Canadian-born residents • Having a gross annual income under \$15,000 led to lower levels of mental well-being
Population	English-speaking, adult residents of PEI
Methods	<ul style="list-style-type: none"> • Cross-sectional design • Recruited participants through social media, local radio advertisements, newspapers, and community message boards • Measured subjective well-being using 4 scales: Satisfaction with Life Scale, WHO Brief Quality of Life Scale, Positive Affect Subscale, Negative Affect Subscale • Asked one open-ended, qualitative question that was analyzed using word frequency count

Mental Wellness Needs of Two Indigenous Communities: Bases for Culturally Competent Clinical Services (Gould et al., 2021)

Purpose	To address known gaps in mental healthcare and services for Indigenous people
Key Results	<ul style="list-style-type: none"> • Mental health concepts do not always translate across cultures • Need to recognize the diversity among Indigenous cultures and address harms caused by forced assimilation in Canada to improve mental health services for Indigenous populations • Need to recognize similarities and differences between Indigenous and Western psychotherapy practices • Systems-level/government programs could bring about positive change in the community • Government supports need to respect cultural values and practices • Allow space for independent, community run infrastructure • Desire for increased community pride, identity, and cohesion • Need for increased mental well-being awareness on an individual level
Population	Adult residents of Abegweit and Lennox Island Mi'kmaq communities
Methods	<ul style="list-style-type: none"> • Project was the initial stage of Lennox Island/Abegweit's mental wellness initiative • Co-creation between researchers and community members • Building relationships between researchers and Indigenous communities allows for the formation of effective partnerships while also respecting Indigenous values • Used Indigenous relational paradigm, community-based participatory research and Two-Eyed Seeing practices to incorporate Indigenous knowledge into the research and better establish relationships with community members • Used Photovoice to address the question: What does mental well-being mean to me? • Photovoice based photo-taking sessions on the following four themes from the First National Mental Wellness Continuum Framework: Purpose, Hope, Belonging, and Meaning

School Psychology Report (Matters, 2016)

Purpose	To describe the current state of school psychologists in the PEI Public Schools Branch and barriers to recruitment and retention for vacant positions.
Key Results	<ul style="list-style-type: none">• The number of available FTE positions increased from 4 to 8.4 from 2001-2016• There have been persistent vacancies since the mid-2000s• Barriers to retention and recruitment include education requirements, high patient load, and restrictions on additional private practice work• The bulk of a school psychologist's workload on PEI is behavioural assessments• Decreasing the number of students on the waitlist would lead to higher job satisfaction and allow more time to work on behavioural plans for students who had received assessments
Population	School psychologists in the PEI Public Schools Branch
Methods	Professional observations and recommendations

2. Grey Literature

Key results from 13 grey literature resources can be found below.

Creating a Culture of Care—A Strategy for Preventing and Responding to Adult Sexual Violence on PEI. (Interministerial Women’s Secretariat, Department of Health and Wellness, & Department of Justice, 2023)

Purpose	<p>This research informed a 5-year strategy that outlines a set of actions to sharpen the focus of preventive measures and enhance collective response to adult sexual violence by:</p> <ul style="list-style-type: none"> • empowering frontline services with knowledge and skills; • strengthening trauma-informed processes; • increasing options for survivors and interventions for perpetrators; and • coordinating our overall efforts to address sexual violence.
Key Results	<ul style="list-style-type: none"> • 30% of women and 8% of men over 15 in Canada have experienced sexual violence • Sexual violence is connected to other types of violence including racism, homophobia and transphobia • Social identity shapes one’s risk factors for experiencing sexual violence • Experiencing child abuse leaves people more susceptible to experience sexual violence in adulthood • Need to work on preventing sexual violence <ul style="list-style-type: none"> ○ Address root cause at multiple levels (individual, relational, community, and policy) ○ Promote positive social norms (consent, positive masculinity, healthy relationships, up-to-date sex ed and school curriculums) • Work to create protective environments, especially on university and college campuses • Respond to sexual violence with accessible, trauma-informed services • Explore options for restorative justice • Need to collaborate between departments
Population	<p>All residents of PEI, but especially frontline workers and those who have faced sexual violence</p>
Method	<ul style="list-style-type: none"> • Gathered insight from related departments and agencies • Gathered information from a jurisdictional scan, review of previous community surveys, literature review, inventory of existing services, and gap analysis • Focus groups to identify issues and potential solutions • Public survey of sexual violence survivors • Engaged with 30 government and community service providers • Presentations from local and national groups • Convened an expert panel

Project-Well-Being Quality of Life on Prince Edward Island. (Department of Island Studies, 2023)

Purpose	To explore concepts of well-being, verify survey findings, and delve deeper into specific domains and indicators
Key Results	<ul style="list-style-type: none"> • PEI had higher levels of well-being than the rest of Canada on all 8 dimensions that were measured • Social Engagement: Participants reported loving their community but not always feeling that they belong, especially those not originally from PEI • Islander is typically a term reserved for people who were born on PEI • Social Support: It is important for communities to have places where residents can connect • Community Safety: Residents of PEI generally felt safe and did not feel out of place in their communities • However, people also felt that residents born on PEI tend to keep to themselves • Social Values and Norms: Casual discrimination was evident on PEI • “Islander” was sometimes seen as an othering term • Healthy communities were described as having wraparound physical and mental health services, a responsive healthcare system, and public policies that emphasize wellness and connection • More people on PEI reported good or excellent health compared to the rest of Canada, but numbers have dropped since 2015 • More residents of PEI report disability compared to the rest of Canada • Lack of active transportation and formal activities • Participant reported skipping meals to afford rent • Only 19% of residents of PEI felt accessibility of mental health services was good or excellent and only 22% thought the quality was good to excellent
Population	Adult residents of PEI over the age of 18
Method	<ul style="list-style-type: none"> • Findings of the report are organized into 8 domains of well-being as defined by the Canadian Index of Well-Being: Community Vitality, Health, Democratic Engagement and Governance, Natural Environment, Leisure and Culture, Education and Learning, Work and Finances, Allocation of Personal Time • A ninth domain, Islandness, was added by the UPEI research team • Participants completed surveys on well-being indicators online • Survey questions were primarily close-ended • PEI averages were compared to Canadian averages obtained from Statistics Canada • Six virtual focus groups were held from fall 2021 – early 2022 on specific domains and indicators of well-being

48th Annual Statistical Review (PEI Statistics Bureau, 2022)

Purpose	To serve as a reference point as the province continues to use evidence and the most up-to-date data to make informed decisions for our economy and our residents as we emerge from the global COVID-19 pandemic
Key Results	<ul style="list-style-type: none"> • The healthcare and social assistance sector saw notable increase in employment growth during 2021 • Total residential investment increased by 45.9% <ul style="list-style-type: none"> ○ 71% increased in single family home investments ○ 17.1% decrease in multi-unit dwellings ○ Investments in all other unit types more than doubled --> 120.8% • Vacancy Rates <ul style="list-style-type: none"> ○ Charlottetown decreased from 2.5% to 1.5% ○ Summerside decreased from 1.0% to 0.7% • From 2015-2021, the population has grown from 144,500 to 164,300 <ul style="list-style-type: none"> ○ The number of FTE physicians grew from 226.09 to 243.30 and ○ the number of RNs grew from 2, 247 to 2, 526 ○ More growth in private nursing homes compared to public ○ Beds at Hillsborough Hospital decreased from 69 to 68 ○ Palliative care beds increased from 8 to 10 ○ Beds/1,000 decreased from 11.8 to 10.7 • Life expectancy increased from 80.1 years to 81.8 years • 57.2% of the population over 12 get the recommended 150 minutes of physical activity per week • 61% view their overall health as very good or excellent • Reported Crimes <ul style="list-style-type: none"> • Violent crime, property crime, traffic violations, and other criminal code offences increased from 2015-2020, peaking in 2019
Population	All residents of PEI
Method	Information is compiled from a variety of sources, including Statistics Canada, provincial government departments, and the private sector

2021 Chief Public Health Officer's Report (CPHO, 2022)

Purpose	To provide an update on findings from the 2016 report and further explore SDH by incorporating measures of material and social deprivation
Key Results	<ul style="list-style-type: none"> • SDH are more important in determining health outcomes than the actual healthcare system • Taking action on SDH is key in improving health outcomes • Health inequity is defined as differences in SDH that lead to differences in health outcomes that are systemic, unfair, and unavoidable • Reports of very good or excellent mental health have been declining in Canada and PEI • 18-34 years old; living in a small population center; living in neighbourhoods where average MSDI were in Q3 were least likely to report very good or excellent mental health • 65+ were most likely to rate mental health as very good or excellent • Residents of PEI were more likely to report having low or no life stress compared to the rest of Canada • Men were more likely to report no or low stress compared to women • 12-17 and 65+ more likely to report low or no stress compared to other age groups • As neighbourhood MSDI increased, reported life and work-related stress decreased • Life satisfaction was high on PEI • Life satisfaction was highest in age group 12-17 and lowest in 50-64 • Treatment for mood/anxiety disorders is more common on PEI than Canada as a whole • The prevalence of treatment for mood and anxiety disorders in Canada has levelled out but has been increasing in PEI • Strong association between having control of your circumstances through higher income, coping skills in stressful life situations, and better health • Unemployment rates in PEI are higher compared to the rest of Canada • Population health and personal anxiety levels are influenced by income • Education leads to greater life satisfaction and health outcomes • Sense of social support leads to better health outcomes • Lower levels of social support among men and people in the 65+ age group • Personal health practices and coping skills are a sum of individual behaviour to promote good health • Food security is lower on PEI than the rest of Canada
Population	All residents of PEI
Method	Data used in the report was pulled from various national and provincial data sources, including surveys and administrative health data

Community Needs Assessment on Emergency Shelters: Progress to Date. (Department of Social Development and Housing, 2022)

Purpose	<ol style="list-style-type: none"> 1. To understand the environment and current and projected level of need across the province; 2. To understand the current capacity of service providers to meet the need; 3. To identify gaps in services; 4. To advise policy makers, community service providers and government decision makers to better inform planning and programs based on a common understanding of need; and 5. To identify recommended actions to address gaps and needs
Key Results	<ul style="list-style-type: none"> • PEI is experiencing rapid population growth • Population of seniors is expected to increase by 50% from 2017-2032 • Housing demand is influenced by: aging, immigration, rising costs of living, increased tourism, converting more long-term rental into short-term rentals, gentrification, increasing rent, decreasing vacancy • Construction sector capacity isn't high enough to meet demands • In 2018, there were 47 shelter beds between 5 facilities • Most reported housing issues: eviction, affordability, fleeing domestic violence, addictions, mental health • Need to work with federal harm reduction strategy • Need more 24/7 shelters with wrap-around supports • Need increased funding in emergency shelters and housing supports for residents of PEI • Need to improve transportation to and from shelters • Hire a central housing coordinator
Population	Government decision makers and policy makers, the Community Advisory Board on Homelessness, and community service providers.
Method	<ul style="list-style-type: none"> • Conducted a literature review on current housing trends on PEI • Conducted a jurisdictional scan of best practices in 5 Canadian jurisdictions (AB, MB, ON, QC, and YK) • Conducted 16 key informant interviews with service providers to identify current capacity and gaps in services • Questions for the interviews were developed based on the initial literature reviews • Facilitated a half-day community consultation on current capacity and to gather community recommendations

Needs Analysis of Housing Supports in Prince County Region of Prince Edward Island: Progress Report. (Department of Housing, Land, and Communities, 2022)

Purpose	This report identifies affordable and adequate housing, emergency shelter, supportive housing, transportation, daytime support, addictions and mental health, coordination and communication, and data collection as gaps affecting homeless individuals in the Prince County region. The report provides both short and long-term recommendations to address regional needs. This document provides an update on the status of implementation of the recommendations as of June 2022.
Key Results	<ul style="list-style-type: none"> • Short-term recommendations included: securing units for short-term housing, Supporting the implementation of Coordinated Access and Homeless Individuals and Families Information System (HIFIS), continue construction of affordable housing units, increase awareness of housing supports, increase capacity of the provincial housing navigator, and increase the number of emergency shelters in Prince County • Long-Term: Increase supportive housing with wraparound supports in Prince County • 9 action items from this recommendation, all are in progress
Population	Prince County residents
Method	<p>This report builds on the Community Needs Assessment on Emergency Shelters:</p> <ul style="list-style-type: none"> • Conducted a literature review on current housing trends on PEI • Conducted a jurisdictional scan of best practices in 5 Canadian jurisdictions (AB, MB, ON, QC, and YK) • Conducted 16 key informant interviews with service providers to identify current capacity and gaps in services • Questions for the interviews were developed based on the initial literature reviews • Facilitated a half-day community consultation on current capacity and to gather community recommendations

“Safe, More Dignified, Based on my Humanity” What We Heard: Report on engagement with people who have lived and living experience with substance use regarding an Overdose Prevention Site (CPHO, 2022)

Purpose	To present the findings of engagement of people who have lived experience with substance use regarding an Overdose Prevention Site
Key Results	<ul style="list-style-type: none"> • 87% of participants indicated they would go to an Overdose Prevention Site for the following reasons: <ul style="list-style-type: none"> ○ General safety, risk of overdose, nonjudgmental environment, prevent infections, feel a connection to the service • 14.5% indicated that they would not go to an Overdose Prevention Site for the following reasons: <ul style="list-style-type: none"> ○ Prefer to use alone, belief that their drug of choice is not toxic, concerned about being arrested when they walk out • Based on a weighted ranking of factors, location was chosen as the most important factor regarding whether they would go to an Overdose Prevention Site (Location, days of operation, hours of operation, types of consumption, other) • Results revealed participants had a complicated relationship with the police • 53% indicated they would use the site at least once per day • 100% of participants indicated they had used drugs in a public place at least once • Only one participant felt Park Street would be a good location for an Overdose Prevention Site <ul style="list-style-type: none"> ○ There was a consensus that it would be useful to have an Overdose Prevention Site near related services (e.g community kitchen, outreach centre) • The most used additional services offered at Overdose Prevention Sites were: <ul style="list-style-type: none"> ○ Medical Services, Housing Services, and Mental Health & Addictions Services • 76% of participants did not overdose in the last 6 months • Of the 24% who indicated they had, 69% did not seek medical attention and only about half recalled being administered Naloxone • Indicated that staff at Overdose Prevention Sites need to be friendly, knowledgeable, and educate the people who use drugs about potential bad batches on the street "
Population	People who self-identified as using illicit drugs
Method	<p>Administered a survey asking: “What type of service model (and other requirements) for an Overdose Prevention Site will meet the needs of people who have lived and living experience with substance use?</p> <p>Used online surveys and administered some surveys in-person with an administrator</p> <p>Closed and Open-Ended questions</p> <p>Used quantitative and qualitative (Braun & Clarke) analysis</p>

2021 Housing Progress Report. (Department of Housing, Land, and Communities, 2021)

Purpose	To show how government and community partners have worked together to support residents of PEI to have safe, affordable housing since December 2019, and highlights the continuing work to meet future needs
Key Results	<ul style="list-style-type: none"> • Availability <ul style="list-style-type: none"> ○ 302 units open, 144 under construction for 446 total ○ Smith Lodge opened 9 beds of transitional housing in Dec 2020 <ul style="list-style-type: none"> ▪ Smith Lodge has since closed and Deacon House moved into the building. It is now Talbot House ○ Over 2,000 housing starts from 2019-2021 • Established mobile rent vouchers for housing assistance • Goal of having 20% of social housing accessible • Established programs to help with down payments and repairs • Established the Community Outreach Centre in Charlottetown • Working with municipalities to create affordable housing plans • Established 20 bed youth transition house in Charlottetown • Conducted housing needs analysis in West Prince • Implemented housing-specific COVID-19 supports, including increased cleaning, moratorium on evictions, moving outreach centre to larger location to allow for social distancing, and working with shelters to deal with overflow
Population	All residents of PEI, but especially residents of PEI in precarious housing situations
Method	This document is an update on the 2018-2023 PEI Housing Action Plan that was developed based on extensive research and collaborative discussions with clients, community service providers, municipalities, government departments and agencies, private sector developers and Islanders who were co-developers of the Plan.

Mental Health Promotion: An Evaluation Assessment (Department of Agriculture and Land, 2020)

Purpose	The Strategic Policy and Evaluation Division at the PEI Department of Agriculture and Land (DAL) completed an evaluation assessment of the DAL’s Mental Health Promotion Policy to understand its relevancy, performance, and impact. The results of the assessment are intended to inform future mental health policy development.
Key Results	<ul style="list-style-type: none"> • The Department of Agriculture invested \$67.8K into mental health promotion to improve the mental health and resilience of farmers and their families • Broken down into programming, awareness, and collaboration • Programming: Farmers Assistance Program. On-Farm mental health coaching supports • Awareness: Series of YouTube videos, mail outs, #FarmersLetsTalk campaign, and departmental mental health training • Collaboration: Increased collaboration with federal/provincial/ territorial ministers and departments of Agriculture as well as local partnerships between the industry and social workers • Assessment and Evaluation of the programs revealed: <ul style="list-style-type: none"> ○ There is an increased need for the continuance of the FAP and for mental health first aid within the industry ○ Need for connections and collaboration at an intergovernmental and intersectoral level ○ Programs have been generally well-received ○ 50 Dept. Agriculture employees have completed the mental health training ○ Mental Health First Aid for staff was primarily for awareness • Recommendations: <ul style="list-style-type: none"> ○ Commit to multi-year funding for Farmers Let’s Talk program ○ Formalize partnerships with MOUs Dept., healthcare providers, and stakeholders ○ Leverage federal funding ○ Integrate evaluation into programming ○ Invest in a formal study on mental health and resiliency in agriculture ○ Invest in training for individuals with experience in biology and psychiatry
Population	PEI farmers and their families
Method	<ul style="list-style-type: none"> • Three primary lines of evidence were used: policy documents, files, and feedback from stakeholders • Other information considered during the assessment included media reports, peer-reviewed literature, industry reports, and federal and provincial departments and committees.

The Building Blocks of Hope: A Suicide Prevention Plan for Prince Edward Island (CMHA, 2018)

Purpose	To describe suicide in the context of hopelessness, explain the building blocks of hope, and then focus on specific action items that will lead to a suicide-safer Prince Edward Island.
Key Results	<ul style="list-style-type: none"> • On PEI, 10.7 suicides annually compared to 12.34 nationally • The impacts of suicide are heavy in a tight-knit community such as PEI • Proposes a model of hope vs. hopelessness for addressing suicide <ul style="list-style-type: none"> • Hopelessness: being alone, not having effective options to move forward, being ignored or forgotten, and being unable to make change • Hope: having options, seeing possibilities for the future, having the belief that things can change, knowing you're not alone, and feeling that success is possible. Becoming "unstuck"; finding acceptance and support • Achieving hope/hopelessness is based on the social determinants of health • Suicide prevention on PEI should be community-driven • Hopelessness Model: Disregard, bandage, hide leads to increased risk of suicide Hope Model: Hear, Help, Heal leads to building resilience, thriving, and surviving
Population	Populations identified as being at a high risk for suicide/suicidal ideation, including: LGBTQ++, individuals living with a mental illness, families impacted by suicide loss, individuals living with addictions, Indigenous people (off-reserve, Abegweit, Lennox Island), health professionals and community workers who work with people with mental health and addictions issues
Method	<ul style="list-style-type: none"> • The findings in this report are a culmination of: <ul style="list-style-type: none"> • a literature review of local, national, and international suicide prevention strategies • consultations with individuals who developed suicide prevention strategies in other jurisdictions, and • consulting with a variety of stakeholders about best practices for suicide prevention on PEI.

Housing Action Plan for Prince Edward Island 2018-2023 (Department of Housing, Land, and Communities, 2018)

Purpose	To provide an update on activities and achievements on the provincial Housing Action Plan up to December 2019 and sets out the next steps on housing priorities.
Key Results	<ul style="list-style-type: none"> • Several factors, including an aging population, population growth, increase in international student enrolment rates, increased tourism, and increased gentrification • Average rent for a 2-bedroom apartment was expected to rise 13.7% from 2014-2018 • Need to increase availability, affordability, sustainable communities that support aging in place, coordinate efforts between government departments, and use evidence-base practices in evaluation, monitoring, and reporting • Safe, affordable housing is a basic need for all residents of PEI • Planned to build 1,000 affordable units over 4 years and 275 in 2018
Population	All residents of PEI, but especially residents of PEI in precarious housing situations
Method	Lists action items to improve the housing landscape on PEI

2017 Children’s Report (CPHO, 2017)

Purpose	To explore the relationship between the social determinants of health, health equity, health behaviours, and health outcomes for children
Key Results	<ul style="list-style-type: none"> • ~50% of Island children live in areas within the two highest quintiles of material and social deprivation • 25% of low-income residents of PEI are children • Health inequity exists among Island children • Children who score high on the Material and Social Deprivation Index are at a higher risk for nutrition risk, food insecurity, asthma, and acute hospitalization, and have greater health risk factors • Higher rates of recidivism were observed in parents who had received a children protection report and had 4 or more children • 60% of new child victimization cases were for girls ages 12-17 • Mental health is a leading cause of disability on PEI • Those with the lowest household incomes report higher mood and anxiety disorders, higher rates of chronic illness including diabetes and hypertension, • 10% of Island children have accessed mental health services • Accessing health services is more common among children who score higher on the Material and Social Deprivation Scale • 15.2% of parents of toddlers and 12.7% of parents of preschoolers reported having difficulty purchasing food
Population	Island children 0-18 years old
Method	<ul style="list-style-type: none"> • Researchers began by reviewing national and international indicators of child health • Researchers used a combined approach: <ul style="list-style-type: none"> • They defined and created indicators to measure 4 domains of child well-being • Physical and Mental Health, Health Childhood Development, Cognitive Development, Social Environment • Well-being was subjective and self-reported • Used two established measurement tools: <ul style="list-style-type: none"> • Material and Social Deprivation Index • Family Affluence Scale III