

# At-a-glance

## An update on positive mental health among adults in Canada

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### Abstract

This At-a-glance presents updated estimates for the Positive Mental Health Surveillance Indicator Framework for adults aged 18 years and older. Using data from the 2015 and 2017 Canadian Community Health Survey, we calculated the prevalence of positive mental health and associated determinants. Estimates for positive mental health outcomes for adults ranged from 68.1% to 87.1%. We also explored the associations between sociodemographic factors and positive mental health among adults in Canada. Our findings suggest sociodemographic differences in odds of self-rated mental health, happiness, life satisfaction, and psychological and social well-being.

**Keywords:** *positive mental health, adult, public health, Canada*

### Introduction

According to the Public Health Agency of Canada (PHAC), mental health is “the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”<sup>1</sup> This definition is consistent with other internationally recognized definitions of mental health.<sup>2</sup> PHAC recognizes that mental health promotion is essential to health and well-being and has identified it as a key priority area.<sup>3</sup> As such, the state of positive mental health (PMH) and well-being in Canada must be continuously monitored and updated.

In 2016, PHAC developed the Positive Mental Health Surveillance Indicator Framework<sup>4</sup> (PMHSIF) to monitor the state of PMH and well-being in Canada. The PMHSIF is based on the social ecological model, which takes into account the multifaceted levels of a social system.<sup>2,3</sup> This At-a-glance includes updated estimates for PMH outcomes, and associated risk and protective factors at the individual, family, community and society levels for adults aged 18 years and older.

### Methods

We explored associations between sociodemographic factors and PMH outcomes using the Canadian Community Health Survey (CCHS) 2015 and 2017. To account for the complex survey design of the CCHS, we weighted estimates with the survey sampling weights provided by Statistics Canada and estimated variance using the bootstrap method. We ran five adjusted logistic regression models. All statistical analyses were performed using SAS Enterprise Guide version 7.1 (SAS Institute Inc., Cary, NC, USA).

The PMHSIF includes five PMH outcomes: self-rated mental health, happiness, life satisfaction, psychological well-being and social well-being.

#### Self-rated mental health

Self-rated mental health is measured using data from the CCHS 2017 – Annual Component. Respondents were asked, “In general, would you say your mental health is...?” Response options were: “excellent,” “very good,” “good,” “fair” or “poor.” For this study, high mental health is defined as reporting mental health as “excellent” or “very good.”

### Highlights

- The Quick Stats table presents recent estimates of positive mental health outcomes and associated risk and protective factors among adults in Canada.
- The majority of adults in Canada have high positive mental health.
- Out of the five positive mental health outcomes, life satisfaction had the highest prevalence (87.1%) and social well-being the lowest (68.1%).
- Sociodemographic factors including sex, age group, income quintile, education level, province, urban/rural status and immigration status were significantly associated with positive mental health outcomes.

### Happiness

Happiness is measured using data from the CCHS 2015 – Annual Component. Respondents were asked, “In the past month, how often did you feel happy?” Response options were: “every day,” “almost every day,” “about 2 or 3 times a week,” “about once a week,” “once or twice” or “never.” A high level of happiness is defined as reporting feeling happy “every day” or “almost every day” in the past month.

### Life satisfaction

Life satisfaction is measured using data from the CCHS 2015 – Annual Component. Respondents were asked, “In the past month, how often did you feel satisfied with your life?” Response options were: “every day,” “almost every day,” “about 2 or 3 times a week,” “about once a week,” “once or twice” or “never.” High life

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satisfaction is defined as reporting feeling happy “every day” or “almost every day” in the past month.

### **Psychological well-being**

Psychological well-being is measured using six questions from the CCHS 2015 – Annual Component. Respondents were asked how often in the past month they 1) liked most aspects of their personality; 2) had experiences that challenged them to grow and become a better person; 3) felt their life had a sense of direction or meaning to it; 4) felt good at managing the responsibilities of their daily life; 5) felt confident to think or express their own ideas and opinions; and 6) felt that they had warm and trusting relationships with others. Response options were: “every day,” “almost every day,” “about 2 to 3 times a week,” “about once a week,” “once or twice” and “never.” These response options were converted to number of days: “28 days,” “20 days,” “10 days,” “4 days,” “1.5 days” and “0 day.” We added the number of days together for all six questions. High psychological well-being is defined as having a total of 20 or more days in the past month.

### **Social well-being**

Social well-being is measured using data from the CCHS 2017 – Annual Component. Respondents were asked, “How would you describe your sense of belonging to your local community? Would you say it is...?” Response options were: “very strong,” “somewhat strong,” “somewhat weak” or “very weak.” High social well-being is defined as reporting sense of belonging as “very strong” or “somewhat strong.”

## **Results**

### **Main findings**

Table 1 displays the 2019 edition of the PMHSIF Quick Stats. Of adults aged 18 years and older in Canada, 69.9% reported high mental health, 85.9% reported high levels of happiness, 87.1% high life satisfaction, 75.2% high psychological well-being, and 68.1% reported high social well-being. These estimates should not be compared to those found in the 2016 edition of the PMHSIF Quick Stats,<sup>4</sup> as the CCHS – Annual Component underwent significant methodological changes that affect the data beginning with 2015.<sup>5</sup>

### **Sociodemographic determinants and PMH outcomes**

Table 2 displays the odds ratios (ORs) for PMH outcomes, adjusted for sex, age, household income, education, province, urban/rural status and immigrant status.

#### **Sex**

Compared to all PMH outcomes, sex was only significantly associated with self-rated mental health. The odds of reporting high mental health were 18% greater for males compared to females (adjusted odds ratio [aOR] = 1.18, 95% confidence interval [CI]: 1.11–1.26).

#### **Age**

Overall, the population aged 65 years and older had greater odds of positive mental health compared to the adult population aged 18 to 64 years. They were more likely to have high self-rated mental health, happiness, life satisfaction, psychological well-being and social well-being (Table 2).

#### **Income**

As household income adequacy increased, the odds of having high self-rated mental health, happiness, life satisfaction, psychological and social well-being increased in a significant, stepwise fashion. For instance, the odds that adults in the highest income group (Q5) will have high life satisfaction are 3.07 times greater than adults in the lowest income group (Q1) (aOR = 3.07, 95% CI: 2.60–3.63). Additional odds ratios for other income groups can be seen in Table 2.

#### **Education**

Overall, postsecondary graduates were more likely to report high self-rated mental health, happiness and life satisfaction compared to high school graduates and the population with less than high school education. For instance, the odds of postsecondary graduates having high self-rated mental health are 75% greater than the odds of those with less than high school education (aOR = 1.75, 95% CI: 1.57–1.95). Similarly, the odds of high school graduates having high self-rated mental health are 35% greater than those who did not graduate from high school (aOR = 1.35, 95% CI: 1.19–1.53). There was no relationship between education level and psychological or social well-being. Additional odds ratios are presented in Table 2.

### **Province**

There were a few provincial differences in odds of PMH outcomes. In comparison to adults in Nova Scotia, adults in British Columbia, Alberta, Saskatchewan, Ontario, Quebec, New Brunswick and Prince Edward Island were more likely to have high happiness (Table 2). Similarly, Saskatchewan (aOR = 1.43, 95% CI: 1.03–1.97), Quebec (aOR = 1.57, 95% CI: 1.25–1.97) and Prince Edward Island (aOR = 1.68, 95% CI: 1.17–2.40) had significantly higher odds of reporting high life satisfaction compared to Nova Scotia. Adults in Newfoundland and Labrador had the greatest odds of reporting high self-rated mental health (aOR = 1.22, 95% CI: 1.01–1.48) and high social well-being (aOR = 1.50, 95% CI: 1.20–1.87). Additional odds ratios are presented in Table 2.

### **Urban/rural status**

Urban/rural status was significantly associated with happiness, life satisfaction and psychological and social well-being. Individuals living in a rural area had greater odds of reporting high levels of happiness (aOR = 1.26, 95% CI: 1.14–1.40), high life satisfaction (aOR = 1.26, 95% CI: 1.12–1.41), high psychological well-being (aOR = 1.10, 95% CI: 1.01–1.20) and high social well-being (aOR = 1.11, 95% CI: 1.03–1.19) compared to those living in an urban area. There was no association between urban/rural status and self-rated mental health.

### **Immigrants**

Immigrants had greater odds of high self-rated mental health (aOR = 1.39, 95% CI: 1.27–1.51) and high social well-being (aOR = 1.34, 95% CI: 1.22–1.48) compared to non-immigrants. However, immigrants were less likely to report high happiness (aOR = 0.76, 95% CI: 0.66–0.86). There was no relationship between immigrant status and high life satisfaction or high psychological well-being.

## **Conclusion**

This At-a-glance article includes prevalence estimates from the 2019 edition of PMHSIF – Adult. Based on our results, older age and the highest income quintile were associated with all five positive mental health outcomes. Adults with a postsecondary education and those living in a rural area had a greater likelihood of happiness, life satisfaction, psychological well-being and social well-being. Immigrants

and males were more likely to have high self-rated mental health compared to non-immigrants and females. Identifying socio-demographic differences in PMH outcomes has the potential to further a greater understanding of adult positive mental health.

## Conflicts of interest

The authors have no conflicts of interest to disclose.

## Authors' contributions and statement

MV, EP, TL and MB drafted the At-a-glance. MV analyzed the prevalence estimates for self-rated mental health and conducted the logistic regression model analyses. All co-authors interpreted the data and reviewed and/or revised the At-a-glance.

The content and views expressed in this At-a-glance are those of the authors and do not necessarily reflect those of the Government of Canada.

## References

1. Public Health Agency of Canada. Mental health promotion: promoting mental health means promoting the best of ourselves [Internet]. Ottawa (ON): Public Health Agency of Canada; [modified 2014 May 6; cited 2019 Jun 25]. Available from: <https://www.canada.ca/en/public-health/services/health-promotion/mental-health/mental-health-promotion.html>
2. Orpana H, Vachon J, Dykxhoorn J, et al. Monitoring positive mental health and its determinants in Canada: the development of the Positive Mental Health Surveillance Indicator Framework. *Health Promot Chronic Dis Prev Can.* 2016;36(1):1-10.
3. Public Health Agency of Canada (PHAC). Departmental Plan 2019–20. [Internet]. Ottawa (ON): PHAC; 2019 [cited 2019 May 21]. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/transparency/corporate-management-reporting/reports-plans-priorities/2019-2020-report-plans-priorities/phac-aspc-2019-2020-departmental-plan-eng.pdf>
4. Centre for Chronic Disease Prevention. Positive Mental Health Surveillance Indicator Framework: Quick Stats, adults (18 years of age and older), Canada, 2016 edition. *Health Promot Chronic Dis Prev Can.* 2016;36(1):11-2.
5. Statistics Canada. Canadian Community Health Survey 2017 – Annual Component (CCHS) [Internet]. Government of Canada. 2018 [cited 2019 Jul 3]. Available from: <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&Id=329241>

TABLE 1

# **POSITIVE MENTAL HEALTH SURVEILLANCE INDICATOR FRAMEWORK** **QUICK STATS, ADULTS (18 YEARS OR OLDER), CANADA, 2019 EDITION**

INDICATOR GROUP	INDICATOR MEASURE(S)	LATEST DATA	DATA SOURCE (YEAR)
<b>POSITIVE MENTAL HEALTH OUTCOMES</b>			
Self-rated mental health	% of population who self-rate their mental health as being “excellent” or “very good”	69.9%	CCHS (2017)
Happiness	% of population who report being happy “every day” or “almost every day”	85.9%	CCHS (2015)
Life satisfaction	% of population who report being satisfied with life “every day” or “almost every day”	87.1%	CCHS (2015)
	Mean life satisfaction rating (0–10 scale)	8.1	CCHS (2017)
Psychological well-being	% of population who have high psychological well-being	75.2%	CCHS (2015)
Social well-being	% of population who report that they “very strongly” or “somewhat strongly” belong to their local community	68.1%	CCHS (2017)
<b>INDIVIDUAL DETERMINANTS</b>			
Resilience	In development		
Coping	% of population who report a high level of coping	56.9%	CCHS – Mental Health (2012)
Control and self-efficacy	% of population who report a high level of perceived control over life chances	41.6%	GSS Social Networks (2008)
Violence	% of the population who report experiencing, before age 15 years, any of these three types of childhood violence: physical or sexual abuse by an adult and/or exposure to violence by parents or guardians	34.0%	GSS Victimization (2014)
	% of population who report being the victim of physical or sexual abuse in the past 12 months	3.9%	GSS Victimization (2014)
	% of population who report being the victim of spousal violence in the past 5 years	2.7%	GSS Victimization (2014)
Health status	% of population who self-rate their health as “excellent” or “very good”	59.9%	CCHS (2017)
	% of population with no or mild disability	68.5%	CCHS (2015)
Physical activity	% of population who are “active” or “moderately active” during their leisure-time based on self-reported data	69.4%	CCHS (2017)
	% of population aged 18–79 years who meet physical activity guidelines by accumulating at least 150 minutes of moderate-to-vigorous physical activity each week, in bouts of 10 minutes or more	16.4%	CHMS (2016–2017)
Substance use	% of population whose reported alcohol consumption falls within the low-risk alcohol drinking guidelines	83.4%	CTADS (2017)
Spirituality	% of population who report that religious or spiritual beliefs are “very important” or “somewhat important” in their daily life	62.7%	CCHS – Mental Health (2012)
<b>FAMILY DETERMINANTS</b>			
Family relationships	In development		
Family health status and substance use by family members	% of population with a family member who has problems with their emotions, mental health or use of alcohol or drugs	39.8%	CCHS – Mental Health (2012)
	% of population with a family member who has problems with their emotions, mental health or use of alcohol or drugs, who report that their life is affected “a lot” or “some” by their family member’s problems	35.6%	CCHS – Mental Health (2012)
Household composition	% of population living with a spouse or partner	70.5%	CCHS (2017)
	% of population living in a lone-parent household	8.8%	CCHS (2017)
	% of population living alone	16.1%	CCHS (2017)
Household income	% of the total Canadian population below low-income cut-offs after tax	8.8%	SLID (2011)

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INDICATOR GROUP	INDICATOR MEASURE(S)	LATEST DATA	DATA SOURCE (YEAR)
COMMUNITY DETERMINANTS			
Community involvement	% of population that are members of or participate in at least one recreational or professional organization, group, association or club	63.4%	GSS Social Identity (2013)
Social networks	% of population who report having no close friends or family members	6.1%	GSS Social Identity (2013)
	% of population who report having between 1 and 5 close friends or family members	57.1%	GSS Social Identity (2013)
	% of population who report having 6 or more close friends or family members	36.8%	GSS Social Identity (2013)
Social support	% of population who report a high level of perceived social support	94.2%	CCHS – Mental Health (2012)
Workplace environment	% of employed population aged 18–75 years experiencing high job strain	14.8%	CCHS – Mental Health (2012)
Neighbourhood social environment	% of population who report that their neighbourhood is a place where neighbours help each other	88.5%	GSS Victimization (2014)
	% of population who report that social disorder in their neighbourhood is “a very big problem” or “a fairly big problem”	5.3%	GSS Victimization (2014)
Neighbourhood built environment	In development		
SOCIETY DETERMINANTS			
Inequality	In development		
Discrimination and stigma	% of population who experienced unfair treatment at least once in the past 5 years based on characteristics such as gender, race, age or appearance	11.5%	GSS Victimization (2014)
	% of population with a mental health problem who report having been affected by negative opinions or unfair treatment, due to their mental health problem	21.0%	CCHS – Mental Health (2012)
Political participation	% of registered electors who voted in the 2015 federal election	68.3%	Elections Canada (2015)

**Abbreviations:** CCHS, Canadian Community Health Survey; CHMS, Canadian Health Measures Survey; CTADS, Canadian Tobacco, Alcohol and Drug Survey; GSS, General Social Survey; SLID, Survey of Labour and Income Dynamics.

**Note:** “In development” refers to measures that are under development either because a data source is currently not available or because more research has to be done to identify a promising measure and data source.

**Suggested citation:** Public Health Agency of Canada, Centre for Surveillance and Applied Research. At-a-glance: An update on positive mental health among adults in Canada. Quick Stats, Adults (18 years of age or older), Canada, 2019 Edition. Ottawa (ON): Public Health Agency of Canada; 2020.

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**TABLE 2**  
Adjusted odds ratio of positive mental health outcomes, adults aged 18 years and older, Canada, 2015 and 2017

Variable	SRMH <sup>a</sup>	Happiness <sup>b</sup>	Life satisfaction <sup>b</sup>	Psychological well-being <sup>b</sup>	Social well-being <sup>a</sup>
	aOR (95% CI)	aOR (95% CI)	aOR (95% CI)	aOR (95% CI)	aOR (95% CI)
<b>Sex</b>					
Females	Ref	Ref	Ref	Ref	Ref
Males	1.18 (1.11–1.26)	0.95 (0.86–1.04)	0.98 (0.89–1.09)	1.05 (0.98–1.14)	0.95 (0.89–1.02)
<b>Age</b>					
18–24	0.85 (0.74–0.97)	1.40 (1.16–1.70)	1.07 (0.89–1.28)	0.84 (0.73–0.96)	0.94 (0.82–1.07)
25–44	1.00 (0.92–1.09)	1.31 (1.16–1.49)	1.04 (0.91–1.18)	0.97 (0.88–1.08)	0.87 (0.80–0.94)
45–64	Ref	Ref	Ref	Ref	Ref
65+	1.32 (1.22–1.44)	1.61 (1.42–1.83)	1.88 (1.62–2.18)	1.34 (1.20–1.50)	1.67 (1.54–1.82)
<b>Household income adequacy</b>					
Q1 (lowest)	Ref	Ref	Ref	Ref	Ref
Q2	1.29 (1.17–1.42)	1.34 (1.15–1.56)	1.30 (1.11–1.52)	1.04 (0.91–1.18)	1.13 (1.01–1.25)
Q3	1.56 (1.41–1.72)	1.96 (1.68–2.28)	2.09 (1.78–2.45)	1.17 (1.03–1.32)	1.29 (1.15–1.43)
Q4	1.81 (1.62–2.01)	2.19 (1.88–2.55)	2.34 (1.98–2.77)	1.42 (1.25–1.61)	1.28 (1.15–1.42)
Q5 (highest)	2.28 (2.05–2.54)	2.67 (2.29–3.11)	3.07 (2.60–3.63)	1.60 (1.40–1.82)	1.31 (1.17–1.46)
<b>Highest level of education household</b>					
Less than high school	Ref	Ref	Ref	Ref	Ref
High school graduate	1.35 (1.19–1.53)	1.23 (1.03–1.47)	0.96 (0.81–1.14)	1.03 (0.89–1.21)	0.96 (0.83–1.10)
Postsecondary graduate	1.75 (1.57–1.95)	1.37 (1.16–1.63)	1.24 (1.06–1.46)	1.11 (0.96–1.28)	1.09 (0.97–1.23)
<b>Province</b>					
British Columbia	0.96 (0.83–1.11)	1.34 (1.08–1.65)	0.96 (0.75–1.22)	0.93 (0.76–1.13)	1.02 (0.87–1.20)
Alberta	1.00 (0.87–1.16)	1.26 (1.02–1.56)	1.07 (0.85–1.34)	1.02 (0.85–1.24)	0.92 (0.78–1.08)
Saskatchewan	0.97 (0.81–1.17)	1.41 (1.07–1.87)	1.43 (1.03–1.97)	0.96 (0.77–1.20)	1.21 (0.99–1.48)
Manitoba	1.09 (0.91–1.31)	1.25 (0.98–1.61)	1.23 (0.91–1.65)	1.02 (0.82–1.27)	1.13 (0.94–1.36)
Ontario	1.04 (0.91–1.18)	1.29 (1.06–1.58)	1.19 (0.95–1.49)	0.95 (0.79–1.14)	1.04 (0.89–1.21)
Quebec	1.42 (1.24–1.62)	1.37 (1.12–1.68)	1.57 (1.25–1.97)	0.89 (0.75–1.07)	0.69 (0.59–0.80)
New Brunswick	1.03 (0.85–1.24)	1.44 (1.08–1.92)	1.24 (0.92–1.68)	1.08 (0.86–1.37)	1.37 (1.10–1.70)
Nova Scotia	Ref	Ref	Ref	Ref	Ref
Prince Edward Island	1.05 (0.85–1.31)	1.68 (1.20–2.36)	1.68 (1.17–2.40)	1.59 (1.21–2.09)	1.34 (1.06–1.70)
Newfoundland and Labrador	1.22 (1.01–1.48)	1.18 (0.91–1.54)	1.27 (0.94–1.71)	1.41 (1.11–1.78)	1.50 (1.20–1.87)
<b>Urban/rural status</b>					
Rural	1.01 (0.94–1.08)	1.26 (1.14–1.40)	1.26 (1.12–1.41)	1.10 (1.01–1.20)	1.11 (1.03–1.19)
Urban	Ref	Ref	Ref	Ref	Ref
<b>Immigrant status</b>					
Yes	1.39 (1.27–1.51)	0.76 (0.66–0.86)	0.91 (0.79–1.06)	1.02 (0.91–1.15)	1.34 (1.22–1.48)
No	Ref	Ref	Ref	Ref	Ref

**Abbreviations:** aOR, adjusted odds ratio; CI, confidence interval; Q, quintile; Ref, reference group; SRMH, self-rated mental health.

**Note:** Logistic models adjusted for sex, age, province, urban/rural dwelling, education, household income and immigrant status.

<sup>a</sup> All of these estimates are from CCHS 2017 data.

<sup>b</sup> All of these estimates are from CCHS 2015 data.