

## COREY KEYES' MENTAL HEALTH CONTINUUM AND EQUITABLE ACCESS TO SOCIAL DETERMINANTS OF MENTAL HEALTH

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### ABSTRACT

*Mental health and substance use disorders have emerged as two of the foremost global health issues post-COVID-19. For instance, the incidences of mental illnesses such as anxiety, depression, schizophrenia, and substance use disorders are becoming prevalent, more burdensome, and unequally distributed worldwide. Even though youth advocates, public and global health professionals, and various government and nongovernment health and social care agencies have promoted social policies to improve the major social determinants of mental health, such as freedom from discrimination and violence, social inclusion, and equitable access to economic resources, mental health and substance use inequity and stigma persist overwhelmingly within families, communities, countries and across regions. This paper posits that while mental health promotion involves shared responsibility, needing the responsive involvement of many health and social sectors, developing and implementing social policies on the structural determinants of the major social determinants of mental*

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*health alone may not reduce global mental health and substance abuse inequity and stigmatisation. Therefore, this theory/model paper explored how the use of Corey Keyes's mental health continuum, which operationalises mental health as a syndrome of symptoms of positive feelings/functioning in life, in addition to the three major social determinants of mental health, might reduce the negative stigmas associated with mental illness and substance use and enhance access to the social determinants of health. Based on the evidence that Keyes' model not only demonstrates that mental health is a multifaceted state, but also that it is not purely the absence of mental illness symptoms or diagnosis, we concluded that, the model's flourishing with mental illness section presents something positive, which might disabuse the minds of all the stakeholders from either self or public stigmatisation, thereby eliminating one of the major roadblocks for individuals with mental illnesses to equitable access to the major social determinants of mental health.*

**Keywords:** *Mental Health, Social Determinants, Stigmatisation, Keyes' Model of Mental Health.*

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## 1. INTRODUCTION

Mental health and substance use disorders have emerged as two of the foremost global health issues post-COVID-19. Various studies show a significant increase in mental health problems in the general population, especially among at-risk groups (Vadivel et al., 2021). For instance, the incidence of mental illnesses such as anxiety, depression, schizophrenia, and

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substance abuse is becoming prevalent and more burdensome worldwide. According to the Canadian Mental Health Association (2021), one in five Canadians has a mental illness in any given year; 50 per cent of Canadians would have had or experienced a mental illness by the age of 40 years. Similarly, about one-quarter of adults in the United States report experiencing a mental health illness, such as anxiety, depression or emotional distress (Tikkanen et al., 2020). Correspondingly, one in six adults in the United Kingdom has a mental health disorder, and one in 100 has a severe mental illness (Garrett et al., 2019). Worldwide, one in every eight people lives with a mental illness (World Health Organisation, 2022).

While previous studies on the link between mental illness and substance use disorder seem inconclusive, Khokhar et al. (2018) suggest that substance abuse is more prevalent in patients with schizophrenia and intensely exacerbates their overall clinical progression. In addition, Degenhardt, Hall, and Lynskey (2001) posit that active tobacco use was strongly linked to abuse/dependence upon alcohol, cannabis, and other drugs in people with anxiety and affective disorders. According to Brady and Sinha (2005), about 45% of people living with alcohol use disorders and 72% of individuals with drug use disorders have been diagnosed with at least one psychiatric illness.

Even though mental health and many common mental disorders are primarily shaped by the social, economic, and physical environments in which an individual lives (Allen et al., 2014), chronic stress has been heavily implicated as one of the common causes of the onset and relapse of substance use disorders and other psychiatric disorders (Brady & Sinha, 2005).

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For instance, the National Institute on Drug Abuse (2024) posits that people who have been through trauma or have experienced chronic stress might use substances to cope with the distress they feel or with symptoms of related mental illnesses like post-traumatic stress disorder (PTSD). According to Raphael, Bryant, Mikkonen, and Raphael (2020), mental health and substance abuse are linked to the social environment in which people live, as factors such as poverty, lack of access to education, and poor housing might cause chronic stress, promote social isolation, and compound people's vulnerability to mental health problems and substance use disorders.

The 2008 World Health Organisation Commission's Report on Social Determinants of Health promoted the principles of social determinants of health as one of the foremost guidelines for developing government social policies for reducing health disparities (Frank et al., 2020). However, health disparities have persisted across social classes in most societies over the past decade (Mackenbach, 2011; Marmot & Bell, 2012), despite several laudable social and health policies in various countries aimed at promoting the structural determinants of health.

Remarkably, the incidence of mental illnesses such as anxiety, depression, schizophrenia, and substance use is becoming prevalent, more burdensome, and unequally distributed worldwide. Despite the efforts of youth advocates, public and global health professionals, and various government and nongovernment health and social care agencies in promoting social policies to improve the major social determinants of mental health, such as freedom from discrimination and violence, social inclusion, and equitable access to economic

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resources, mental health and substance use inequity and stigma persist overwhelmingly within families, communities, countries and across regions (Hick & Stokes, 2021).

There is no doubt that countries worldwide have initiated several social policies and programmes promoting the social determinants of health, with the objective of bridging the gap in health outcomes for all citizens. However, the gap persists due to poor implementation and utilisation of the programmes by all stakeholders.

Therefore, we posit that while mental health promotion involves shared responsibility, needing the responsive involvement of many health and social sectors, developing and implementing public policies on the structural determinants of the major social determinants of mental health alone may not reduce global mental health and substance use inequity and stigmatisation. Hence, this theory/model paper explored how the use of Corey Keyes's mental health continuum, which operationalises mental health as a syndrome of symptoms of positive feelings/functioning in life, in addition to the three major social determinants of mental health, might reduce the negative stigmas associated with mental illness and substance use and enhance access to the social determinants of health. Based on the evidence that Keyes' model not only demonstrates that mental health is a multifaceted state, but also that it is not purely the absence of mental illness symptoms or diagnosis, we concluded that, the model's flourishing with mental illness section presents something positive, which might disabuse the minds of all the stakeholders from either self or public stigmatisation, thereby eliminating one of the major

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roadblocks for individuals with mental illnesses to equitable access to the major social determinants of mental health.

## **2. REVIEW OF LITERATURE**

### **2.1 Mental Health, Mental Illness and Substance Use Disorder**

One of the major challenges with the concept of mental health is the long-held assumption of mental health as a mental illness. It seems almost impossible to promote mental health with an enduring pathogenic view that invokes stigma, fear, and victim-blaming. In addition, the lack of a unified definition or understanding of mental health stems from varying cultures, religions, and socioeconomic and political ideologies. While mental health and mental illness are not mutually exclusive (Hick & Stokes, 2021), they are not the same thing because while everyone who is mentally healthy experiences challenges concerning their mental well-being, not everyone will experience a mental illness (Canadian Mental Health Association, 2021). However, people without mental health issues could have poor mental health. On the other hand, individuals with mental illness could have excellent mental health under certain conditions. Thus, mental health includes emotions, connection to others, thoughts and feelings, and coping with life's highs and lows. Hick and Stokes (2021) suggest that mental health is a positive feeling of emotional and spiritual well-being that values cultures, equity, social justice, interpersonal relationships, and personal dignity.

On the contrary, mental illness is a complex health condition characterised by changes in people's thought processes, emotions, and behaviours due to significant distress. It

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interferes with people's ability to enjoy life and cope with life's challenges (PHAC, 2017). Mental illness affects people irrespective of their age, education, income levels, and cultures. Environmental issues, such as access to safe and affordable housing, meaningful education and employment, leisure activities, community support, access to land and nature, freedom from violence, and easy access to health care and mental health services, promote good mental health. In contrast, systemic inequalities such as racism, chronic poverty, homelessness, discrimination, and colonial and gender-based violence can negatively impact people's mental health and exacerbate symptoms of mental illness without adequate mental health support (Canadian Mental Health Association, 2021).

Substance use disorder describes the repeated use of any substance, such as alcohol, tobacco, cocaine, caffeine, etc., which results in clinically significant impairment, including failure to meet one's professional, educational, social and family responsibilities (Hanson et al., 2025). Substance use disorder is often associated with poor mental health or mental illness; it can be a coping strategy for untreated trauma, pain, distorted thoughts or emotions, and other health symptoms (Canadian Mental Health Association, 2021). For instance, the Substance Abuse and Mental Health Services Administration (2022) suggests that adults aged 18 or older with any mental illness were more likely than those without mental illness to abuse substances in 2021.

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## 2.2 Social Determinants of Mental Health

Social determinants of mental health describe society-induced conditions to which people are subjected across the lifespan. Individuals' mental health outcomes might be negatively impacted depending on how long they are exposed to these conditions (Kirkbride et al., 2024). According to the World Health Organisation (2022), there is a strong link between poor social determinants of mental health and the risk of developing a mental health condition. Mikkonen and Raphael (2010) assert that people who are exposed to chronic poor social and material living circumstances experience significant physiological and psychological stress because they struggle to survive with low income, poor quality housing, food insecurity, and precarious working conditions due to stigmatisation based on disability, gender, age, sexuality, or race.

For instance, children raised in adverse socioeconomic neighbourhoods exhibit more physical health problems and health-deleterious behaviours. In addition, research evidence indicates that they experience emotional and psychological stressors, such as family conflict and instability, due to persistent insufficient resources (Matthews et al., 2010). According to NASEM (2019), social determinants of health are similar to the concept of social needs, which deals with the individual-level nonmedical critical resource needs such as housing, accessible transportation, and a strong support system at home, which individuals and communities must have to attain positive health outcomes and health equality.

Undoubtedly, the fundamental principles of the social determinants of health align with public and population health

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principles (Frank et al., 2020) as they can be effective in enhancing health outcomes, but the challenges persist due to poor implementation and utilisation of governmental social policies and programmes on social determinants of mental health. Public and individual stigma on mental health and substance use disorder might hinder various stakeholders from taking full advantage of the available social programmes and policies of the social determinants of mental health.

### **2.3 Stigmatisation, Mental Illness and Substance Use Disorder**

According to Chen and Courtwright (2016), stigmatisation is the process of categorising and labelling an undesirable characteristic in a way that limits people's social identity to that characteristic. Mental health stigma describes societal negative attitudes, stereotypes, and discriminatory perceptions of individuals with mental health illnesses, resulting in social isolation, discrimination, and barriers to seeking help and treatment (Corrigan & Watson, 2002). For instance, the Canadian Centre on Substance Use and Addiction suggests (2025) that the stigma on substance use is one of the major obstacles for people seeking and receiving treatment for substance use disorders. Over half of individuals with mental illness avoid or delay medical help for their disorders due to fear of discrimination or concerns of losing their jobs (Corrigan & Watson, 2002).

For example, the Centre for Addiction and Mental Health (2025) asserts that stigma prevents 40% of individuals with anxiety or depression from seeking medical treatment. According to the Lancet Editorial (2016), the adverse impacts of

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mental health stigma are prevalent, preventing political interest, charitable fundraising, support for local services, and underfunding of research for mental health in comparison to other health conditions.

Stigmatisation manifests in public, internalised (self-stigma), and structural forms (Corrigan et al., 2014). Various research data show the pervasive harmful effects of stigma on individuals with mental illness, such as reduced hope, lower self-esteem, increased psychiatric symptoms, difficulties with interpersonal relationships, and reduced likelihood of remaining in treatment and more challenges at work (Corrigan & Watson, 2002). Oexle et al (2017) conclude that stigma restricts the life opportunities of people with mental illness.

For instance, self-stigma (the internalisation of negative stereotypes) reduces self-empowerment and could delay recovery. Also, Corrigan et al., (2014) suggests that the public stigma, which sees people with mental illness as dangerous, incompetent, responsible for their disorder, and unpredictable could make employers not hire them, encourage landlords not to rent houses to them, and their health system might provide substandard care, which may lead to intended or unintended loss of opportunity. Particularly, self-stigma of seeing oneself as dangerous, incompetent, and to blame for one's mental illness or substance use disorder could lead to lowered self-esteem and self-efficacy to the extent that the individual will feel unworthy and unable to live independently or maintain good health (Corrigan et al., 2014). Thus, the need for adopting Core Keyes' Mental Health Continuum as a pragmatic measure for creating objective global health awareness on mental health and

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substance use disorder, which might enhance the implementation and equitable access to social determinants of mental health and create more inclusive societies.

#### **2.4 Corey Keyes' Mental Health Continuum**

Corey Keyes' Mental Health Continuum defines mental health as a dynamic scale that changes from flourishing (optimal well-being) to languishing (poor mental health). Consequently, Keyes' Mental Health Continuum model suggests that mental health and mental illness are not mutually exclusive, as mental illness and mental health are interrelated with distinct features and causative factors (Westerhof & Keyes, 2010). According to Manitoba (2025), Keyes' Model demonstrates that mental health is a multifaceted condition and not merely the absence of mental illness symptoms or diagnosis. In Keyes' model, the horizontal line measures mental illness while the vertical line measures a person's mental health as a separate but interrelated concept (See diagram 1).

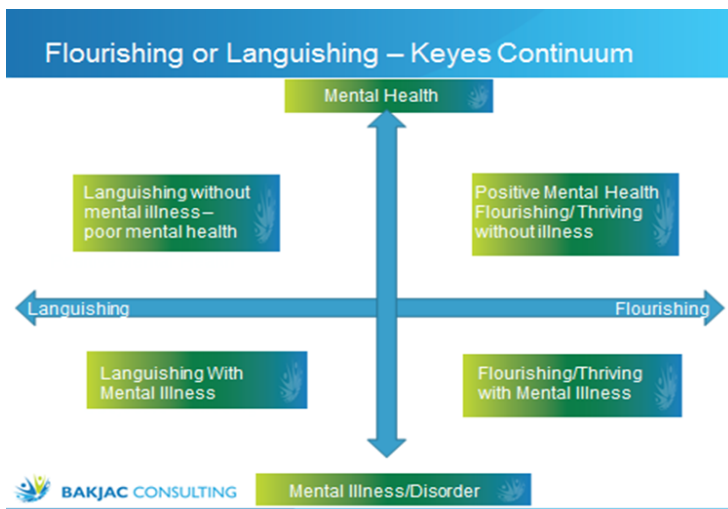


Figure 1. Flourishing or Languishing - Keys Continuum

Westerhof and Keyes (2010) assert that “flourishing” depicts a condition where people use an optimum subjective well-being with an optimal level of psychological and social performance, while “languishing” denotes indifference, anxiety, and a complete lack of interest in the things that naturally make one happy (Fielding, 2021). Keyes’ Mental Health Continuum has four discrete quadrants. For instance, individuals in the upper left quadrant have diagnosed mental disorders, but they are able to show behaviours and emotions that relate to flourishing. Similarly, people in the lower right quadrant have not been diagnosed with a mental illness, even though they show features that are related to languishing (Borgaonkar, 2023). Thus, people who have not been diagnosed with mental illnesses can languish or develop mental illnesses without

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continuous access to the social determinants of mental health, the same way individuals with diagnosed mental disorders can flourish with continuous access to social determinants of health.

### **3. RESEARCH METHODOLOGY**

As an empirical study outcome, we reviewed grey literature, including the World Health Organisation (World Report on Social Determinants of Health Equity, 2025) and Government of Canada websites, focusing on country-specific policies and programmes that promote the social determinants of mental health. Based on the outcomes of our review, we investigated how the application of Keyes' Mental Health Continuum might support these country-specific programmes and enhance equitable access to Social Determinants of Mental Health among people with mental illnesses. Our main discussion focused on how the understanding of the concepts of flourishing and languishing, with or without a mental illness diagnosis, might impact all the stakeholders' views on mental health and substance use disorders and how the shift in stakeholders' perceptions of mental health and substance use disorders might influence the equitable access to the social determinants of mental health.

### **4. RESULTS AND ANALYSIS**

Our findings indicate that more than 100 countries support action on the social determinants of health in enhancing health equity through implementing better governance for health and development, promoting socially inclusive policy-making and implementation, continuously reorienting the health sector

towards reducing health inequities, strengthening global governance and collaboration, measuring progress and ensuring accountability (World Health Organisation, 2025 b). Table 1 provides a list of countries and summaries of their actions on the social determinants of health to enhance health equity.

Table 1. Countries and Summaries of Their Actions on Social Determinants of Health

Countries	Summaries of Actions on Social Determinants of Health
Chile	The Programa de Recuperación de Barrios (Neighbourhood Recovery Program) has been initiated to enhance the quality of life in the country's neighbourhoods through community participation and multisectoral collaboration among more than 10 government organisations and policy sectors, including the ministries of the environment, health, and internal affairs. The Program is designed to create security awareness among residents in impoverished areas. This program supports infrastructure projects (sidewalks, bike paths, green areas, community and sports facilities) and social projects.
Costa Rica	Local governments in the Bruna region are using intersectoral teams within existing committees to promote partnership between primary care groups, local governments, and the community. Their focus tackling unemployment, citizen insecurity, adolescent drug use, and multidimensional poverty through life skills development across local populations.
India	Provided vital economic support of about Rs 68.8 billion to more than 420 million

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people with low incomes during the COVID-19 pandemic. The country has also initiated the Pradhan Mantri Garib Kalyan Program, which provides cash and in-kind (food) aid to reduce food insecurity among rural households experiencing decreases of 2.4% and 0.92% in severe and moderate food insecurity, respectively.

Lao People's Democratic Republic

The CONNECT initiative promotes collaboration among community representatives, health and local government staff to find locally specific solutions to enhance the social determinants of health equity. The aim is to improve trust in the health system, enhance access to essential services for more poor families, and increase the use of essential services, such as vaccinations and water. Nationally, Lao has formalised intersectoral collaboration through a Memorandum of Understanding between the Ministries of Health and Home Affairs, and through the recent Primary Health Care law.

New Zealand

Initiated the Healthy Homes programme in 2013. This programme focuses on enhancing access to quality housing through insulation, heating and ventilation for low-income Māori and Pacific families with young children. The aim is to reduce housing-related hospitalisations and encourage better school attendance and employment outcomes among families.

Morocco

In April 2022, the Government initiated a national multilateral agreement to enhance workers' living conditions and reviewed the collective bargaining laws, which created the National Observatory for Social Dialogue on gender-sensitive negotiations and clauses aimed at gender equality. In addition, the agreement

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	enhances Occupational Safety and Health by assessing risks, promoting labour inspector and physician capacities, and analysing Occupational Safety and Health indicators.
Sweden	Sweden initiated paid parental leave to both parents' programmes in 1974. They also have Tax-funded education, health services, and subsidised early childcare to promote work-life balance and labour-force participation, and to reduce gender, socio-economic and health inequities. In addition, Sweden introduced new rules in 2024 that allow people up to 480 days of partially paid parental leave, and the transfer of up to 45 days of leave to grandparents or friends, supports active ageing and community participation and ensures economic and health equity assistance across generations.
The United Kingdom of Great Britain and Northern Ireland	Initiated a community wealth-building policy, which controls local procurement and employment. The purpose of this policy is to improve residents' economic well-being, redirect public spending to local suppliers and support cooperative business models.
Zimbabwe	In 2018, the government installed solar photovoltaic systems in over 400 health facilities to provide constant electricity to over 6.5 million people. This project has extended working hours, enhanced staff retention, and improved maternal care and life-saving procedures, mainly in underserved areas.

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Source: The author(s) own work.

In addition to the above results, data from the Government of Canada Websites indicate Canada's political commitment to

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implementing social determinants of health policies and programmes to reduce health inequities. All levels of government, including federal, provincial/territorial, and municipal, have developed and implemented policies and social programmes to reduce health inequity. These initiatives can be grouped into social investments (designed specifically for families with children living in poverty and for early childhood development); community capacity to address social determinants of health and health equity; integrated policies and joint action across sectors and jurisdictions; knowledge infrastructure to assess the health of subpopulations and the efficacy, adaptability and scalability of interventions; and leadership within and outside the health sector (Government of Canada, 2016).

For instance, Canada launched the Intersectoral Action Fund (ISAF) in 2021 to strengthen community capacity by advancing intersectoral action on social determinants of health, such as income, social status, racism, and healthy child development (Public Health Agency of Canada, 2024). Social safety net programmes such as Social Assistance, Canada Child Tax Benefit, Old Age Security, Guaranteed Income Supplement, Employment Insurance, Canada and Quebec Pension Plan, Workers' Compensation, Public education, Medicare, Social housing, and social services have been designed and implemented to promote equitable access to social determinants of health (Hicks & Stokes, 2021).

Despite all these laudable policies and programmes, disability-related inequalities in adult mortality persist within countries, as the mortality rates of individuals with disabilities have doubled

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the mortality rates of those without disabilities (Smythe & Kuper, 2024). Similarly, in high-income countries, the mortality gap for individuals with mental health disorders is 20 years for men and 15 years for women, because of lifestyle risk factors, social determinants and poorer health care (UNICEF, 2024). Thus, one can infer that inequity in mental health disorders may not necessarily be due to a lack of social determinants of mental health, because the availability of social determinants of health may not guarantee their access to everyone who needs them. Therefore, we hypothesise that adopting Keyes' might enhance access to the Social Determinants of Mental Health among people with mental illnesses.

While this study did not find a significant number of direct studies on how the use of Keyes' mental health continuum might enhance access to the social determinants of mental health, it suggests an alternative interpretation of the concepts of mental health, mental illness, and substance use disorder, which might reduce stigma and improve equitable access to the social determinants of mental health. Also, an analysis of Corey Keyes' Mental Health Continuum model indicates that mental health is a dynamic continuum ranging from flourishing (optimal well-being) to languishing (poor mental health). Thus, mental health and mental illness are not mutually exclusive, as mental illness and mental health are interrelated with distinct features and causative factors (Westerhof & Keyes, 2010).

Furthermore, the four quadrants of Keyes' mental health continuum provide a comprehensive understanding of the concepts of mental health and substance use disorder, with particular emphasis on the benefits of the languishing and

flourishing with or without mental illness sections of the mental health continuum to all stakeholders (Please see Table 1 below).

Table 2. explains the major themes presented in Corey Keyes' continuum of mental health

Positive Mental Health-Flourishing without Mental Illness (The healthy Stage or Section)	People who are at this point or section are mostly content and happy in their lives. They are usually emotionally well-balanced, stable, and goal-oriented. Most of them live in resilient communities.
Languishing without Mental Illness (Mid or Problem Point)	People who are at this point might demonstrate some distress and inability to cope, and are less capable of performing daily life functions. Most of them live in less resilient communities with limited access to the social determinants of health.
Languishing with Mental Illness	People who are at this stage of the continuum are unable to deal with stress and show substantial changes in their thoughts, behaviour, and actions. Most of them do live in resource-starved communities with a lack of access to the social determinants of health.

Source: The author(s) own work.

According to Table 2, one can infer that causatively, mental health and mental illness are multifaceted, and are not static conditions, which is contrary to the popular view that people with mental illness are responsible for their disorder, unpredictable, dangerous, incompetent and irresponsible while people without mental illness are perfect, responsible, less dangerous and mentally capable of coping with their daily activities. For instance, we noted in the languishing without mental illness section of the Keyes' model that individuals that have not been diagnosed with mental health disorders who do not have adequate access to social determinants of mental health living in less resilient communities might experience distress and might be less capable of performing daily life functions, on the other hand, people in the Flourishing with

Mental illness disorder section of the model are thriving, even though they have been diagnosed with mental disorders such as bipolar disorder, depression, or alcoholism because they have robust access to social determinants of mental health and live in resilient communities.

## **5. IMPLICATIONS OF THE KEYES' MODEL FOR ACCESS TO SOCIAL DETERMINANTS OF MENTAL HEALTH AND PRACTICE**

### **5.1 Intrapersonal Level**

Understanding the Keyes' mental health continuum might empower the individual with a diagnosed mental health disorder to access the available social determinants of mental health and promote self-advocacy by dispelling the self-held stereotype and prejudices that one is dangerous, useless, and to blame for living with a mental illness, as these thoughts often lead to decreased self-esteem, efficacy, and doubts to the point that the individual sees no reasons to make an effort or seek for help ( Corrigan, et al., 2014). Also, knowing that one can flourish despite being diagnosed with a mental illness might encourage a person to feel worthy of living, working, and thus, continuously striving to maintain good mental health.

### **5.2 Interpersonal Level**

Family, friends, and guardians perform various important supportive roles for individuals with mental health disorders. Their support can considerably enhance treatment outcomes, reduce relapse, and improve the overall quality of life for both individuals with mental health disorders and their loved ones (Canadian Mental Health Association, Ontario, 2025). However, this may not be possible if they believe that people with mental

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illnesses are dangerous, useless, and to blame for their disorders, as they will not see any reason why they should advocate for them and support them in accessing the available social determinants of mental health. Thus, the inclusion of the Keyes' model in promoting access to the social determinants of mental health might help the families, friends and guardians of people with mental health disorders to understand that their family member or friend with a mental health disorder can flourish or lead a meaningful life with their support. In addition, reducing the stigma associated with mental health disorders through the use of Keyes' model might enable patients with mental illness, their families and other social support systems to better interact with the primary care providers, which would significantly promote positive treatment outcomes.

### **5.3 Population Level**

Like in the interpersonal level, most people in the public, community or the entire population stigmatise individuals with mental illness as dangerous, incompetent, unstable, and to blame for their mental health disorders. This explains why employers may not hire them. It may also be one of the primary reasons why landlords may not rent out their houses to them (Corrigan et al., 2014). Consequently, the health care system may provide substandard mental health facilities and care to mental health patients because of the public or population stigma, which sees people with mental illness as people who are incapable of contributing meaningfully to society. However, adopting the Keyes' mental health continuum model might not only reduce the erroneous public perceptions and stigma about people living with mental illness, but it will also promote

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advocacy and their inclusion in policymaking and implementation.

#### 5.4 Systemic level

Stereotypes are entrenched in our cultures and societies. These are personified in our laws and institutions (Corrigan et al., 2014). According to the Government of Quebec (2025), stereotypes are biases and one-dimensional images that have a negative impact on how we see people, relate with them and treat them. Stereotypes impose limitations on the target population, assign them roles that may not suit them, and make it more difficult for them to express themselves independently. For instance, Perlin (2006) asserts that the word “sanism” has been used to explain society and the legal system’s unfounded bias towards people based on mental disability, almost in the same way as the term “ableism” has been used in society to devalue and limit the ability of people with disabilities (Hick & Stokes, 2021). According to Link and Phelan (2001), stigma exists when authorities permit labelling, stereotyping, separation, status loss, and discrimination to occur at the same time.

The common perception is that individuals with mental illness are more violent than people in mainstream society. While the risk of violent behaviour might be higher among people with serious mental illnesses who also use substances, the Canadian Mental Health Association, Ontario (2025) asserts that rates of violence among individuals with mental illness who do have coexisting substance use are the same as the rates of violence in the mainstream society (Canadian Mental Health Association, Ontario, 2025).

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Martin and Johnston (2007) state that because of stereotyping, people are afraid of divulging their disability, as many individuals with disabilities, such as mental health disorders have been labelled, some experienced negative attitudes from others, while others lost their jobs or housing, or experienced unfair treatment with the health and social care system after revealing a mental health issue or addiction. Even with the availability of social determinants of mental health, the fear of discrimination might force people with disabilities not to seek or access support for a mental health issue or addiction (Martin & Johnston, 2007).

## **6. CONCLUSION**

The goal of this theoretical/model paper was to explore how the use of Keyes' Mental Health Continuum could enhance equitable access to the Social Determinants of Mental Health for people with mental illnesses. This study was necessitated by the persistence of mental health as a major global public health issue despite numerous international and local social policies and programmes on social determinants of mental health over the past decades. For instance, in the last two decades, mental health conditions and substance use disorders have risen to about 13% (World Health Organisation, 2025). Worldwide, 970 million people lived with at least a mental disorder, with anxiety and depression being the most pervasive in 2019 (World Organisation, 2025). Globally, mental health disorders are the reason for 1 in 6 years that people live with disability. Those with critical mental health conditions live 10 to 20 years less than people in the mainstream society. Mental health disorders are one of the major risk factors for suicide and exposure to

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human rights abuses (World Health Organisation, 2025), and it is projected that by 2030, depression will be one of the major causes of disability and death globally, besides heart disease (Borgaonkar, 2023).

Finally, grasping Keyes' mental health continuum might promote person-centred planning, which enhances accurate mental health needs assessment and identifies the support or strategies that could improve people's mental wellbeing. In addition, identifying changes on the continuum might facilitate early intervention and enhance practical actions to sustain or enhance mental health (Chowdhury, 2019). This is contrary to the traditional approaches, which often characterise mental illness as merely an individual problem, with a focus on finding the pathogen and treating the disease instead of understanding the systemic factors that influence it (Government of Canada, 2024). Therefore, it is imperative to recognise that mental illness is an indicator or litmus test that unambiguously proves the outcome of stress and distress on an individual's or a community's current level of coping and resilience and not only an individual's failures. For instance, the distressing increase of mental illness and substance use disorders among Canada's Indigenous communities highlights a culture that has had its coping strategies and systems overstretched to the point that it is almost impossible for the people in these communities to see a clear and free pathway toward complete wellness (Barrington-Moss, 2023).

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