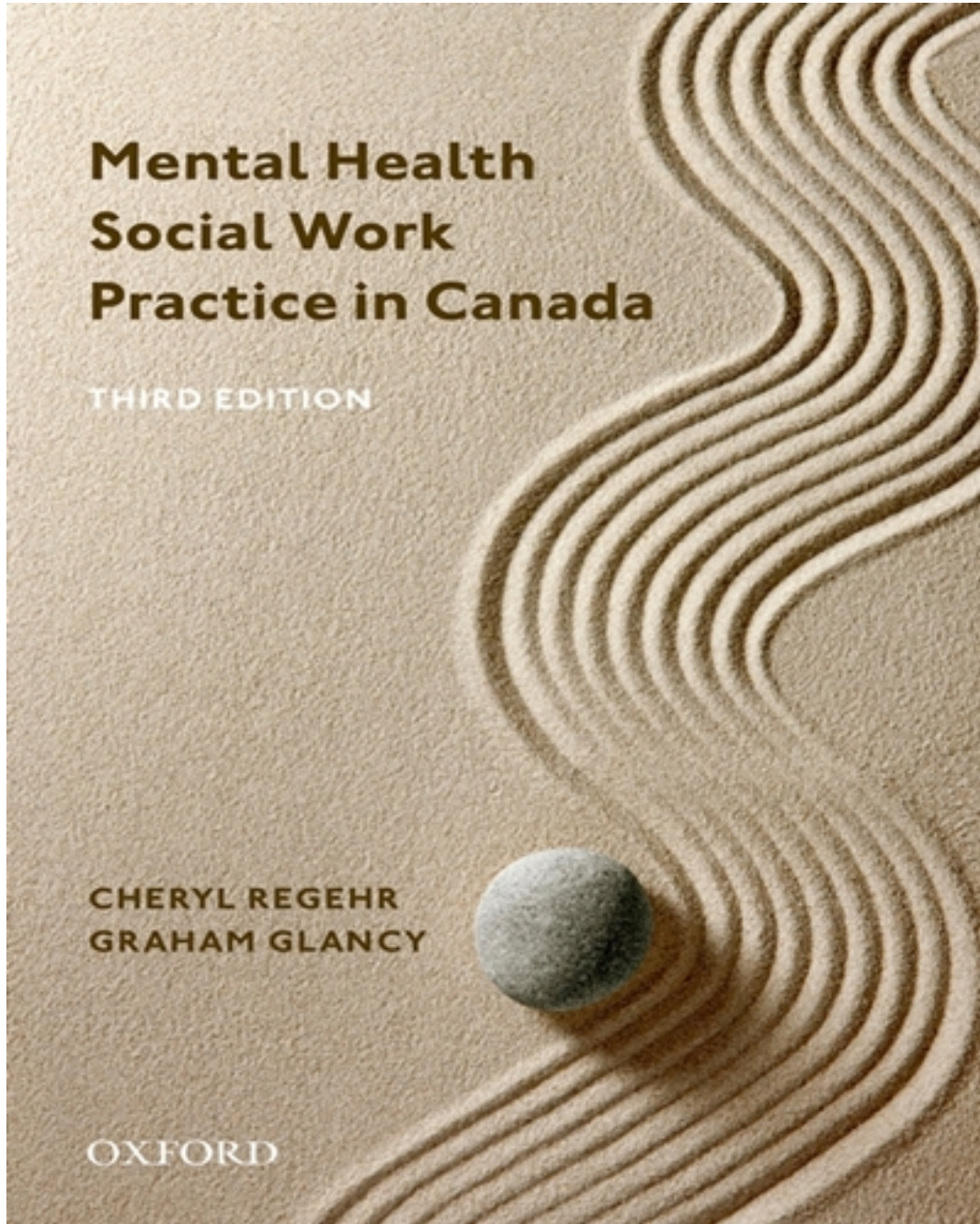


Test Bank for Mental Health Social Work Practice in Canada 3rd Edition by Regehr

[CLICK HERE TO ACCESS COMPLETE Test Bank](#)



Test Bank

CHAPTER 2

A Policy Framework for Mental Health Practice in Canada

Multiple Choice Questions

1. Who or what defines the powers of government in Canada?
 - a) The Charter of Rights and Freedoms
 - b) Federal or provincial legislatures
 - c) Federal policymakers
 - d) The Canadian constitution
2. The Charter of Rights and Freedoms (1982) identifies fundamental freedoms for Canadians. Which of the following is NOT included in these freedoms?
 - a) Freedom of association
 - b) Freedom of thought
 - c) Freedom of intention
 - d) Freedom of conscience
3. In what year was Jordan's Principle passed in the House of Commons?
 - a) 1982
 - b) 2015
 - c) 2018
 - d) 2007
4. What percentage of COVID-related deaths in Canada occurred in long-term care homes, according to a June 2020 report?
 - a) 31%
 - b) 27%
 - c) 28%
 - d) 81%
5. Andreae (2002) identified seven core values of Canadians related to health and health care. Which of the following is NOT among these values?
 - a) Equal opportunity to receive services based on individual needs
 - b) Informed consent
 - c) Informed choice
 - d) Citizen participation
6. In 1962, which provincial government created the nation's first universal health care system?
 - a) Ontario
 - b) Saskatchewan
 - c) British Columbia
 - d) Quebec

7. The Kirby Report (2002) focused on three areas related to health care services. Which of the following is NOT one of those three key areas?
 - a) Adequate funding
 - b) Adequate human resources
 - c) Adequate dispensing fees
 - d) Systemic reform of service delivery

8. In Box 2.1, the principles of the Canada Health Act are outlined. Which of the following is NOT one of its principles?
 - a) Universality
 - b) Comprehensiveness
 - c) Portability, including coverage for Canadians living in other countries
 - d) Accessibility

9. In 2019, health care spending in Canada reached \$264 billion, translating to what amount per person?
 - a) Over \$7,000
 - b) \$6,000
 - c) \$2,500
 - d) \$1,200

10. Which of the following is NOT identified as one of the primary factors influencing Canadians' health?
 - a) Gender
 - b) Religion
 - c) Education
 - d) Income

11. According to Chen et al. (2019), Indigenous people in Quebec are at _____ risk of diabetes, compared to non-Indigenous people.
 - a) 1-2 times higher
 - b) 0.5 times higher
 - c) 2-4 times higher
 - d) 5 times higher

12. The first Canadian hospital for mental health patients was opened in New Brunswick in _____.
 - a) 1836
 - b) 1830
 - c) 1850
 - d) 1894

13. In 1850, over half of the patients in the Toronto Lunatic Asylum were admitted from _____.
- a) other hospitals in the region
 - b) halfway houses
 - c) skid row
 - d) local jails
14. Sigmund Freud introduced what model of understanding mental illness?
- a) Transactional analysis
 - b) Gestalt
 - c) Psychoanalysis
 - d) Transpersonal psychology
15. The era of deinstitutionalization began in the _____.
- a) 1980s
 - b) 1960s
 - c) 2000s
 - d) 1950s
16. Which of the following is NOT included in the text as a rationale for deinstitutionalization?
- a) Cost of inpatient treatment
 - b) New psychiatric medications
 - c) Belief in the benefits of community-based treatment
 - d) Returning patients to the care of their families
17. “Psychiatric ghettos” is a term that describes the result of _____.
- a) the consumer movement
 - b) deinstitutionalization
 - c) institutionalization
 - d) medicalization
18. Mental health reform included increasing community-based services for individuals with serious mental illness. Which of the following was NOT used to determine access to these services?
- a) Compliance
 - b) Disability
 - c) Duration of illness
 - d) Diagnosis
19. By 1998, community mental health programs included _____.
- a) more psychiatric facilities
 - b) free medication
 - c) drop-in centres
 - d) art therapy groups

20. In the 1980s, the Graham Report proposed a reduction in the number of psychiatric beds in Ontario to 30 per 100,000 population by 2003. By 2015, the number of beds was at _____.
- a) 81 per 100,000
 - b) 219 per 100,000
 - c) 58 per 100,000
 - d) 34.2 per 100,000
21. Corrections Canada (2015) reported that what percentage of newly admitted federal male offenders met the criteria for a mental disorder?
- a) 25%
 - b) 50%
 - c) 65%
 - d) Over 70%
22. The 2002 report *The Time Is Now*, released by Ontario's Ministry of Health and Long-Term Care, suggested several areas of reform for mental health services. Which of the following is NOT one of the suggested areas of reform listed in the text?
- a) An increase in sheltered workshops
 - b) Enhanced family support
 - c) Public education
 - d) Consumer-driven mental health planning
23. The national mental health strategy is based on the belief that it is essential for programs to address social dimensions of mental health, including _____.
- a) housing
 - b) food banks
 - c) recreational facilities
 - d) legal services
24. The Canadian Alliance on Mental Illness and Mental Health (2006) reported that many Canadians had a negative view of those with mental illness. At what level of society does stigma NOT exist?
- a) Individual
 - b) Professional
 - c) Social
 - d) Stigma exists at every level of society
25. The Standard on Psychological Health and Safety for Post-Secondary Students (2020) includes several areas for reform to better support students. Which of the following is NOT included in this list?
- a) Promoting life skills
 - b) Providing safer learning environments

- c) Reducing tuition fees
- d) Raising mental health awareness

True or False Questions

1. The 1867 Constitution Act defined three main areas of government: the executive, the legislature, and the judiciary.
2. “Jordan’s Principle” states that responsibility for payment for health care services to Indigenous children must be determined before service is provided.
3. The Kirby Report (2002) was an extensive review of mental health care services in Canada.
4. Social workers licensed in one province can immediately practice under that license in any province.
5. When funding cuts are made to health care, mental health care is often impacted.
6. When it comes to health care legislation, mental health care takes precedence over other health care concerns.
7. Steele et al. (2007) reported a positive correlation between education and access to health care.
8. Substance abuse is not related to mental health outcomes.
9. Fuller-Thomson et al. (2012) reported that intimate partner violence is marginally associated with mental health status.
10. British Columbia’s Colony Farm hospital site used patient labour as a means of treatment.
11. Between 1965 and 1981, as a result of deinstitutionalization, the number of beds in provincial psychiatric hospitals across Canada dropped by 30 per cent.
12. The consumer movement was always well received by the mental health care system.
13. Transinstitutionalization is a term referring to the increased number of mental health patients who end up incarcerated.
14. In 2002, Ontario’s Ministry of Health and Long-Term Care released a report based on the philosophy that recovery from mental illness is possible for all people who are medication compliant.

15. The 2006 report *Out of the Shadows at Last* stated that Canada was the only G8 country that did not have a national mental health strategy.

Short Answer Questions

1. What are some examples of conflicts between federal and provincial health care systems and legislation?
2. What are some of the strengths and challenges of a pluralistic society?
3. Describe the rationale for the deinstitutionalization movement.
4. What are some of the strategic directions set out by the Mental Health Commission of Canada's mental health strategy?
5. What does the text say about stigma?

Answer Key

Multiple Choice Questions

1. D (Background)
2. C (Background)
3. D (Background)
4. D (Background)
5. B (Health Policy in Canada)
6. B (Health Policy in Canada)
7. C (Health Policy in Canada)
8. C (Health Policy in Canada)
9. A (Health Policy in Canada)
10. B (Health Policy in Canada)
11. C (Table 2.1: Social Determinants of Health for Canadians)
12. A (Mental Health Policy in Canada)
13. D (Mental Health Policy in Canada)
14. C (Mental Health Policy in Canada)
15. B (Mental Health Policy in Canada)
16. D (Mental Health Policy in Canada)
17. B (Mental Health Policy in Canada)
18. A (Mental Health Policy in Canada)
19. C (Mental Health Policy in Canada)
20. D (Mental Health Policy in Canada)
21. D (Mental Health Policy in Canada)

22. A (Mental Health Policy in Canada)
23. A (Mental Health Policy in Canada)
24. D (Mental Health Policy in Canada)
25. C (Mental Health Policy in Canada)

True or False Questions

1. T (Background)
2. F (Background)
3. F (Health Policy in Canada)
4. F (Health Policy in Canada)
5. T (Health Policy in Canada)
6. F (Health Policy in Canada)
7. T (Table 2.1: Social Determinants of Health for Canadians)
8. F (Table 2.1: Social Determinants of Health for Canadians)
9. F (Table 2.1: Social Determinants of Health for Canadians)
10. T (Mental Health Policy in Canada)
11. F (Mental Health Policy in Canada)
12. F (Mental Health Policy in Canada)
13. T (Mental Health Policy in Canada)
14. F (Mental Health Policy in Canada)
15. T (Mental Health Policy in Canada)

Short Answer Questions

1. Three examples were given to illustrate conflicts between federal and provincial health care systems and legislation.
The first example describes a case in BC regarding payment for therapy for four children with autism. The Supreme Court of British Columbia ruled that the province was liable for the costs of services under the Charter of Rights and Freedoms, but the case was appealed to the Supreme Court of Canada, which overruled the provincial court's decision.
The second example describes the case of Jordan River Anderson. This case highlighted the issue of responsibility for health care funding for Indigenous persons, whereby the federal government is responsible for the population's health care, yet the provinces provide the health care services.
The third example describes the challenges that occurred during the early days of COVID-19. Each province set out different containment measures; health care professionals could not easily travel to regions needing more support; and there was inconsistency in the availability of medical equipment and supplies. (Background)
2. Strengths of a pluralistic society include the ability to consider multiple, diverse opinions when working toward the common good. However, these diverse opinions and views

compete for recognition and importance, particularly when drafting social welfare policies. (Background)

3. Deinstitutionalization reduced the costs associated with psychiatric hospital stays and promoted the benefits of community-centred care. As well, the introduction of new medications treated symptoms without the need for hospitalization. (Mental Health Policy in Canada)
4. Strategies include: promoting mental health across the lifespan and throughout communities; encouraging recovery and upholding the rights of people of all ages; providing access to person-centred services, when and where needed; reducing disparities in risk factors and service access and building response capacity for diverse and northern communities; acknowledging the unique needs of First Nations, Métis, and Inuit populations and recognizing cultural diversity and rights; and promoting leadership, knowledge, and collaboration at all levels of mental health care. (Mental Health Policy in Canada)
5. Stigma towards mental illness occurs at all levels of society, from the general population to health care professionals. Despite public awareness about the different types of illness, social stigma persists. Individuals with mental health issues also experience self-stigma that can hamper their ability to engage in society and seek help for their symptoms. (Mental Health Policy in Canada)