

THIRD EDITION

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# MENTAL ILLNESS & ADDICTION IN CANADA

Percentage of Canadians who will experience an anxiety disorder in their lifetime: 12%  
Group with the highest rate of hospitalization for anxiety disorders: People 65 and over  
Percentage of Canadians who will experience a major depression in their lifetime: 8%  
Percentage of Canadians who will experience bi-polar disorder in their lifetime: 1%  
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Mood Disorders Society of Canada

La Société Pour Les Troubles de L'Humeur du Canada

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## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

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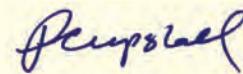
n behalf of the Mood Disorders Society of Canada (MDSC), I am pleased to present the third edition of "*Quick Facts on Mental Illness & Addiction in Canada*". The incredible demand for copies of the first two editions was beyond our wildest expectation. There is now no doubt that there is a need in Canada to bring together, in a comprehensive, evidence based document, important statistics relating not only to mental illnesses and addictions as they impact individuals and their families but also as they impact the healthcare system, the workplace, and the economy in general. There is also a need to develop a common understanding of the relationship between mental illnesses, addictions, and physical illnesses such as cancer, diabetes, and heart disease.

I am sure that you will find this third edition useful and informative. We have added current information about the Mental Health Commission of Canada and eight additional pages of important facts. We have written it in a style that will facilitate the uptake of the information by all members of the Canadian public. All facts provided in this handbook are evidence based. Fully sourced citations are provided on the Mood Disorders Society of Canada website including where reference documents can be accessed.

We ask that in using this document as a resource you provide credit to the MDSC. We trust that "*Quick Facts on Mental Illness & Addiction in Canada*" will encourage public understanding and discussion of a subject that has been taboo for far too long.

Your comments and questions are invited. Additional copies of this publication or other publications of MDSC may be ordered by going to:  
[www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca) and sending us an email request by clicking on "contact us".

Finally, this third edition could not have been printed and distributed without the unconditional financial support of our educational activities by AstraZeneca Canada, Pfizer Canada, Wyeth Canada, GlaxoSmithKline and Canada Post. A heartfelt thanks to all of our financial supporters. Thanks are also due to Dr. Barbara Everett for providing additional research for this third edition booklet, and to all those who have contributed their time and efforts on this project. We thank everyone for their support and encouragement.



Phil Upshall, National Executive Director  
The Mood Disorders Society of Canada  
October, 2009

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

### DEFINITIONS

- **Mental health** (or well being) is an ideal we all strive for. It is a balance of mental, emotional, physical and spiritual health. Caring relationships, a place to call home, a supportive community, and work and leisure all contribute to mental health. However, no one's life is perfect, so mental health is also about learning the coping skills to deal with life's ups and downs the best we can.
- **Mental illness** is a serious disturbance in thoughts, feelings and perceptions that is severe enough to affect day-to-day functioning. Some names for mental illness include:
  - **schizophrenia** - seeing, smelling or hearing things that aren't there – or holding firm beliefs that make no sense to anyone else but you,
  - **depression** - intense feelings of sadness and worthlessness – so bad that you have lost interest in life,
  - **bi-polar disorder** - cycles of feeling intensely happy and invincible followed by depression,
  - **anxiety disorders** - panic attacks, phobias, obsessions or post traumatic stress disorder,
  - **eating disorders** – anorexia (not eating), or bulimia (eating too much and then vomiting), and
  - **borderline personality disorder** - severe difficulty with relationships, placing yourself in danger, making decisions that turn out to be very bad for you – most often as a result of a history of child abuse, abandonment or neglect.

### NATIONAL AND INTERNATIONAL FACTS ABOUT MENTAL ILLNESS

#### *Facts from Canada*

- Chances of having a mental illness in your lifetime in Canada: **One in five**
- At any given time, percentage of Canadians who have a mental illness: **10.4%**
- Percentage of adolescents (aged 15 – 24) who report a mental illness or substance abuse problem: **18%**
- Percentage of people who commit suicide who have a diagnosable mental illness: **90%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- Percentage of Canadians who will experience a major depression in their lifetime: **8%**
- Percentage of Canadians who will experience bipolar disorder in their lifetime: **1%**
- Percentage of Canadians who will experience schizophrenia in their lifetime: **1%**
- Percentage of Canadians who will experience an anxiety disorder in their lifetime: **12%**
- Group with the highest rate of hospitalization for anxiety disorders:  
**People 65 and over**
- Percentage of Canadians affected by eating disorders in their lifetime:  
**3% of women and 0.3% of men**
- Number of suicides in Canada every year: **Approximately 4000**
- Suicide accounts for **24%** of all deaths among Canadians aged 15 – 24 and **16%** of all deaths for the age group 25 – 44.
- Age with the highest rate of depression symptoms: **Under 20 years of age**
- Age with the highest rate of anxiety symptoms: **20 – 29 years of age**
- Unemployment rate among people with serious mental illness: **70 – 90%**
- Likelihood that people with mental illness will commit violent acts:  
**No greater than the general population**
- Likelihood that people with mental illness will be victims of crime:  
**2.5 times that of the general population.**
- Predictors of violent behaviour for anyone (including people with mental illness):  
**Excessive alcohol and drug use, a history of violent behaviour**
- The cost of supporting someone with serious mental illness to live in the community:  
**\$34,418 per year (all costs)**
- The cost of keeping someone with serious mental illness in the hospital:  
**\$170,820 per year**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- Number of Canadians who meet the criteria for a moderate risk of problem gambling or who were problem gamblers: **1 in 50**
- Number of Canadians who meet the criteria for substance dependence (alcohol or drugs): **1 in 30**

### Facts from the World

- Percentage of the world's population affected by serious mental illness: **2%**
- Leading cause of years lived with disability in the world: **Depression**
- Fourth leading cause of disability and premature death in the world: **Depression**
- Percentage of the global burden of disease attributed to schizophrenia: **3%**
- The year it is predicted that depression will become the second leading cause of disability in the world (next to heart disease): **2020**
- The group of illnesses that contributes more to the global burden of disease than all cancers combined: **Mental disorders**
- Most common cause of violent death in the world: **Suicide**
  - Suicide: **49.1%**
  - Homicide: **31.3%**
  - War-related: **18.6%**
- Rate of suicide all over the world: **Someone commits suicide every 40 seconds.**
- Number of people worldwide with mental or neurological disorders: **450 million**
- The impact of mental and neurological disorders on levels of disability: **Five of the 10 leading causes of disability worldwide are mental or nervous disorders.**
- Number of deaths, world wide, linked to alcohol consumption: **1 in 25**
- Percentage of all those with mental illness in the world who never receive any treatment at all: **75%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act:** On October 3rd, 2008, this Act (as part of the Economic Stabilization Act) was signed into law in the United States (after a decade of resistance from Congress). Under its provisions, health benefit carriers can no longer treat people with mental illness or addiction differently than people with physical illnesses. Previously, they were allowed to impose higher co-payments or deductibles and limit the length of treatment. The Act comes into effect in 2010. For further information, see: <http://www.govtrack.us/congress/bill.xpd?bill=h110-6983>

### FACTS ABOUT THE DIFFERENT TYPES OF MENTAL ILLNESS

#### Depression

- Percentage of Canadians who will experience depression in their lifetime: **7.9 – 8.6%**
- Percentage of Canadians at any one point in time who are depressed: **4 – 5%**
- Likelihood of women experiencing depression: **2 times that of men**
- Likelihood of women with depression being hospitalized: **1 ½ times more than men**
- Age of onset for depression: **Adolescence**
- Age with the highest rate of depression symptoms: **Under 20 years of age**
- Percentage of people who are depressed who respond well to treatment: **80%**
- Percentage of people who are depressed who never seek treatment: **90%**
- Predictor of early death: **Depression is on a par with smoking as a predictor of mortality.**
- Most common symptoms of depression experienced by Canadians (and those which have the most impact on their daily functioning):
  - Lack of motivation: **90%**
  - Loss of ability to enjoy favourite activities: **80%**
  - Difficulty concentrating: **77%**
  - Feeling of isolation: **74%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ❖ Percentage of Canadians with children who say that their depression often or sometimes interferes with family life: **91%. 47% say that their depression interferes with their relationship with their spouse or partner.**
- ❖ Percentage of Canadians who see a family physician for their depression: **64%**. Of those, **87%** say they are either comfortable or somewhat comfortable talking with their family doctor about their depression.
- ❖ The medications psychiatrists most associate with helping reduce the functional impairment of depression among their patients:
  - Serotonin-norepinephrine Reuptake Inhibitors: 95%
  - Selective Serotonin Reuptake Inhibitors: 94%
- ❖ Percentage of Canadians who say they always take their depression medication as prescribed: **72%** - but their physicians think only **3%** of their patients are always compliant.
- ❖ The reasons for not always taking medication: **65%** of patients say they forget but physicians have other ideas. Physicians report that patients do not take their medications because they believe they don't need to take them (**86%**), or they do not like the side effects (**87%**) or they dislike taking them at all (**86%**).
- ❖ Percentage of Canadians who agree that they are getting the best treatment possible for their depression: **28%**. Another **45%** somewhat agree that they are getting the best treatment.
- ❖ Percentage of Canadians who actively look for information to manage their depression: **64%**
- ❖ Percentage of Canadians without a family physician: **15.6%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

### ***Bipolar Disorder***

- ❖ Percentage of Canadians who will experience bipolar disorder in their lifetime: **1%**
- ❖ Mortality rate, including suicide, among people with bipolar disorder: **2 – 3 times higher than the general population**
- ❖ Rates of bipolar disorder among men and women: **Roughly equal.**
- ❖ Number of doctors a person will see, on average, before obtaining the correct diagnosis of bipolar disorder: **4**
- ❖ Number of years a person with bipolar disorder will spend seeking help, on average, before they are successful: **8**

### ***Seasonal Affective Disorder (SAD)***

- ❖ Percentage of Canadians who experience the winter blues: **15%**
- ❖ Percentage of Canadians who have symptoms severe enough to be diagnosed with SAD: **2 – 3%**
- ❖ SAD is more common in northern countries and among women. Incidence decreases with age.

### ***Anxiety Disorders***

- ❖ Most common mental illness in Canada: **Anxiety disorders**
- ❖ Percentage of the population affected in any given year: **9% men and 16% women**
- ❖ Types of anxiety disorders and the percentage of Canadians affected:
  - Generalized Anxiety **1.1%**
  - Specific Phobia **6.2 – 8.0%**  
**data unavailable**
  - Post Traumatic Stress Disorder **6.7%**
  - Social Phobia **1.8%**
  - Obsessive Compulsive Disorder **0.7%**
  - Panic Disorder

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

### Schizophrenia

- Percentage of people in Canada with schizophrenia: **1%**
- Percentage of people in the world with schizophrenia: **1%**
- Chance of developing schizophrenia if a sibling or one parent has the disease: **10 – 15%**
- Chances of developing schizophrenia if both parents have the disease: **50%**
- Chances of developing schizophrenia if an identical twin has the disease: **50%**
- Age of onset for schizophrenia: **15 – 25 years of age**
- Highest percentage of hospitalizations for people with schizophrenia: **52% for those aged 25 – 44**
- Percentage of people with schizophrenia who attempt suicide: **40 – 60%**
- Likelihood of people with schizophrenia dying by suicide: **15 – 20 times greater than the general population**
- Percentage of people with schizophrenia who die by suicide: **10%**
- Percentage of the global burden of disease attributed to schizophrenia: **3%**
- The most common cause of death for people with schizophrenia: **Suicide**
- Cost of schizophrenia to the Canadian economy: **\$2.02 billion** in direct and indirect costs; **\$4.83 billion** for lost of productivity and suicide for a total of **\$6.85 billion**
- The top five measures of quality of life for people living with schizophrenia (as reported by 1086 Canadian consumers and family members): Being seen as capable **96%**, acceptance from family **96%**, belief in recovery **96%**, peace and contentment **94%**, and support and information **94%**
- The number one recommendation from consumers and families to health professionals who work with people with schizophrenia: **Foster hope, learn about and promote recovery principles.**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

### Eating Disorders

- Percentage of Canadians dieting at any given time: **70% women and 35% men**
  - The disorder with the highest mortality rate of all mental illnesses: **10 – 20% of people with eating disorders eventually die from the effects.**
  - Types of eating disorders:
    - **Anorexia** (depriving one's self of food)
    - **Bulimia** (eating and then vomiting, taking laxatives or engaging in excessive exercise)
    - **Binge Eating Disorder (BED)** (binge eating leading to obesity)
  - Percentage of Canadians affected by eating disorders in their lifetime: **3% of women and 0.3% of men**
  - Women: **0.5 – 4% experience anorexia, 1 – 4% experience bulimia and 2% experience binge eating disorder**
  - Age at which there is the highest rate of hospitalizations for eating disorders: **15 – 19**
  - Rate of increase of hospitalizations since 1987 for Canadian girls under 15 with an eating disorder: **34%**
  - Rate of increase of hospitalizations since 1987 for women aged 15 – 24: **29%**
- ### Personality Disorders
- Types of personality disorders:
    - **Borderline** (volatile interpersonal relationships and extreme impulsiveness)
    - **Antisocial** (disregard for, and violation of the rights of others and the laws of society)
    - **Histrionic** (highly emotional and in need of constant attention from others)
    - **Narcissistic** (focused on self and own needs, lack of empathy for others)
    - **Avoidant** (social isolation and extreme sensitivity to opinions of others)
    - **Dependent** (submissive and clinging)
    - **Schizoid** (detachment from others and limited range of emotional expressions)
    - **Paranoid** (distrustful, suspicious, negative interpretation of others' intentions)
    - **Obsessive-Compulsive** (ritual behaviours, preoccupation with orderliness and cleanliness)
    - **Schizoidal** (cognitive or perceptual distortions, eccentric behaviour)

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- Percentage of Canadians with a personality disorder: This group of mental disorders is not well studied in Canada. US figures report prevalence rates of **6% - 9%**.
- Hospitalization rate for young Canadian women with personality disorders as opposed to young men: **3 times the rate**

### FACTS ABOUT HOW MENTAL ILLNESS AFFECTS DIFFERENT GROUPS

#### *Children and Youth*

- Number of Canadian children and youth affected by mental illness at any given point in time: **15% or 1.2 million**
- The most common problem among children and youth: **Anxiety (6.5%)**
- The least common problem: **Substance abuse (0.8%)**
- Percentage of young adults aged 15 – 24 with a mental illness or substance abuse problem: **18%**

#### *Child maltreatment:*

- Percentage increase in child maltreatment in Canada over the last 8 years: **125%**
- Number of suspected cases of maltreatment investigated in 2003: **235,315**
- Number of cases confirmed: **One-half were substantiated for an incidence level of 18.67 cases per 1000 children.**
- Forms the maltreatment took:
  - Neglect **30%** **30,366**
  - Exposure to domestic violence **28%** **29,370**
  - Physical abuse **24%** **25,257**
  - Emotional abuse **15%** **15,369**
  - Sexual abuse **3%** **2,935**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- Proportion of all sexual assaults involving youth under 18: **20%**
  - Age a person is most likely to be murdered In Canada: **Under one year of age**
  - Percentage of all physical assaults in Canada involving children and youth as victims: **21%**
  - Percentage of murders of children and youth committed by a family member: **Two-thirds.** Of those, **over 50%** were committed by the father and **32%** by the mother – with **9%** by another family member.
  - Percentage of Ontario Crown wards (children and youth) on psychotropic medications: **50%**
  - Age where most first psychotic episodes occur: **15 – 34**
  - Percentage of adults with mental illness who developed their symptoms in childhood or youth: **70%**
  - Proportion of homeless shelter users in Canada who are children: **1 in 7.**
  - Percentage of homeless who are youth and young adults: **33% of homeless Canadians are between the ages of 16 – 24.**
  - Percentage of preschoolers with significant levels of depression: **15%.** These children were also more likely to have mothers who had depression.
- #### *Women*
- Likelihood women will develop depression in their lifetime: **Twice as likely as men.**
  - Percentage of women who will develop depression during pregnancy: **10%**
  - Percentage of women in the general population who will develop postpartum depression: **15 – 20%**
  - Percentage of women with a history of depression that will experience postpartum depression: **30%**
  - Percentage of women who have experienced a postpartum depression who are likely to re-experience it in a subsequent pregnancy: **50%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- Percentage of women who develop postpartum psychosis (depression accompanied by delusions and disordered thinking): **0.1 – 0.2%**
- Percentage of women with bipolar disorder who develop postpartum psychosis: **50%**
- In the world, those most affected by violent conflict, war, disaster and displacement: **80% are women and children.**
- Percentage of women in the world who experience rape or attempted rape in their lifetime: **20%**
- The country that ranks the highest in the world for gender equality: **Canada**

### Seniors

- Percentage of seniors in long-term care facilities who are depressed or psychotic: **From 80 to 90% (depression), from 12 – 21% (psychosis)**
- Group with the highest suicide rate in Canada: **Men over 80 years of age (31 per 100,000)**
- Percentage of seniors affected by Alzheimer Disease: **1 in 13 over 65 and 1 in 3 over 85**
- Percentage of seniors who experienced symptoms of a mental illness or substance abuse problems: **3%**
- Percentage of seniors who reported suicidal thoughts in the last 12 months: **2%**

### Offenders

- Percentage increase in mental illness among all offenders in the last decade: **More than 100%**
- Training available on mental illness and addiction for front line correction staff: **None**
- Amount of money Correction Services Canada has pledged for community services for released federal offenders: **\$29.5 million over five years**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- Percentage of inmates under psychiatric treatment prior to incarceration: **14%**
- Percentage of inmates who had attempted suicide in the preceding five years: **Women (21%), men (14%)**
- Percentage of women offenders with a substance abuse problem: **43%**
- Percentage of women offenders who say alcohol or drugs played a role in their crime: **69%**
- Percentage of women offenders who self-harm (cutting, burning or otherwise violating the body): **59%**
- Number of federally sentenced women who have children: **Two thirds**
- Number of women offenders with histories of physical and/or sexual abuse: **72% of provincially sentenced women, 82% of federally sentenced women and 90% of federally sentenced Aboriginal women**
- Percentage of offenders in Calgary Remand Centre with mental illness:
  - Women: **50%**
  - Men: **56%**
- Percentage lifetime diagnosis of mental illness among Edmonton offenders: **92% and of those 87% also had a substance abuse disorder**
- Percentage increase in police time spent responding to calls about the mentally ill in London Ontario: **100%**
- Percentage increase in mental illness among male offenders upon admission to federal prisons in the last decade: **71%**
- Percentage increase in mental illness among female offenders upon admission to federal prisons in the last decade: **61%**
- Percentage of offenders currently identified with a mental illness upon admission into federal prisons:
  - Women: **26%**
  - Men: **12%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- Number of new community mental health positions created by Correctional Services Canada in 2008: **50**
- Percentage of offenders who arrive in federal prisons with a serious substance abuse problem: **80%, with 1 out of 2 having committed their crime while under the influence**

### **First Nations, Inuit and Métis**

- A note on terminology: “Aboriginal” or “indigenous” peoples are terms that are viewed as misleading because of the diversity among the many First Nations, Inuit and Métis groups. That said, most research does not differentiate among groups and refers to the population under study most commonly as “aboriginal.” Research into the mental health needs of Métis people is lacking although a partnership among the Métis Nation Organization, Providence Care and Queen’s University (2007) has been formed specifically to pursue research grants on this subject.
- Rate of suicide among Aboriginal youth in Canada as compared to non-Aboriginal: **Five to six times higher**
- Aboriginal people account for **3%** of the Canadian population but represent **18% of federal inmates.**
- Percentage of residential school survivors with a mental illness: **98% (British Columbia study)**
- Percentage with substance abuse problems: **26.3%**
- Percentage with Post Traumatic Stress Disorder: **64.2%**
- Percentage that have experienced a major depression: **30.4%**
- Percentage with chronic depression: **26.1%**
- Likelihood of off-reserve Aboriginal people experiencing depression: **1.5 times the general population**
- Percentage of death due to injury and poisoning among First Nations peoples (includes suicide, motor vehicle accidents, suffocation, drowning, homicide and fire): **67.6 per 100,000 for women and 146 per 100,000 for men**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- Percentage of all deaths among Aboriginal men attributed to injury or poisoning: **40%**
- Leading cause of death of Aboriginal people between the ages of 1 and 44: **suicide**
  - Ages 10 – 19 - **38%** of all deaths
  - Ages 20 – 44 - **23%** of all deaths
- Rate of injury and poisoning among Aboriginal peoples as opposed to other Canadians: **3 times higher**
- Overall suicide rate as compared to the rest of Canada: **2.1 times higher**
- Years of life lost to suicide among Aboriginal peoples: **Greater than all cancers combined**
- Suicide rate among Aboriginal men aged 15 - 34: **From 4 – 5 times greater than the general population**
- Suicide rate among Aboriginal women aged 15 - 34: **From 5 – 8 times greater than the general population**
- Area in Canada where the suicide rate is 50 times that of the general population: **Aboriginal peoples in the Sioux Lookout Region**
- The most important factor in reducing suicide in Aboriginal communities: **Community self-government**
- Other protective factors:
  - Control over land
  - Band-controlled schools
  - Community control over health services
  - Presence of cultural facilities
  - Community control over fire and police services
- Rate of suicide in Aboriginal communities where none of these factors are present: **137.5 per 100,000 (noting that the national average is 14 per 100,000)**
- Rate of suicide in Aboriginal communities where all of these factors are present: **Zero**
- Percentage of Aboriginal youth who use solvents: **20%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ❖ Percentage of Aboriginal youth under age of 15 who use solvents: **33%**
- ❖ Age at which solvent use is most likely to begin: **before 11 years of age**
- ❖ Rate of violent victimization for Aboriginals aged 15 – 34:  
**2 ½ times higher than older Aboriginals**
- ❖ Rate of on-reserve crime: **3 times higher than elsewhere in Canada**
- ❖ Rate of spousal violence among Aboriginals:  
**3 ½ times higher than other Canadians**
- ❖ Rate Aboriginals are accused of homicide where drugs and alcohol are a factor: **10 times that of other Canadians**
- ❖ Overall rate of alcohol consumption for Aboriginals:  
**Lower than the general population**
- ❖ Rate of heavy drinking for Aboriginals:  
**Double that of the general population – 16% versus 7.9%**

### ***Developmentally Disabled***

- ❖ In Canada, people with both a developmental disability and a mental illness are said to have a dual diagnosis.
- ❖ A conservative estimate of the percentage of people with a developmental disability who also have a mental health problem: **38%**
- ❖ Overall number of people in Canada with a developmental disability and a mental illness: **247,000**
- ❖ The percentage of people in tertiary care psychiatric hospitals who have a developmental disability and a mental illness: **12.5% or 1 in 8**

### ***Homeless***

- ❖ Percentage of homeless people who had had either a mental illness or a substance abuse diagnosis: **86%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ❖ Percentage of homeless people with mental illness who also have a substance abuse problem: **75%**
- ❖ Percentage that said that their illness was the reason they became homeless: **22%**
- ❖ Percentage of homeless people with schizophrenia: **5.7%**
- ❖ Percentage of homeless people with mood disorders: **38%**
- ❖ In the year prior to being homeless:
  - **30%** had been in jail
  - **6%** had been in a psychiatric hospital
  - **25%** had been clients of a mental health clinic
  - **20%** had received addiction services
- ❖ Percentage of homeless people with mental illness: **30 – 35%**
- ❖ Percentage of homeless women with a mental illness: **75%**
- ❖ Percentage of formerly homeless people, who were helped to find housing, who remained in their home 9 months later: **91%**
- ❖ Percentage rise in homeless population in Vancouver from 1994 – 2006:  
**235% or an average of 20% per year**
- ❖ Percentage rise in homeless population in Calgary from 1994 – 2006: **740%**
- ❖ Percentage rise in admissions to homeless shelters in Toronto from 1988 – 1998: **75%**
- ❖ Percentage of homeless who are Aboriginal: In **Winnipeg**, **70%** of the homeless are Aboriginal. In **British Columbia**, **41%** of those at risk of homelessness are Aboriginal while **23%** of those who are on the streets are Aboriginal.
- ❖ In Toronto, the percentage of homeless women who are mentally ill: **75%**. Of the homeless population in this city, men are 8 times and women 10 times more likely to die prematurely than the general population.
- ❖ Percentage of Torontonians with mental illness who face discrimination from landlords when trying to rent an apartment: **35%**, the highest of the five groups studied. The other four groups were lone parents, black lone parents, South Asians and those on social assistance.

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

### Immigrants

- ❖ Percentage of people living in Canada who were born elsewhere: **18%**
- ❖ Percentage of those who are refugees: **10%**
- ❖ Health status of immigrants: **Surveys have found that immigrants have lower rates of depression and substance abuse than people born in Canada, however, their positive health status erodes over time.**
- ❖ Immigrants with the highest risk of developing a mental disorder: **Those who experienced pre-immigration trauma (war, famine, torture, incarceration, witnessing violence, for example).**
- ❖ People who under-utilize mental health services: **Immigrants**
- ❖ Percentage of Toronto's population who are either first or second generation immigrants: **80%**

### FACTS ABOUT SUICIDE

- ❖ Number of suicides in Canada every year: **Approximately 4000**
- ❖ Suicide accounts for **24%** of all deaths among Canadians 15 – 24 and **16%** of all deaths for the age group 25 – 44.
- ❖ Percentage of all deaths in Canada attributed to suicide: **2%**
- ❖ Likelihood men will commit suicide: **4 times that of women**
- ❖ Age range with the highest suicide rate: **35 – 44**
- ❖ Province with the highest suicide rate: **Quebec**
- ❖ Group with the highest suicide rate in Canada: **Men over 80 years of age (31 per 100,000)**
- ❖ National average: **14 suicides per 100,000 population**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ❖ Canada's rate in comparison to 12 industrialized countries: **Canada ranks 9th.**  
The lowest suicide rate is in the UK and the highest is in Finland.
- ❖ Percentage of young people thinking about or attempting suicide:  
According to a British Columbia study of 15,000 Grade 7 – 12 students:
  - Those who knew of someone who had attempted or died of suicide: **34%**
  - Had, themselves, seriously contemplated suicide: **16%**
  - Had made a suicide plan: **14%**
  - Had attempted suicide: **7%**
  - Had to have medical attention due to an attempt: **2%**
- ❖ Number of people who attempt suicide and hint about it to family or friends beforehand: **8 out of 10 people**
- ❖ Rate of suicide in the world: **Someone commits suicide every 40 seconds.**
- ❖ In Ontario, rate of suicide for men versus those who died in car crashes:  
**More men committed suicide than died in car crashes.**
- ❖ Likelihood of men completing suicide: **Four times that of women**
- ❖ Hospitalization for suicide attempts for women: **1.5 times as likely as men**
- ❖ Age at which suicide attempts result in hospitalization: **73% of hospitalizations for suicide attempts are for people aged 15 – 44.**
- ❖ Months where there is the highest rate of suicide in Canada:  
**Late July and all of August.**
- ❖ The most common cause of death for people with schizophrenia: **Suicide**
- ❖ Percentage of people with chronic depression who commit suicide: **15%**
- ❖ Suicide rate for people with mental illness in Nova Scotia: **133/100,000** as opposed to **5/100,000** for the general population
- ❖ Percentage of Nova Scotians who had contact with the health system prior to dying by suicide: **27%** had contact with the health system one month prior while **55%** had contact one year before.
- ❖ Rate of suicide in the United Kingdom in 2007: At an all time low – **7.5/100,000**.  
The drop is attributed to investment in mental health services and early intervention.

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

### FACTS ABOUT THE LINK BETWEEN MENTAL ILLNESS AND PHYSICAL ILLNESS

Medical diagnosis	Prevalence rates of depression as shown through research
Cardiac disease	<b>17 – 27%</b>
Stroke	<b>14 – 19%</b>
Alzheimer Disease	<b>20 – 50%</b>
Parkinson's Disease	<b>4 - 75%</b>
Epilepsy	<b>20 – 55%</b>
Diabetes	<b>26%</b>
Cancer	<b>22 – 29%</b>
HIV/AIDS	<b>5 – 20%</b>
Chronic pain	<b>30 – 54%</b>
Obesity	<b>20 – 30%</b>

Heightened risk of medical illness for people with depression

Stroke	<b>2.6</b> times the rate for the general population
Epilepsy	<b>4 to 6</b> times the rate for the general population
Alzheimer	<b>1.71 to 2.67</b> times the rate for the general population
Diabetes (type 2)	Depression is an independent risk factor
Cancer	<b>1.35 to 1.88</b> times the rate for the general population
Obesity	Childhood or adolescent depression is a predictor of obesity

#### ***Some more facts:***

- ❖ Likelihood of suffering a depression if you are diabetic: **2 times that of the general population**
- ❖ A risk factor for developing breast cancer: **Depression**
- ❖ Predictor of poor outcome or even death for people with cardiac disease: **Depression**
- ❖ Increased likelihood of cardiac disease for people with depression: **1.64 times**
- ❖ Increased risk of death after a heart attack: **4 times greater for people with depression**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

❖ Percentage of post-menopausal women who become depressed who are likely to develop heart disease: **50%**

❖ Percentage of adults who suffer poor health because of stress: **43%**

❖ Percentage of physician visits due to stress-related ailments: **75 – 90%**

❖ Strongest predictor of physician visits and hospitalization: **Depression and psychological stress among people with a physical illness**

❖ Increased rate of death among heart patients who are also depressed:  
**These patients are four times more likely to die in the next six months after a heart attack.**

❖ Likelihood of people who are depressed suffering a heart attack:  
**4 times more likely**

❖ Predictor of early menopause: **Depression**

❖ Likelihood people with both a physical illness and depression will not follow through on their treatment plans: **3 times more likely**

❖ Effect of group therapy:
 

- **Women with breast cancer live longer.**
- **People with heart attacks have an improved survival rate.**

❖ Effect of individual counseling on re-hospitalization for heart patients:  
**Those who receive two hours of counseling per week are 60% less likely to have to return to hospital.**

❖ Percentage of women with depression at risk for heart disease: **70%.**  
This finding does not hold for men.

## FACTS ABOUT MEDICATIONS

- What are some of the concerns regarding the drug approval process in Canada:
  - Ninety percent of drug trials are designed and funded by the same pharmaceutical companies that intend to market them. The concern of bias is so great that peer reviewed journals now refuse to publish these sorts of studies.
  - A limited number of people are studied for brief periods of time during a clinical trial. Adverse reactions may appear only after Health Canada approval and widespread marketing. A recent example is the drug Vioxx.
  - There is an increase in off-label prescribing, meaning that physicians prescribe drugs for uses other than approved by Health Canada.
  - If a pharmaceutical company applies for and is refused permission to market their drug for a new use, this fact is not made public.

• Highest per capita users of psychiatric medications in the world: **Canadians**

• Second highest users of sedatives and the fourth highest users of prescription narcotics in the world: **Canadians**

• Rate at which the costs for anti-depressant medications have risen in Canada:

**1981 (\$31.4 million)**

**2000 (\$543.4 million)**

**Estimated costs for 2005 (\$1.2 billion)**

• Number of prescriptions for psychotropic (psychiatric) medications dispensed by pharmacies to Canadians in 2006: **51 million**

• Percentage increase in usage over a four year period: **32%**

• Rate of increase in prescribing atypical anti-psychotics (Respidone for example) for children under 14 experiencing severe behavioural problems:

**10 times the rate in recent years.**

**Special note: Health Canada has not approved these drugs for use in children.**

## *Anti-depressants*

- Amount spent for anti-depressants in Canada in 2007: **\$35.00 per capita equaling \$1.16 billion overall**
- Amount spent for ages 45 – 64: **\$57.00 per capita**
- Amount spent for ages 20 – 44: **\$30.00 per capita**
- The province where the least was spent: **Saskatchewan at \$34.00 per capita**
- The provinces where the highest was spent: **Ontario and Prince Edward Island at \$75.00 per capita**
- The growth rate of anti-depressant use in Canada from 1998 – 2007: **4.6% year over year**

## *Anti-psychotics*

- Amount spent for anti-psychotics in Canada in 2007: **\$19.10 per capita equaling \$629 million overall**
- Amount spent for Canadians 19 years and under: **\$4.00 per capita**
- Amount spent for those aged 20 – 44: **\$18.00 per capita. This group accounts for 33% of overall spending on anti-psychotics in 2007.**
- Province where the least was spent: **Quebec at \$2.30 per capita**
- Province where the highest was spent on anti-psychotic medication: **Manitoba at \$6.40 per capita**
- The growth rate of anti-psychotics use in Canada from 1998 – 2007: **Spending has grown 208% in this time period.**

### Benzodiazepines

(tranquilizers or anti-anxiety medication)

- Amount spent for anti-anxiety medications in Canada in 2007:  
**\$7.50 per capita equaling \$247 million overall**
- Amount spent for those aged 45 – 64: **\$12.00 per capita**
- Province with the highest use in 2007: **New Brunswick spent 7.7% above the national average.**
- Province with the lowest use: **Alberta spent 11.9% below the national average.**
- The growth rate of anti-psychotic use in Canada from 1998 – 2007:  
**Spending has grown 11% in that time period.**
- In 2008, the second highest class of drugs dispensed in Canada (next to cardiovascular medications): **Psychopharmaceuticals** (all psychiatric medications). **57,198,000 prescriptions were filled, constituting an increase of 7.8% over 2007.**
- The 4th most common diagnosis for Canadians in 2008: **Depression accounted for 8529 visits to doctors' offices. Of those, 32% were men and 68% were women. 82% of these visits resulted in a prescription for medication.**
- The 5th most common diagnosis for Canadians in 2008: **Anxiety accounted for 6292 visits to doctors' offices. Of those, 33% were men and 67% were women. 57% of these visits resulted in a prescription for medication.**
- Where anti-psychotics and anti-depressants rank among the top 10 classes of drugs sold in the world: **Anti-psychotics represented the 7th most common prescription accounting for \$22.9 billion US in sales worldwide (3.2% of all drug sales, up 8% from the previous year). Anti-depressants were the 8th most common prescription accounting for \$20.3 billion US in sales (2.8% of all sales, up 0.6% from 2007).**

### FACTS ABOUT EMERGENCY ROOM USE

- What consumers and families say about wait times in Emergency Departments: **They typically report that wait times are excessive. Anecdotally, they point to common experiences of wait times of at least 5 hours, but often 10 hours or even longer.**
- What the Canadian Institute of Health Information says: **In its review of Emergency Department wait times across the country, CIHI reported that the median wait time for all patients was two hours with only 10% of patients spending over six hours.** The variation in wait times was attributed to the severity of the illness, the age of the patient, the time of day and how busy the Emergency Department was.
- What consumers and families believe the reasons for long wait times for people with mental illness are: **They argue that it is stigma that causes people with mental illness to drop to the bottom of the list when they present in Emergency Departments.**

### What is the Canadian Triage and Acuity Scale?

- The Canadian Triage and Acuity Scale (CTAS) groups patients presenting to Emergency Departments into five categories:
  - **CTAS I:** Requires resuscitation or there is imminent threat of death
  - **CTAS II:** Presenting condition is a potential threat to life or limb function
    - head injury, chest pain, GI bleeding etc.
  - **CTAS III:** Conditions that could progress to a serious problem
    - asthma, moderate trauma, vomiting and diarrhea in children under two years of age etc.
  - **CTAS IV:** Conditions related to patient's age, urinary symptoms, earache, mild abdominal pain, etc.
  - **CTAS V:** Non urgent conditions such as sore throats, those that can be referred to other areas of the health care system, or psychiatric complaints that do not involve suicidal ideation or threats.

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

### FACTS ABOUT HOSPITALIZATION

- ❖ Number of discharges from Canadian hospitals in 2002 – 2003 attributed to mental illness: **190,000**
- ❖ Number of days spent in hospital due to mental illness: **7.7 million**
- ❖ Rate of hospitalization per disorder:  
**Mood disorders: 34%**  
**Schizophrenia and other psychotic disorders: 21%**  
**Substance abuse: 14%**
- ❖ Percentage of discharges from general hospitals attributed to mental illness: **6%**
- ❖ Percentage of all hospitalizations in Canada due to mental illness as either a primary or secondary diagnosis: **33%**
- ❖ Time spent in hospital for people with mental illness relative to other diagnoses:  
**Twice as long**
- ❖ Percentage of patients with mental illness readmitted within one year of discharge: **37%** (This figure lowers to 27.3% for patients with other types of illnesses.)
- ❖ Percentage of patients with mental illness readmitted more than once within one year of discharge: **15%**
- ❖ The average length of stay in 2005/06 in general hospitals for people with mental illness: **16.7 days down from 36.2 days in 2000/01.**
- ❖ The average length of stay in 2005/06 in psychiatric hospitals (outside of Quebec) for people with mental illness: **100.3 days down from 160 days in 2000/01.**
- ❖ Percentage of hospital admissions for mental illness: **86%** of all admissions for people with mental illness occur in general hospitals but psychiatric hospitals account for **50.6%** days spent in hospital.
- ❖ Degree of change over time (as reported in 2005 figures): **Drop in admission rate of 55%** - representing an historical low for hospitalizations for people with mental illness since figures have been kept (1982/83)

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ❖ Most common psychiatric diagnosis for admission to general hospitals: **Mood disorders**
- ❖ Most common diagnosis for admission to psychiatric hospitals: **Schizophrenia and other psychotic disorders.** People with these disorders also have the longest lengths of stay in hospital.

### FACTS ABOUT MENTAL ILLNESS IN THE WORKPLACE

- ❖ Percentage of Canadian employers who consider the continuous rise in employees' mental health claims to be a top concern: **56%**
- ❖ Percentage of short term disability claims related to mental illness in Canada: **75%.**  
**2007 figures report 72%.**
- ❖ Percentage of long term disability claims related to mental illness in Canada: **79%.**  
**2007 figures report 82%.**
- ❖ Percentage increase in long term disability costs: **27%**
- ❖ Percentage of employers who track disability claims costs as a percentage of payroll: **28%**
- ❖ Percentage of employers who have plans to address mental health and mental illness in the workplace: **31%**
- ❖ Fastest growing category of disability costs to Canadian employers: **Depression**
- ❖ Annual losses to the Canadian economy due to mental illness in the workplace: **\$33 billion**
- ❖ Amount employer will save, per employee per year, for those who get treatment:  
**From \$5000 - \$10,000 in average wage replacement, sick leave and prescription drug costs**
- ❖ Percentage of people with serious mental illness who are unemployed: **70 – 90%**
- ❖ Percentage of people with serious mental illness who want to work: **80%**
- ❖ Percentage of Canadian organizations that have no structured process for supervisors to support employees' return to work after any illness or disability: **64%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ❖ Percentage of organizations that have no process to address significant changes in employee productivity or behaviour: **84%**
- ❖ Percentage of organizations that identify addressing the stigma associated with mental illness as a priority: **20%**
- ❖ Level at which Canadians with depression report that they function at work: **62% of capacity**
- ❖ Percentage of Canadians with depression who have had to leave their work for short-term, long-term disability or permanently: **70%**
- ❖ Percentage of Canadians who have quit a job because of depression: **35% with 25% reporting they lost a job because of depression**
- ❖ Percentage of Canadians who are concerned that they will lose their job because of their depression: **78%**
- ❖ Proportion of Canadian employees who report they work in environments that are not psychologically safe or healthy: **3 in 10**
- ❖ Percentage increase in court awarded settlements due to mental injury in Canadian workplaces over the last 5 years: **700%**

## FACTS ABOUT SUBSTANCE ABUSE AND ADDICTION

### *Some definitions*

- ❖ **Substance use:** In the broadest sense, a substance can be defined as prescription medication, over-the-counter preparations, alcohol, illegal drugs (for example, cannabis, cocaine, opiates, ecstasy, amphetamines, and hallucinogens), steroids or inhalants. Not all substances are harmful and moderate use can, in fact, be healthy or even necessary, in the case of medication.
- ❖ **Substance abuse:** Substance abuse is defined in behavioural terms – the effect it is having on an individual's life i.e. poor attendance at work or school, problems in relationships (violence, neglect of children, marital breakdown), dangerous use of substance (for example, while driving) and continued use of substance despite obvious negative consequences (job loss, trouble with the law).

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ❖ **Addiction:** Addiction is defined in two ways: psychological dependence (the individual believes the substance is necessary for social functioning) and physiological dependence (increased consumption over longer periods of time, increased tolerance, withdrawal symptoms and health problems related to substance intake).
- ❖ **Problem gambling** (sometimes called pathological gambling in its severest forms): Problem gambling is characterized by preoccupation with gambling and impaired control (the individual is unable to cut back or quit despite serious negative consequences). It is thought there are three types of problem gambler – gambling in relation to a neurological disorder (Attention Deficit Hyperactivity Disorder, for example), in relation to a mood disorder (the use of gambling to modulate emotions), and as a dependence disorder (the perceived benefits are such that the person feels high levels of distress when not gambling).

### *Alcohol*

- ❖ Percentage of Canadians who are high risk drinkers: **13.6%**
- ❖ Percentage of current Canadian drinkers (of all ages and drinking levels) report some form of harm in the past year due to alcohol intake:  
To themselves: **20%**  
Harmed by some else's drinking: **33%**
- ❖ A common health consequence of heavy drinking: **Depression**
- ❖ Percentage of hospitalizations directly attributable to substance abuse: **8%**
- ❖ Percentage of days spent in hospital directly attributable to substance abuse: **10%**
- ❖ The leading cause of preventable birth defects in North America:  
**Drinking alcohol during pregnancy**
- ❖ Number of babies born in Canada annually with fetal Alcohol Syndrome:  
**365 – one per day**
- ❖ Number of Canadians who died in alcohol-related vehicle accidents in the year 2000: **981**
- ❖ Percentage of seniors who are hospitalized because of heavy drinking: **18%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ❖ Annual productivity losses in Canada due to abuse of legal substances (including tobacco): **\$11.8 billion or 1.7% of the gross national product (GNP), or \$414 for every man, woman and child**

### Drugs

- ❖ Percentage of youth prostitutes who do not use alcohol or drugs: **8%**
- ❖ Percentage of youth prostitutes who become prostitutes to earn money for drugs: **44%**

### Gambling

- ❖ Percentage of gambling Canadians who are problem gamblers: **5%**
- ❖ Profit to governments at all levels from gambling and gaming in Canada in 2004: **\$6.2 billion - more than the net profit to government of tobacco and alcohol combined (\$5.9 billion)**
- ❖ In what little research is available, number of suicides linked to problem gambling:
  - Alberta **10%**
  - Nova Scotia **6.3%**
  - Quebec **2.6%**
- ❖ Rate at which high school students gamble:  
**2 to 4 times greater than the general public**
- ❖ Problem gamblers most likely to also have psychiatric problems and use tranquilizers: **Women**
- ❖ Problem gamblers most likely to also have substance abuse problems: **Men**
- ❖ Percentage of problem gamblers who say they use gambling to modulate their moods: **80%**
- ❖ Percentage of problem gamblers who have experienced thoughts of suicide: **50 - 80%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ❖ Of those, the percentage who have made lethal attempts on their lives: **12 - 16%**
- ❖ Estimated number of suicides per year in Canada attributed to problem gambling: **Over 200**
- ❖ The greater source of revenue for Alberta between gaming and oil: In 2009/10, the Alberta government is expected to net about **\$1.5 billion from gaming** while it will receive only **\$1 billion from oil sands royalties**.
- ❖ The province with the highest per capita gambling: **Alberta at \$871.00 per adult. The national average is \$547.00.**

### FACTS ABOUT THE LINK BETWEEN MENTAL ILLNESS AND SUBSTANCE ABUSE

- ❖ **Note:** In Canada, people with both a mental illness and a substance abuse problem are said to have a concurrent disorder. In the US, the combination of these problems is called **a dual diagnosis**.
- ❖ Percentage of people diagnosed with a mental illness who also have a substance abuse problem: **30%**
- ❖ Percentage of people with a substance abuse problem who also have a mental illness: **37% of people who abuse alcohol and 53% who abuse drugs**
- ❖ Percentage of seniors with a substance abuse problem who also have a mental illness: **25 - 50%**
- ❖ Percentage of people with schizophrenia who will experience a substance abuse problem in their lifetime: **80%**

## FACTS ABOUT STIGMA

- The prototypical image of disability recognized by most Canadians:  
**The wheel chair**
- Percentage of Canadians that agree chronic depression is a disability: **67%**
- Canadians' judgment regarding capacity to fulfill roles such as community volunteer, teacher, parent, police officer;
  - **Physical disability: Likely**
  - **Chronic depression: Unlikely**
- Attitude toward people with disabilities:
  - **Physical disability: Most comfortable**
  - **Depression: Least comfortable**
- The percentage of 556 United Kingdom respondents who reported that either they or a family member had experienced stigma as a result of mental illness: **70%**
- Of those, the percentage who experienced stigma
  - within their own family: **56%**
  - from friends: **52%**
  - from their primary care physician: **44%**
  - from other health care professionals: **32%**
  - within their workplace: **30%**
- Number of people with mental illness either turned down for a job for which they were qualified or, if employed, dismissed or forced to resign once it was known that they had a mental illness: **1/3 – 1/2**
- Percentage of psychiatrists surveyed by the Michigan Psychiatric Society who said that they would treat themselves in secrecy rather than have mental illness recorded on their medical chart: **50%**
- The impact of stigma on research into mental illness: Annual budget for the Institute for Neurosciences, Mental Health and Addiction 2004/05: **\$54 million or 6.65% of the overall CIHR budget**

## FACTS ABOUT THE CANADA PENSION PLAN DISABILITY PROGRAM (CPPD)

- The maximum benefit for CPPD in 2009: **The flat rate is \$424.43/month with up to \$1105.99 allowable depending on contributions made during the recipient's working life.**
- The maximum amount a person can earn and not have to declare it to CPPD: **\$4600.00 in 2009/10**
- The maximum amount of time a recipient can retain benefits after return to work: **3 months**
- Percentage of recipients who leave the program due to return to work: **7.5% in 2008/09 figures**
- In 2007/08, the amount of CPPD benefits paid to Canadians: **\$3.1 billion to 306,000 beneficiaries and their 89,000 children**
- The largest category of beneficiaries: **People with mental disorders at 28%. The next largest category is for those with musculoskeletal disorders at 25%.**
- The rise in claims for people with mental disorders: **In 2000, the proportion was 22.5% and this has risen to 28% in 2008/09.**
- The age groups for people claiming CPPD for mental disorders: **75% are between the ages of 50 – 64. 25% are below 50.**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

### FACTS ABOUT THE COST OF MENTAL ILLNESS AND SUBSTANCE ABUSE TO THE CANADIAN ECONOMY

- The fast growing cost sector for occupational disability in Canada:  
**Psychiatric disorders**
- The psychiatric disorder that accounts for 60% of these costs and most days lost on the job: **Depression**
- Number of workers considered depressed at any given time: **1 in 20**
- The amount the Canadian economy loses per year due to mental illness in the workplace: **14.4 billion**
- The amount the Canadian economy loses per year due to substance abuse in the workplace: **18.6 billion**
- The additional amount, per year, Canadians pay in fees to psychologists and social workers in private practice: **\$278 million**
- Percentage of Canadian workers who experience a stress related illness per year: **20%**
- Estimated amount of money Canada spends, overall, on mental health services per year: **\$5.5 billion**
- Estimated per capita funding for mental health in Canada: **\$172.00 per person for publicly funded services rising to \$206.00 per person if public and private sources are considered**
- Provinces with the lowest per capita spending: Saskatchewan: **\$138/person, Newfoundland & Labrador: \$143/person, Ontario \$152/person**
- Provinces with the highest per capita spending: **British Columbia: \$230/person, Alberta: \$207/person, New Brunswick: \$204/person**
- Percentage of overall healthcare expenditures attributed to mental illness: **15%**
- Of the estimated **\$33 billion annual cost** attributed to mental illness in Canada, the percentage born by the private sector: **66%** - costs are in short and long-term disabilities claims and lost productivity. The other **33%** is born by the public healthcare sector.

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- The estimated future costs to business of mental illness: **It is predicted that, in the next five years, disability claims for Canadian employers for mental illness will rise to 50% overall, exceeding cardiac disease as the most common reason for disability claims.**
- Savings for every dollar spent in mental health and addiction treatment: **Every \$1 spent saves \$7 in further health costs and \$30 in lost productivity.**

### FACTS ABOUT MENTAL HEALTH LITERACY

- **Mental health literacy** is defined as the knowledge and skills that enable people to access, understand and apply information to mental health.
- Percentage of Albertans who believe depression is caused by a weakness of character: **43.3%**
- Percentage of Canadians who:
  - believe mental illness is a common disorder: **66%**
  - think depression is most common: **58%**
  - recognize the symptoms of depression: **79%**
  - think mental health problems are rare: **33%**
  - are able to recognize the symptoms of schizophrenia: **45%. 39% could recognize anxiety.**
  - think the causes of mental illness are related to biology and genetics: **depends on diagnosis**
    - Schizophrenia: **48%**
    - Depression: **27%**
    - Anxiety: **21%**
  - would recommend seeing a doctor for the symptoms of mental illness: **58%**
  - would recommend non-medical solutions: **33%**
  - think psychiatric medications are harmful: **55%**
  - believe people can recover from mental illness: **59%**
  - say they would be uncomfortable revealing that they had a mental illness: **42%**
  - say a person with mental illness would have a hard time holding a job: **44%**
  - think having a mental illness is potentially dangerous:  
**depends on diagnosis**
    - Schizophrenia: **29%**
    - Depression: **16%**
    - Anxiety: **19%**

## FACTS ABOUT POSITIVE MENTAL HEALTH

- ➊ Nearly 7 out of 10 Canadians report that their mental health is excellent or very good.
- ➋ Canadian young women aged 15 to 24 were **1.5 times** more likely than young men to report fair to poor mental health.
- ➌ Factors related to good mental health:
  - The ability to handle day-to-day demands
  - The ability to handle unexpected problems
  - In youth – integration with peers and positive feelings about appearance
  - In seniors – retaining life satisfaction through maintaining value systems, roles, activities and relationships
- ➍ Approximately  $\frac{1}{2}$  of Canadian seniors over the age of 80 report feeling lonely.
- ➎ The factor that has more to do with Canadians' health status than medical care or individual behaviours such as smoking: **Social economic status**
- ➏ What lowers the levels of the stress hormone cortisol in humans: **Happiness defined as leisure time, positive family relationships, social networks and a sense of belonging**
- ➐ The activity known to reduce the symptoms of anxiety, depression and panic disorder: **Exercise**
- ➑ The amount of exercise required to reduce symptoms: **Moderate**
- ➒ The five psychological aspects of work that promote mental health: **Time structure (known and reasonable deadlines), social contact, collective effort and purpose (team work), social identity, regular activity (organization of work)**
- ➓ What group shows the lowest rate of mental and physical illness, and the lowest rate of alcoholism: **People who are married**
- ➔ Percentage of people in Canada who feel strongly connected to their community and who also report positive mental health: **78%**

## FACTS ABOUT THE MENTAL HEALTH COMMISSION OF CANADA

- ➊ The Commission was founded in 2007 as a result of a federal grant in response to Out of the shadows at last (2006), a report on mental health and mental illness in Canada by the Standing Senate Committee on Social Affairs, Science and Technology. Former Senator Michael Kirby (Chair of the Standing Senate Committee) was named as Chair of the Board of Directors for the Commission. Its mandate includes developing both a national Canadian strategy for mental health and knowledge exchange centre, as well as implementing a multi-year anti-stigma campaign. The Commission has eight Advisory Committees: Mental health and the law, service systems, child and youth, family and caregivers, First Nations, Inuit and Métis, science, seniors and the workforce. In February 2008, the federal government committed \$110 million for the Commission to undertake a five year study of mental illness and homelessness in five cities: Vancouver, Winnipeg, Toronto, Montreal and Moncton. For further information about the Commission, visit its website at [www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca).

## **FACTS ABOUT THE MOOD DISORDERS SOCIETY OF CANADA**

- The Mood Disorders Society of Canada (MDSC) is a national, not-for-profit, registered charity that is volunteer-driven and committed to improving the quality of life for Canadians and their families living with mood disorders. The website ([www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)) contains more information on depression, bipolar disorder, and other mood disorders, contact information for finding mental health services and links to provincial Mood Disorders Associations. If you need further assistance contact us directly.

Tel: **1 519 824 5565**

Fax: **1 519 824 9569**

Email: **[info@mooddisorderscanada.ca](mailto:info@mooddisorderscanada.ca)**

Website: **[www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)**



Mood Disorders Society of Canada  
La Société Pour Les Troubles de L'Humeur du Canada

## **FACTS ABOUT THE ELEPHANT IN THE ROOM ANTI-STIGMA CAMPAIGN**

- Visit our website at **[www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)** and click on CanadaHelps to direct your donation to fighting stigma – the elephant in the room campaign.

There is an overwhelming presence in the lives of people with mental illness. It affects all that they do, yet no one talks about it.



The Mood Disorders Society of Canada calls this **the elephant in the room**.

Its real name is **stigma**.

Stigma is harmful. It prevents people from asking for help because they are ashamed of what others will think of them. Their fears are justified as people with mental illness often face discrimination at work, where they live, and sometimes from family and friends.

It is time to face the elephant in the room.

The members of MDSC have named stigma as their number one issue. In response, MDSC launched the elephant in the room campaign where people can go to our website, click on CanadaHelps.org and, for a small donation directed to fighting stigma, receive their own elephant in the room.

The small blue elephant is a powerful symbol. People can place it on their desks at work or carry it in their car. They can put it anywhere they want to signal that, here, is a stigma free zone. Here, you can talk about mental illness.

Teachers use the little blue elephant to tell students it's OK, here. So do employers. Wherever the little blue elephant is, people with mental illness feel a little more at ease – a little more free of the burden of stigma.

The little blue elephant cuts stigma down to size.

For a fully referenced version, visit **[www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)**.

**Notes**



**ABOUT THE MDSC**

MDSC is a primarily virtual not-for-profit organization with a small cost-effective infrastructure allowing it to bring concerns, issues and understanding forward in public education, the setting of research priorities, the development of treatment strategies, and the creation of government programs and policies related to mental illness. It has a demonstrated track-record of project management and of working collaboratively across sectors to meet the needs of Canadians.

The MDSC maintains an informative, user friendly web-site which includes discussion boards and a chat room, information on diagnosis, treatment, medications, accessing community supports and services, useful links and a diverse array of self-help resources.

**Reference Sources:**

All facts provided in this handbook are evidence-based. Fully sourced citations are provided on the Mood Disorders Society of Canada web-site including where reference documents can be accessed. You will also find on the website additional facts which have not been included in this document.

For more information you can write, call or fax us at:

The Mood Disorders Society of Canada  
3-304 Stone Road West, Suite 736  
Guelph, ON N1G 4W4  
Phone: 1 519 824 5565  
Fax: 1 519 824 9569  
web: [www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)  
Email: [info@mooddisorderscanada.ca](mailto:info@mooddisorderscanada.ca)

Percentage of Canadians who experience a major depression in their lifetime: 8%  
Percentage of Canadians who will experience bi-polar disorder in their lifetime: 1%  
Percentage of Canadians who will experience schizophrenia in their lifetime: 1%  
Percentage of Canadians who will experience an anxiety disorder in their lifetime: 12%  
Group with the highest rate of hospitalization for anxiety disorders: People 65 and over  
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    Percentage of Canadians who will experience bi-polar disorder in their lifetime: 1%  
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