

# Mood Disorders Society of Canada

## Mental Health Care System Study Summary Report

July 2015

*Prepared for the Mood Disorders  
Society of Canada by:*



**Mood Disorders Society of Canada**  
Société pour **les troubles de l'humeur** du Canada

The primary objective of the Mood Disorder Society of Canada's **2015 Mental Health Care System Study** was to identify priority issues and improvements or changes to the Canadian mental health care system that need to be addressed. More specifically, this study sought to gain a better understanding of the mental health care concerns among three stakeholder groups:

- *Canadians who are currently living with a mental illness;*
- *Family members or caregivers of an individual with a mental illness; and*
- *Individuals concerned about the Canadian mental health system.*

The **2015 Mental Health Care System Study** utilized an online methodology among members of the Mood Disorders Society of Canada (MDSC) and its partner organizations. Invitations to participate in the study were sent directly to the database of members by MDSC, and the survey was promoted through a variety of social media and other outlets. Respondents could complete the survey in English or French. In total, 2245 surveys were completed between June 16<sup>th</sup> and June 27<sup>th</sup>, 2015. Due to the nature of online research, a margin of error cannot be applied to the results.

Note, where 7-point scales were used, positive ratings (top 3 box, scores of 5-7), neutral (scores of 4), and negative ratings (bottom 3 box, scores of 1-3) are used for analysis.

<i><b>Section</b></i>	<i><b>Page</b></i>
Research Summary	<b>4</b>
Government Performance and Required Action	<b>7</b>
Public Attitudes Towards Mental Health	<b>10</b>
Experience with Mental Health	<b>12</b>
Experience with Treatment	<b>22</b>
Facility and Service Usage	<b>31</b>
Satisfaction with Services/Facilities	<b>39</b>
 <i><b>Appendices</b></i>	
Survey Questionnaire	<b>A</b>
Tabular Results	<b>B</b>

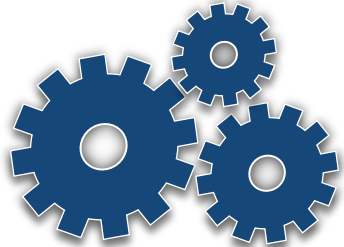
The following highlights are derived from the results of the Mood Disorders Society of Canada **2015 Mental Health Care System Study**:

- **Mental Health Care System in Canada.** Canada's mental health care system is perceived to need improvement overall. The provision of adequate, appropriate, and timely services to support individuals with mental illness, their family members, caregivers, and health care professionals is generally considered ineffective and are deemed critical areas of focus for the Government. Nonetheless, it is positive to note that progress has been observed over time in terms of public perceptions and attitudes towards mental health. However, this is not the case with respect to fair treatment of individuals with mental illness, as little change is noted overall compared to five years ago.
- **Experience with Mental Illness.** The majority of individuals have been dealing with mental illness for more than ten years, either first-hand or by providing care for someone experiencing mental health issues. The most common types of mental illness experienced include depression and anxiety disorders. For the most part, individuals live with family, although diagnosed individuals are more likely to live on their own compared to those experiencing an undiagnosed mental illness.
- **Provision of Care.** Health care professionals most commonly provide both medication and information about mental illness recovery/management, although a sizeable minority have received medication alone. On that note, access to required medications to treat mental illness is high, with cost being the primary barrier faced by those unable to receive the medications they need. Those who are able to access their required medications find them to be highly effective and report taking their medications as prescribed all or most of the time. Among those with an undiagnosed mental illness, the majority rely on friends/family for support in dealing with their symptoms, while some also search for information on the internet. Of greater concern is the finding that one third of those with an undiagnosed mental illness ignore their condition, or self-medicate.
- **Accessibility of Treatment and Supportive Services.** In general, facilities most often visited for mental health issues include community counselling centers, hospital emergency rooms, as well as various types of support services, while those seeking care due to mental illness are most likely to visit psychiatrists and family doctors, which are also the most likely types of professionals to have diagnosed a mental illness. Although nearly all of those experiencing mental illness have a family doctor, a notable proportion choose to see a different health care provider for several reasons, including a perception that their doctor is not the right person to talk to.
- **Overall Perceptions.** Above all, perceptions are largely positive in regards to the availability of community mental health organizations and the overall treatment of mental illness provided by family doctors and health care professionals. However, the *availability* of health care professionals, as well as the care provided in walk-in clinics and hospital emergency rooms warrant attention. Moving forward, efforts to improve the overall treatment of patients with mental illness in all health care forums should be focused around the degree of respect and empathy demonstrated by staff, addressing the perceived lack of prioritization of mental health patients, reducing wait times, and reducing the appearance of being rushed among health care providers during patient consultations.



- **Health Coverage.** While the majority of those surveyed have both provincial and private health coverage, more than one-half believe their coverage is inadequate, including a greater proportion of those with an undiagnosed mental illness than those with a diagnosis. As well, those with provincial health coverage alone are more likely than their counterparts to face cost barriers to treatment. Indeed, throughout results several key factors are found to influence perceptions and experience of care, including health coverage, cost barriers, receipt of a diagnosis, and age.
- **Cost Barriers.** For the strong majority, cost is a significant barrier to access required supports and treatment. Those facing cost barriers cite lower access to medications, less effective medications, and more limited information provided by health care professionals about mental illness management and recovery. Meanwhile, a greater reliance on the internet and walk-in clinics is also reported by those facing cost barriers, as well as longer wait times to receive a diagnosis.
- **Receipt of a Diagnosis for Mental Illness.** For those yet to receive a diagnosis but are experiencing mental illness first-hand, several implications are also observed throughout findings in comparison to those with a diagnosed mental illness. Generally speaking, perceptions are less positive, and those without a diagnosis are less likely to have a family doctor. Interestingly however, two in ten have *not used* any health care facilities or services due to mental health issues.
- **Age Differences.** Several factors also appear to be influenced by age. In particular, those under the age of 30 years are more likely to be experiencing mental illness first-hand compared to their older counterparts. This is of particular concern given that younger individuals are more likely to face cost barriers to treatment and to believe their health coverage is inadequate, although younger individuals are less likely to consider treatment with medications an important service for those experiencing mental health issues. Of note, one-quarter of those under 30 years of age do not want to disclose their mental illness to their family doctor.
- Coping strategies for those dealing with an undiagnosed mental illness vary across ages. Specifically, younger individuals are more likely to ignore/deny that their mental illness exists, middle aged individuals are more likely to self-medicate, and older individuals are more likely to rely on friends and family for support. These findings suggest a need for greater access to support services, particularly for youth who are more likely to engage in maladaptive behaviours in dealing with their undiagnosed mental illness.
- Generally speaking, it is important to consider that younger individuals appear to be more sensitive to the overall treatment of patients with mental illness in health care settings, as they are significantly more likely to express concerns around the degree of respect and empathy demonstrated by staff, the prioritization of mental health patients, lengthy wait times, and feeling that health care providers rush through consultations.

*The infographic on the following page presents a summary of key findings from the 2015 Mental Health Care System Study.*



Several factors are found to have an impact on **perceptions & experience of care**

**Including:**

- health coverage
- cost barriers
- receipt of a diagnosis
- age

### Types of Health Coverage

- provincial and private 50%
- provincial alone 39%
- private alone 7%
- none 4%

89%

have provincial health coverage overall

57%

have private health coverage overall



54%

of those with private health care overall say that the coverage is **inadequate** for the mental health care they need

# CANADA'S MENTAL HEALTH CARE SYSTEM



1/2

or more see a **need for improvement** in Canada's provision of mental health care services

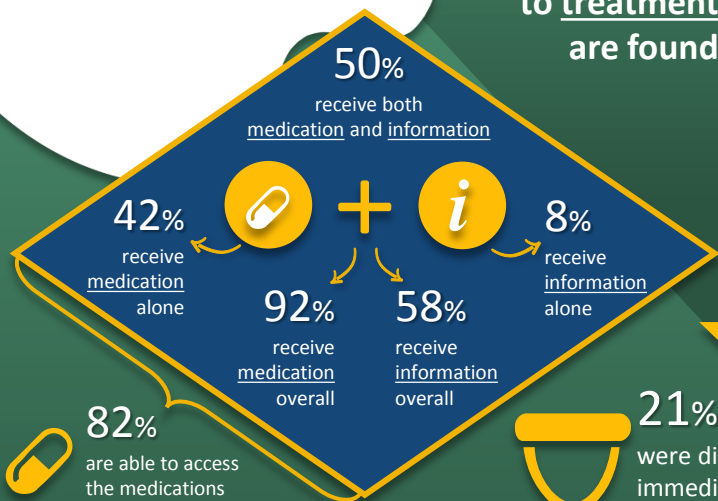
So...

Where should the Government **focus** its efforts?

There are **9** critical areas of focus:

- **Accessibility** of mental health care professionals
- **Increased** community mental health services
- **Support** for families
- Increased **funding**
- **Coordinated** Federal and Provincial mental health plan
- Allocating **dedicated** mental health funding
- **Training** mental health care workers
- Increased funding for **coordinated mental health research**
- **Safe, affordable housing** for persons with mental illness

**Gaps in access to treatment are found**



91%

have a family doctor

88%

have a family doctor in their community that treats mental illness

77%

have visited that family doctor to treat mental illness



68%

overall face **cost barriers** to access required treatment

Those who have not seen a family doctor about their mental illness say **they do not feel their GP is the right person to talk to**

50% are **dissatisfied** with the overall care provided at the **Hospital Emergency Room** and at **Walk-in Clinics**



82%

are able to access the medications they need

94%

take their medications as prescribed all or most of the time

60%

say their medications are effective



21%

were diagnosed immediately

38%

waited 1 year or longer for a diagnosis

**Progress has been made over the past 5 years...**

87%

are more **aware** of mental health issues

73%

are more **comfortable speaking** about mental health issues with others

56%

believe the **stigma** associated with mental illness has been **reduced**

55%

believe **attitudes** about mental health issues have **changed for the better**

**But... 71%**

believe people with mental illness are **not** treated more fairly

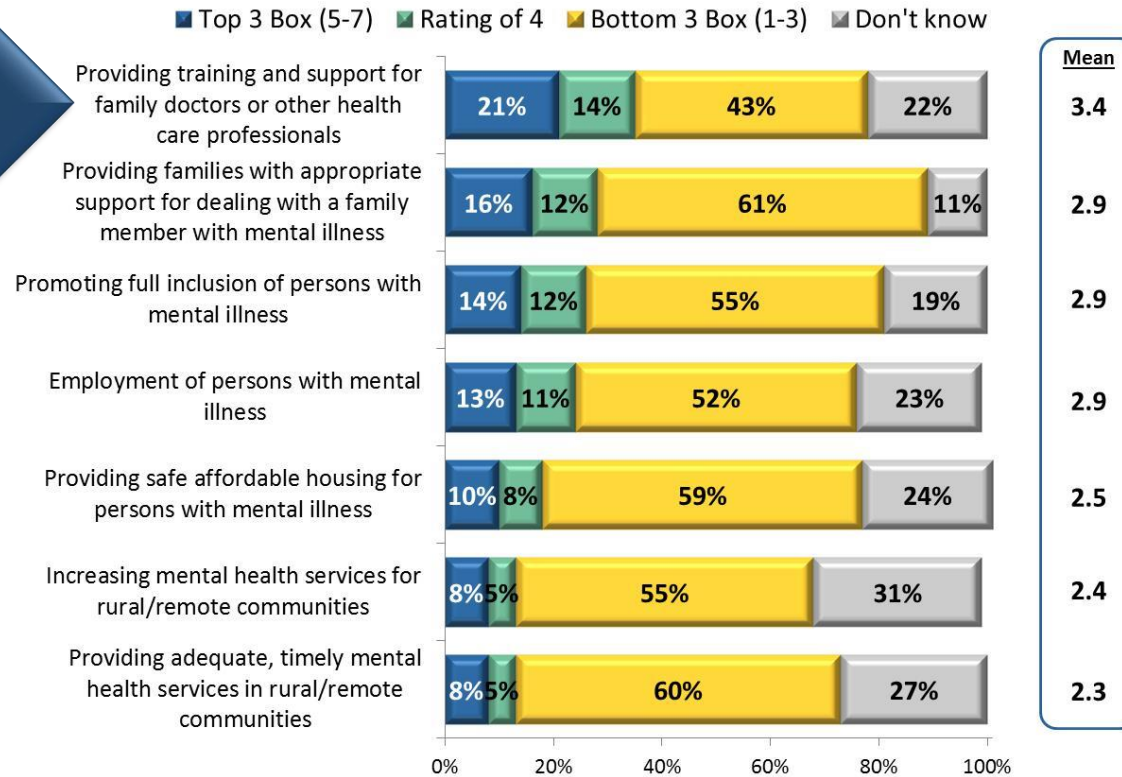
# ***Government Performance and Required Action***

**Canada's performance in the provision of various services related to mental illness is perceived to need improvement.** Indeed, the provision of adequate, appropriate, and timely services to support individuals with mental illness, their family members, caregivers, and health care professionals in Canada is largely considered ineffective. (Tables 39a-g)

## Effectiveness of Canada's Performance in the Provision of Services

Rating on 7-pt Scale: 1=Not at all effective, 7=Extremely effective

Perceptions of Canada's effectiveness in the provision of training and support for family doctors or other health care providers declines with age



Q.39a-g: Please rate Canada's performance in the provision of each of the following services as it relates to mental illness: (n=2,245) Note: 'Don't know' is excluded from the calculation of the mean.

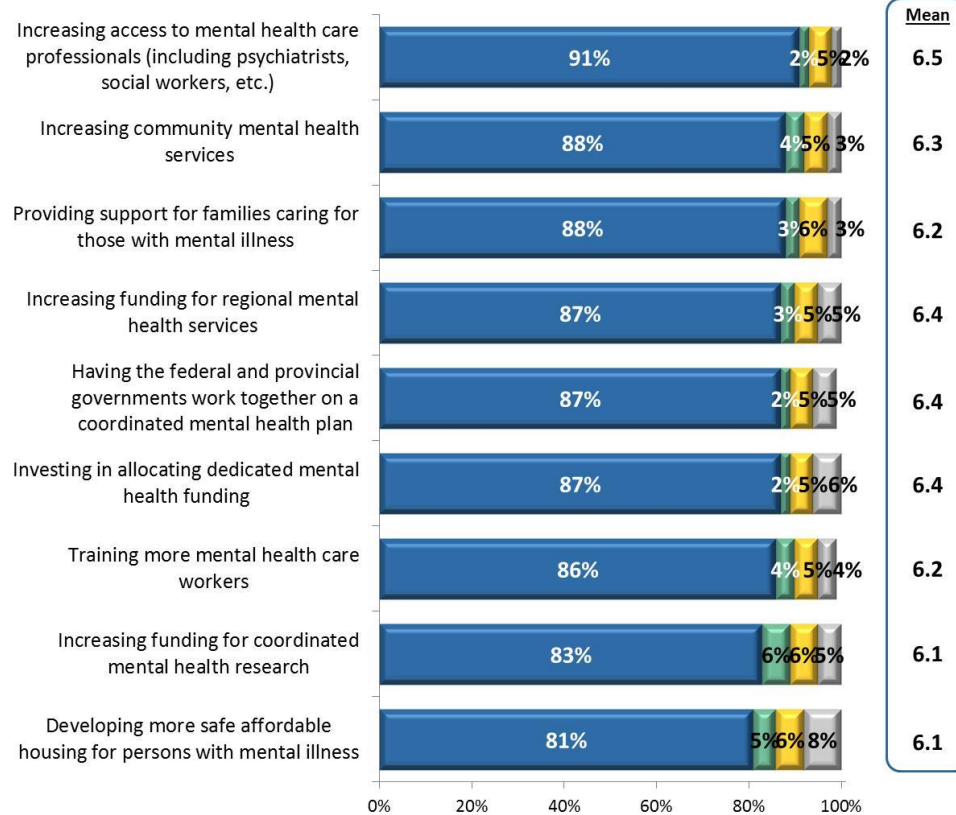
**All aspects of Canada's mental health care system are considered critical areas of focus for the Government, particularly with regards to increasing access to mental health care professionals.** (Tables 40a-i)

Women place a greater degree of importance on all areas of focus compared to men

## Importance of Government Canada's Focus

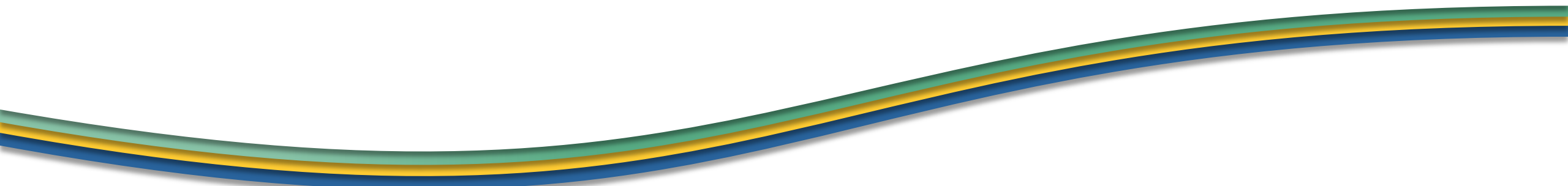
Rating on 7-pt Scale: 1=Not at all important, 7=Critically important

■ Top 3 Box (5-7) ■ Rating of 4 ■ Bottom 3 Box (1-3) ■ Don't know



Q.40a-i: In your opinion, how important is it that the Government of Canada focus attention on each of the following: (n=2,245) Note: 'Don't know' is excluded from the calculation of the mean.

# ***Public Attitudes Towards Mental Health***

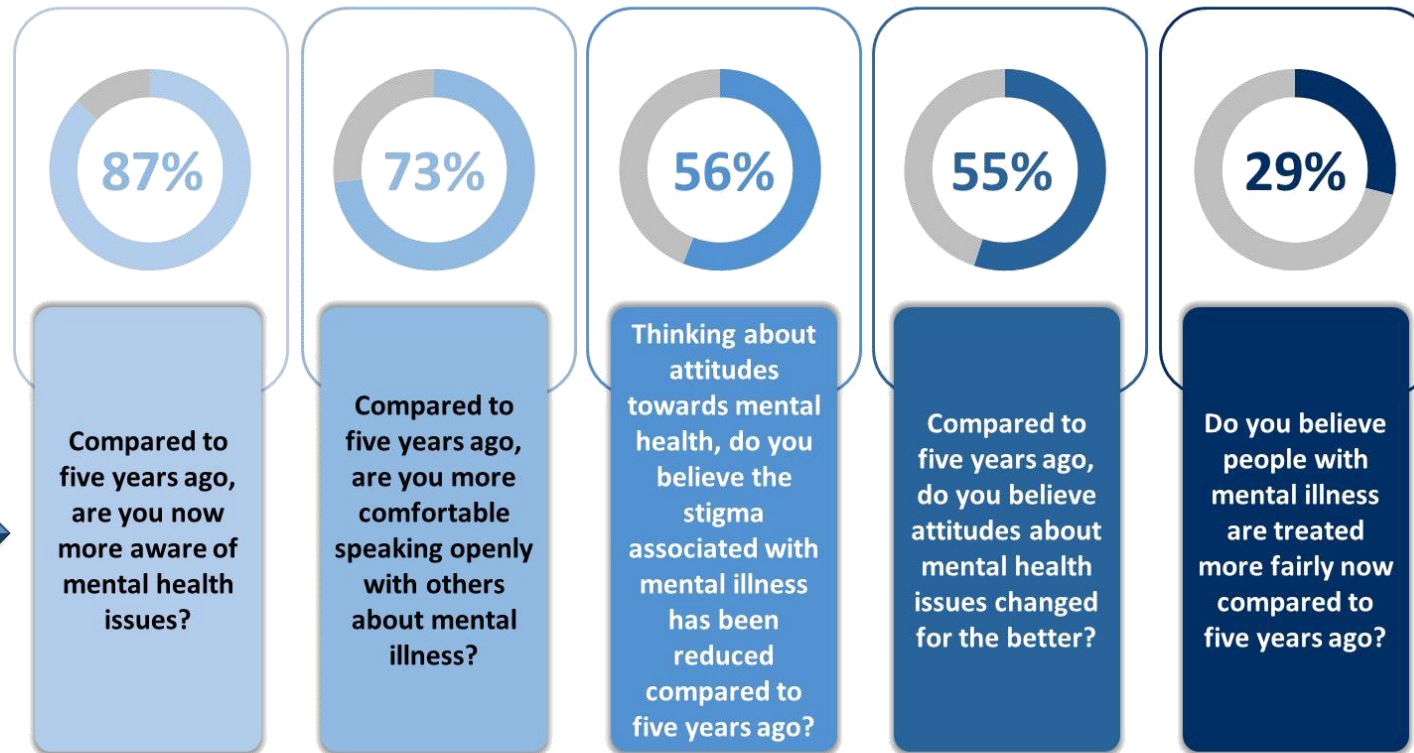




**The majority believe that strides have been made regarding public perceptions and attitudes towards mental health, however fair treatment of individuals with mental illness is a persisting issue.** Most report greater awareness of mental health issues compared to five years ago. (Tables 38a-e)

## Statements Regarding Mental Health

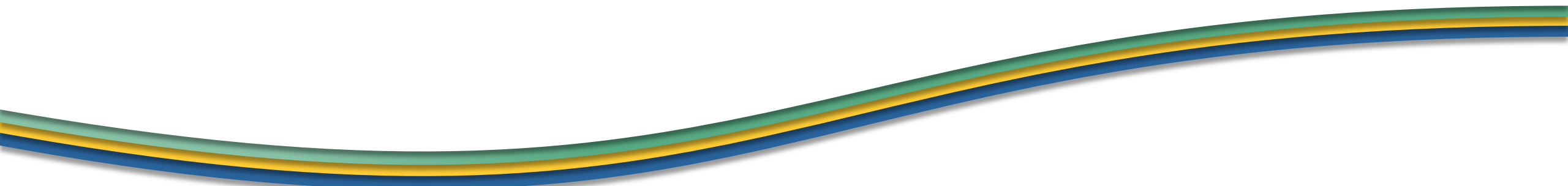
% Saying 'Yes'



Among those experiencing mental illness, diagnosed individuals are more likely than those without a diagnosis to feel comfortable speaking with others about mental illness and to believe attitudes have improved

In terms of public perceptions of mental illness in general, younger individuals, those that have both provincial and private health coverage, and those who do not face the barrier of cost are more likely to have noticed progress

# *Experience with Mental Health*

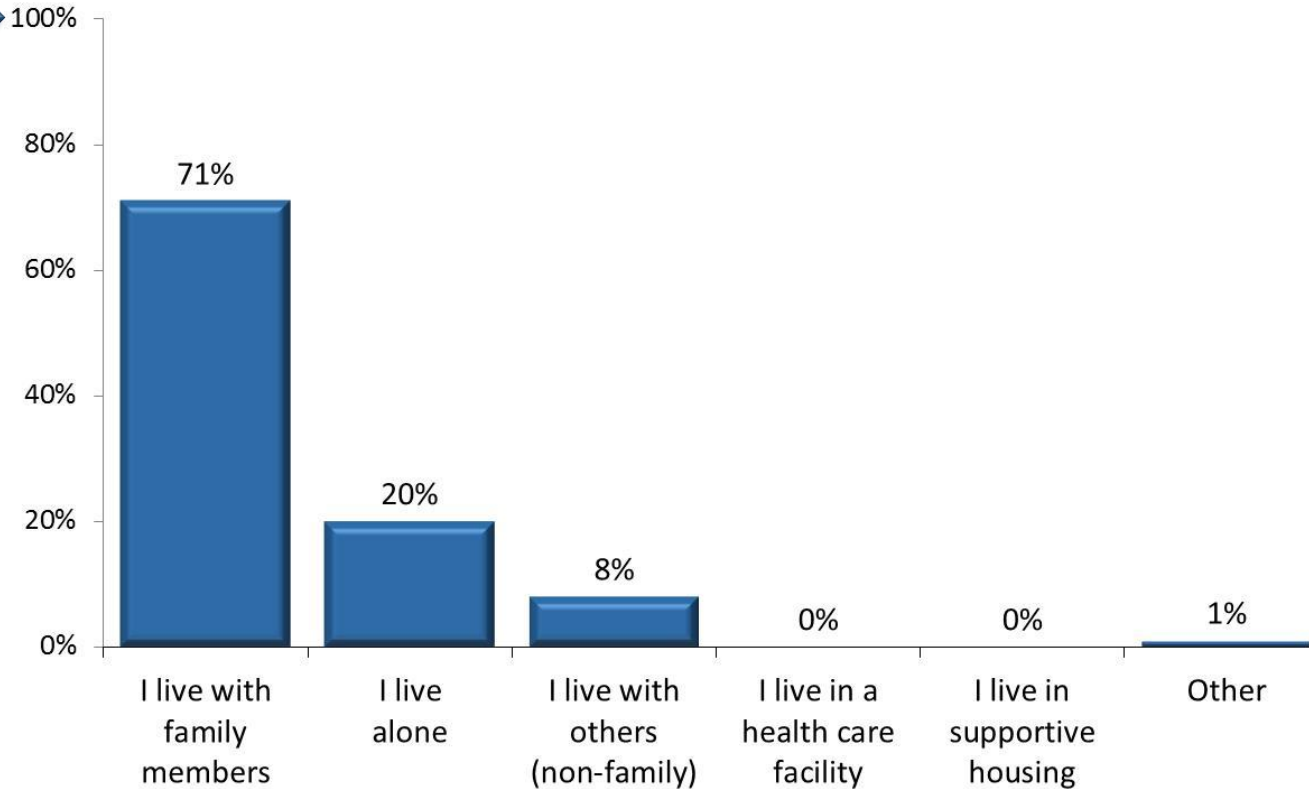




**Most of those surveyed live with family members, while a minority live on their own. (Table 4)**

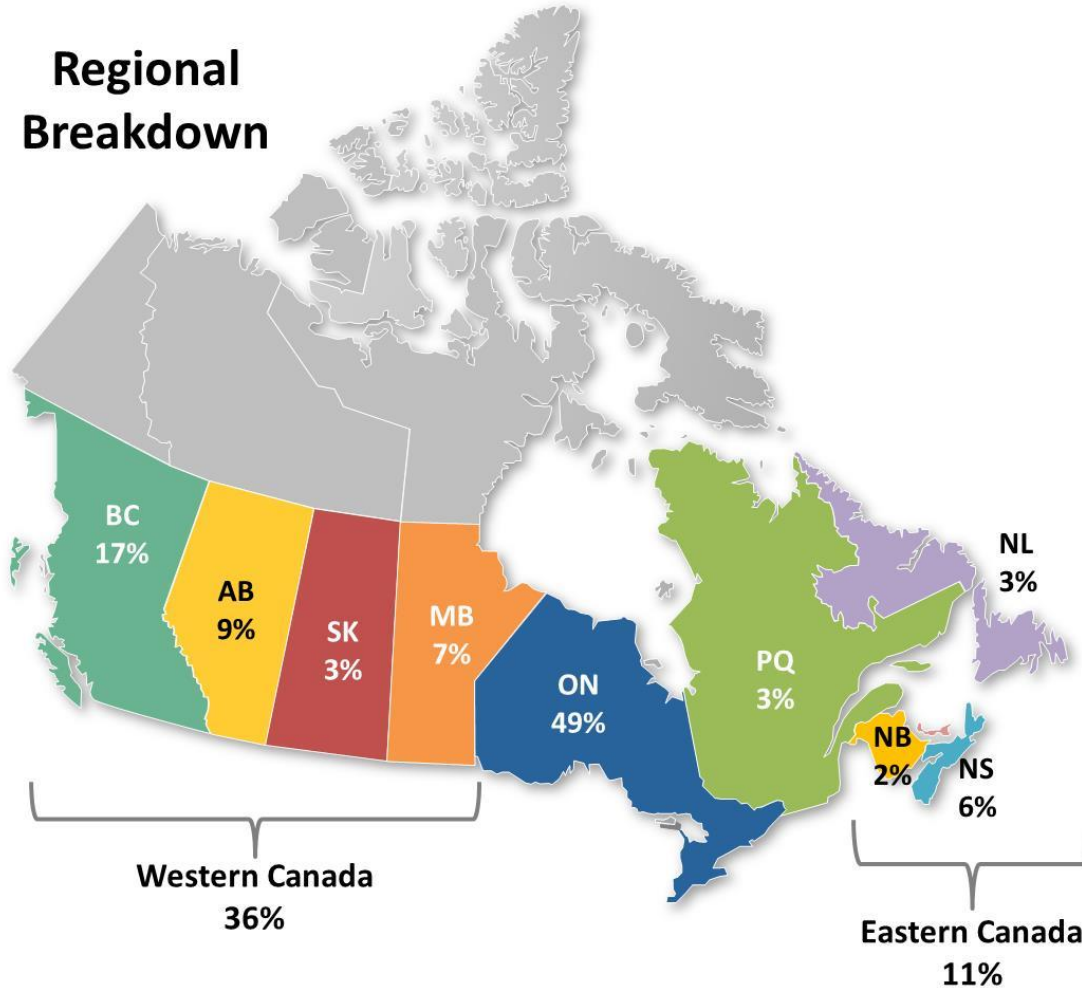
Those with a diagnosed mental illness are more likely than those undiagnosed to live alone

## Current Living Arrangements



Q.4: And which of the following best describes your *current living arrangements*? (n=2,245)

One-half of those surveyed live in Ontario, and four in ten live in Western Canada. (Table 5b)



	Status:			
	West (n=798)	Ontario (n=1107)	QC (n=77)	East (n=256)
<i>Diagnosed</i>	52%	53%	39%	54%
<i>Not Diagnosed</i>	20%	18%	10%	21%
<i>Family Member</i>	7%	6%	10%	9%
<i>Caregiver</i>	4%	3%	3%	2%
<i>Concerned Individual</i>	18%	20%	38%	15%
Mental Illness:				
<i>Depression</i>	66%	71%	70%	70%
<i>Bipolar Disorder</i>	24%	22%	28%	23%
<i>Schizophrenia</i>	9%	5%	5%	7%
<i>Personality Disorder</i>	12%	10%	23%	11%
<i>Eating Disorder</i>	10%	11%	5%	12%
<i>PTSD</i>	20%	22%	10%	14%
<i>Anxiety Disorder</i>	57%	62%	55%	59%

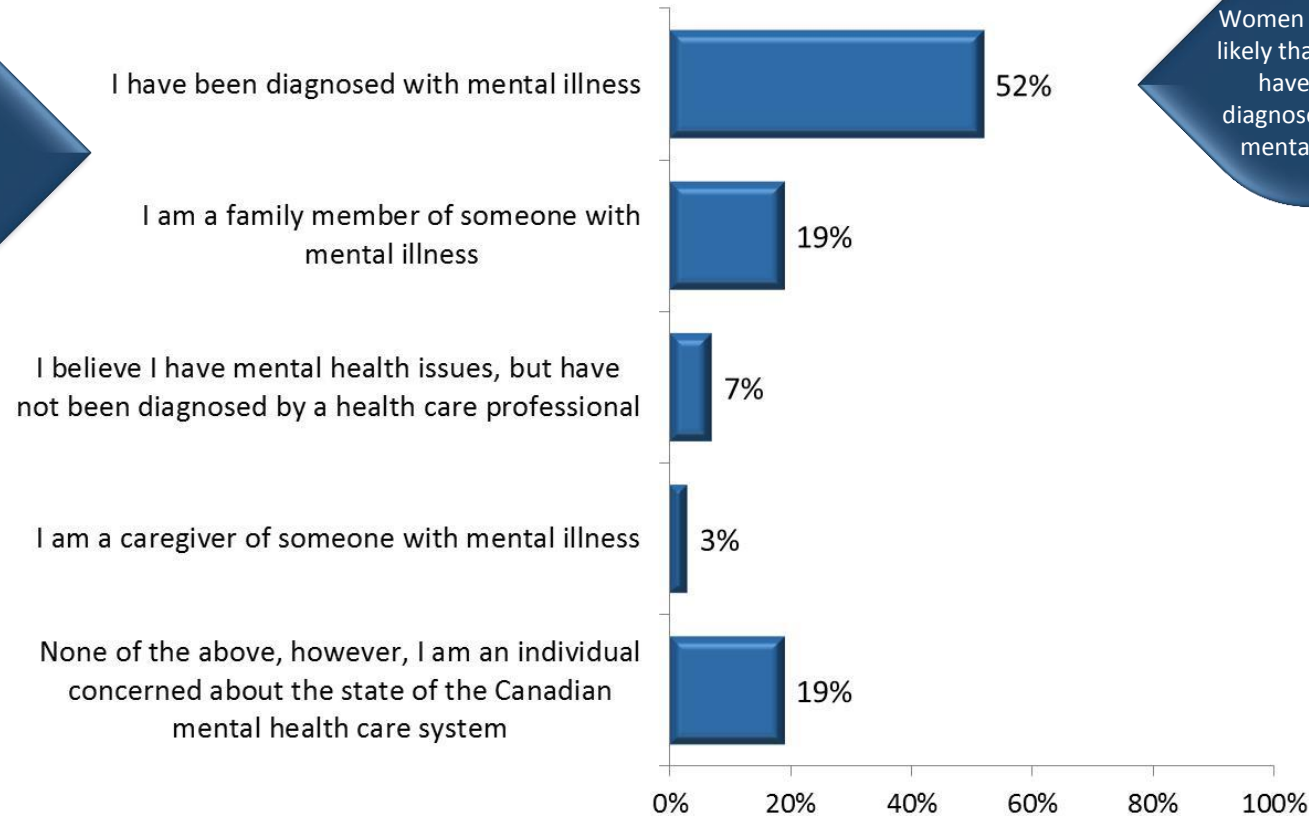
Q.5b: Which province do you live in? (n=2,245)

**A small majority of those surveyed have been diagnosed with mental illness, while two in ten are individuals concerned about the state of the Canadian mental health care system, or they are a family member of someone with mental illness.** Under one in ten believe they have mental health issues, but have not been diagnosed by a health care professional, and fewer are caregivers of someone with mental illness. (Table 6)

## Experience with Mental Illness

Those facing cost as a barrier to treatment are more likely to be diagnosed with a mental illness, while conversely, those without cost barriers are more likely to be a family member of someone with mental illness

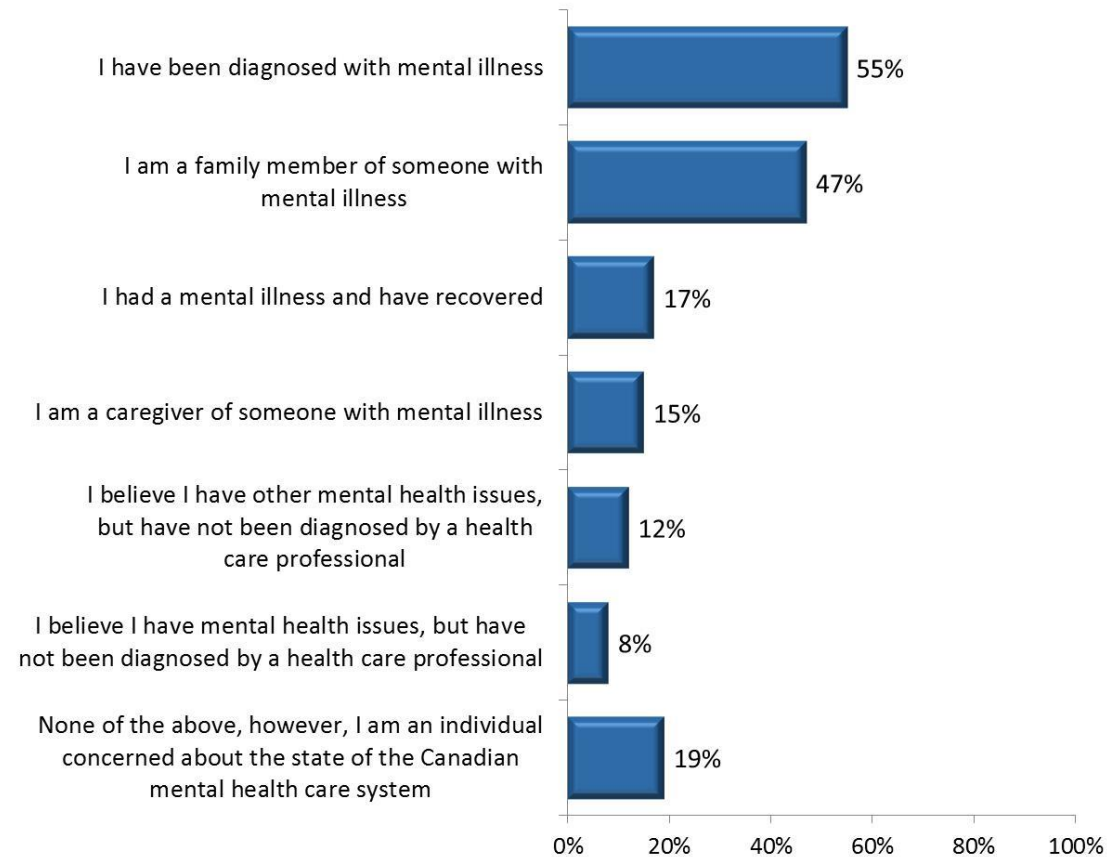
Women are more likely than men to have been diagnosed with a mental illness



Q.6: Which one of the following statements best describes you? (n=2,245)

*Respondents were asked how else they would describe their experience with mental illness. When combined with initial responses, results show that one-half have been diagnosed with mental illness, or are a family member of someone with mental illness. (Table 6a)*

## Overall Experience with Mental Illness



**Q.6/Q.6a Combined:** Q.6: Which one of the following statements best describes you? 6a: [DO NOT ASK IF 'NONE OF THE ABOVE' IN Q.6. ONLY SHOW ITEMS NOT CHOSEN IN Q.6 PLUS 'NONE/NO OTHERS'] And which other statements describe you? (n=2,245)

**For more than ten years, the majority have either been experiencing mental illness themselves, or have been caring for someone who has been experiencing mental illness. (Table 7)**

Those living alone have been experiencing mental illness for longer than those living with family or others, and those living with family have been experiencing mental illness for longer than those living with others

## Duration of Mental Illness

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers



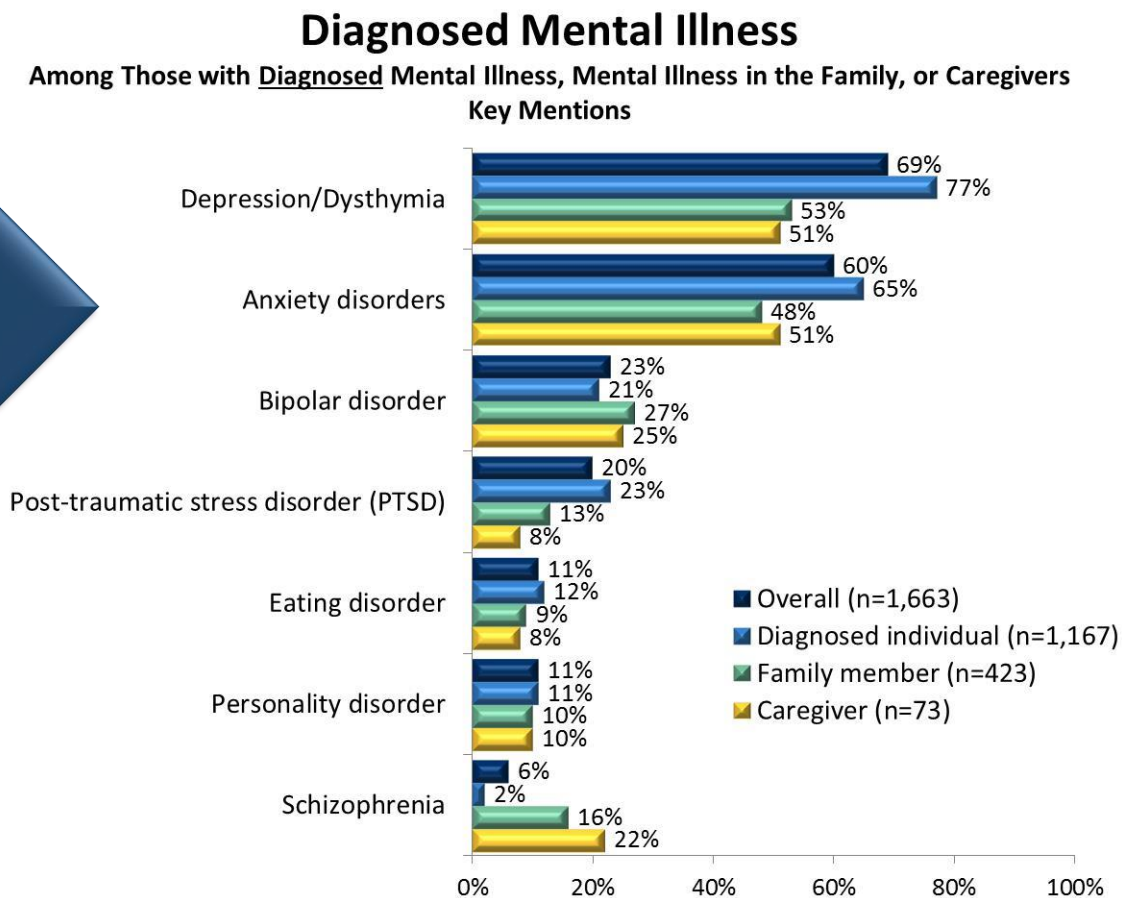
Perhaps not surprisingly, duration of mental illness increases with age

Three-quarters of those diagnosed have been experiencing mental illness for more than 10 years (73%), compared to one-half of those without a diagnosis (48%)

Q.7: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6]  
How long [have/has] [you/your family member/the person you care for] been experiencing mental illness? (n=1,810)

**The most common types of mental illness experienced by those diagnosed or caring for an individual with a mental illness include depression and anxiety disorders, while a notable minority also experience bipolar disorder, and post-traumatic stress disorder (PTSD), among others. (Table 8a)**

Anxiety and eating disorders are more common among women and individuals under 30 years of age



Q.8a: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER', OR 'CAREGIVER' (CODES 1, 3 OR 4) IN Q.6] What type of mental illness [have/has] [you/your family member/the person you care for] been diagnosed with?

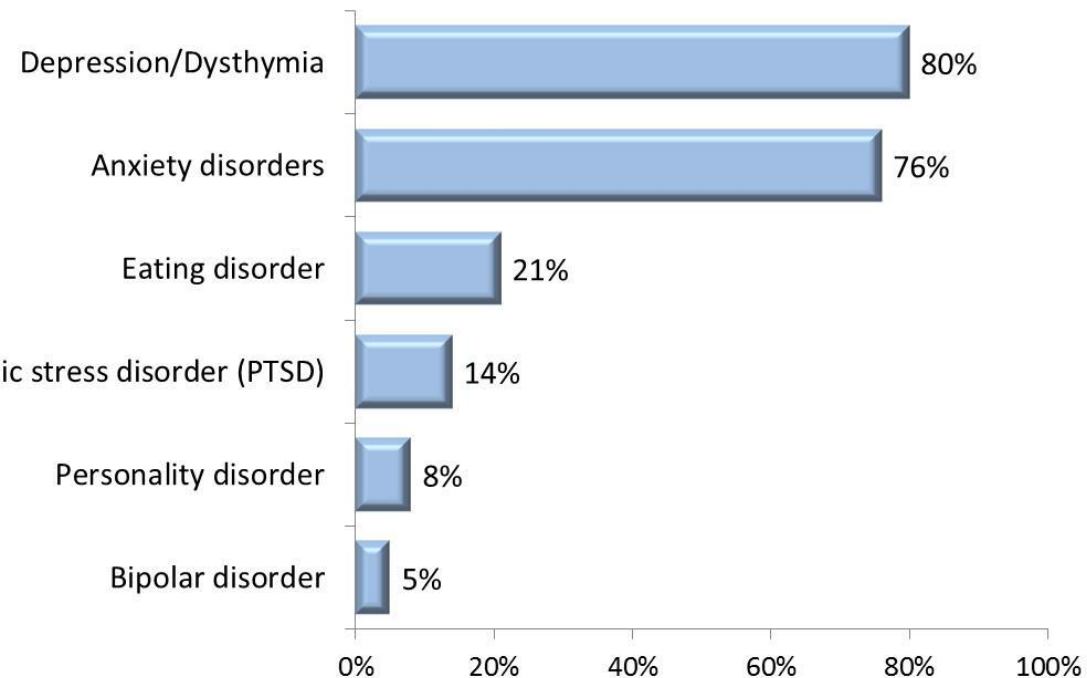


*Those without a diagnosis from a health care professional most commonly report that they have been experiencing depression, anxiety disorders, or post-traumatic stress disorder. (Table 8b)*

## Undiagnosed Mental Illness

Among Those Who Believe They Have Mental Health Issues, But Have Not Been Diagnosed by a Health Care Professional  
Key Mentions

Women and those under 30 years of age more commonly report an undiagnosed eating disorder



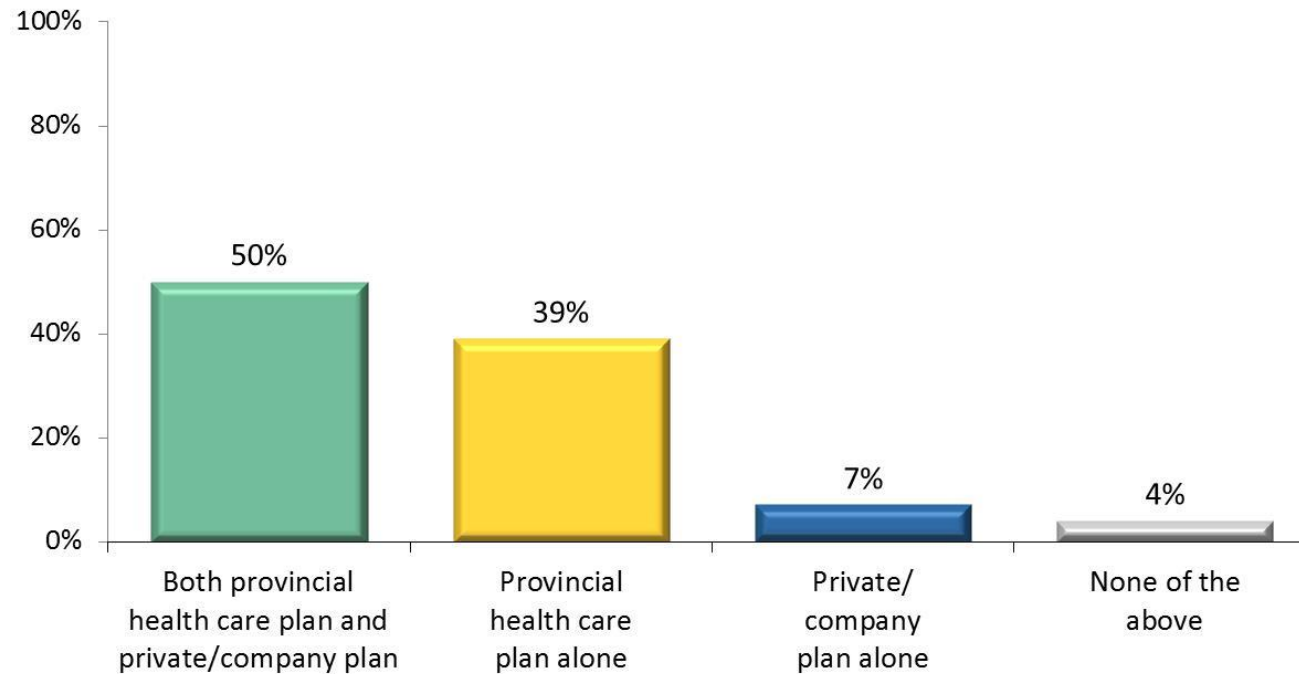
Q.8b: [IF MENTAL HEALTH ISSUES, BUT 'HAVE NOT BEEN DIAGNOSED' (CODE 2) IN Q.6] What type of mental illness have you been experiencing? (n=147)

**Most commonly, respondents have coverage from both provincial and private health care, while a sizeable minority are solely covered by a provincial health care plan. (Table 9)**

## Health Coverage Among Those with Mental Illness, Mental Illness in the Family, or Caregivers

**89%**  
Have provincial  
health coverage

**57%**  
Have private  
health coverage



Those with provincial health coverage alone are more likely to face cost barriers to treatment compared to those with both provincial and private health coverage

Q.9: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6]  
Which of the following types of health coverage [are/is] [you/your family member/the person you care for] covered by?  
(n=1,810)



Among those who have a private health care plan, alone or in combination with a provincial plan (representing 57% of respondents overall), **over one-half believe their health coverage is not adequate for the mental health care required.** (Table 10)

## Adequate Health Coverage

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers  
Who Have a Private/Company Plan, Alone, or in Combination with a Provincial Plan

Inadequate coverage is more commonly reported by undiagnosed individuals compared to those diagnosed



feel that the coverage is adequate for the care needed in mental illness

Men, older individuals, those living in Eastern Canada, and those who do not face cost barriers to treatment are more likely to believe their coverage is adequate

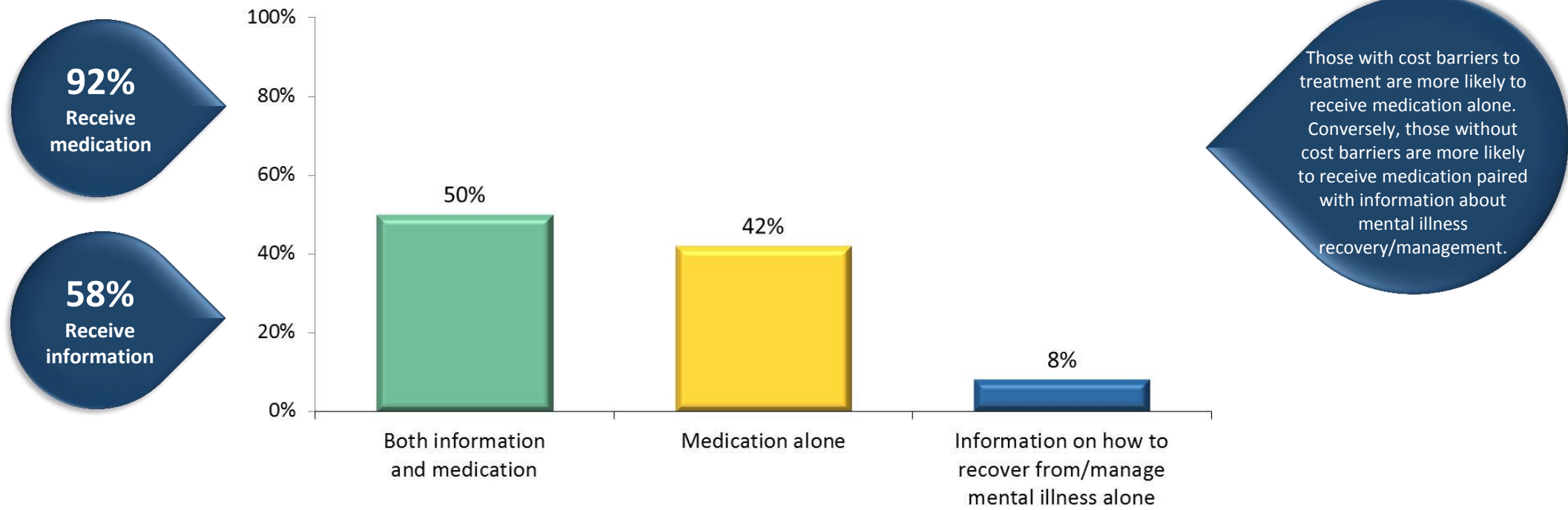
Q.10: [IF 'PRIVATE/COMPANY PLAN' OR 'BOTH PROVINCIAL HEALTH CARE AND A PRIVATE OR COMPANY PLAN' (CODES 2 OR 3) IN Q.9] Is the coverage [you/your family member/the person you care for] [have/has] adequate for the care [you/he/she] [need/needs] in mental illness?  
(n=1,028)

# *Experience with Treatment*

**Health care professionals most commonly provide both medication and information about mental illness recovery/management. That said, a sizeable minority have received medication alone.** (Table 12)

## Health Care Professional Provides ...

Among Those with Diagnosed Mental Illness, Mental Illness in the Family, or Caregivers



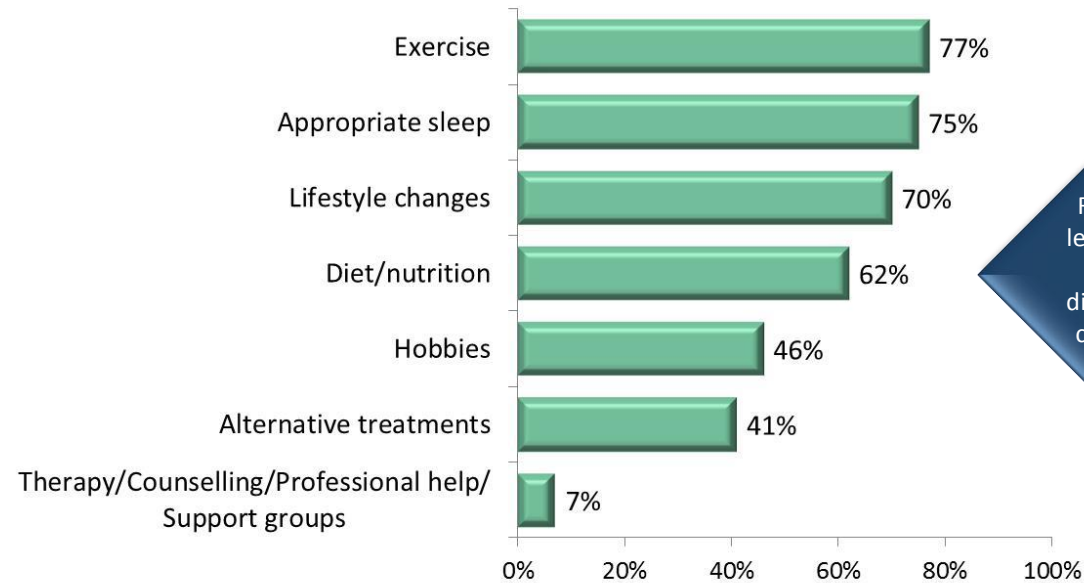
Q.12: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER', OR 'CAREGIVER' (CODES 1, 3 OR 4) IN Q.6] Does [your/your family member's/the person you care for's] health care professional usually provide information on how to recover from/manage mental illness, just medication, or both? (n=1,663)

**Information about exercise, appropriate sleep, lifestyle changes, and diet/nutrition are most commonly provided by health care professionals for the management of mental illness. (Table 13)**

## Type of Information Received about Managing Mental Illness

Among Those with Diagnosed Mental Illness, Mental Illness in the Family, or Caregivers Whose Health Care Professional Provides Information on How to Recover from/Manage Mental Illness

Key Mentions



Residents of Quebec are less likely to have received information about diet/nutrition and hobbies compared to those living elsewhere

Q.13: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER', OR 'CAREGIVER' (CODES 1, 3 OR 4) IN Q.6 AND IF HEALTH CARE PROFESSIONAL PROVIDES 'INFORMATION ON HOW TO RECOVER FROM/MANAGE MENTAL ILLNESS' (CODES 1 OR 3) IN Q.12] What type of information [have/has] [you/your family member/the person you care for] received about managing mental illness? (n=965)

*The amount of time it took to receive a mental illness diagnosis varies widely, with some reporting that it took one year or longer, while others were diagnosed immediately.* (Table 14)

## Time Between First Seeking Help and Diagnosis

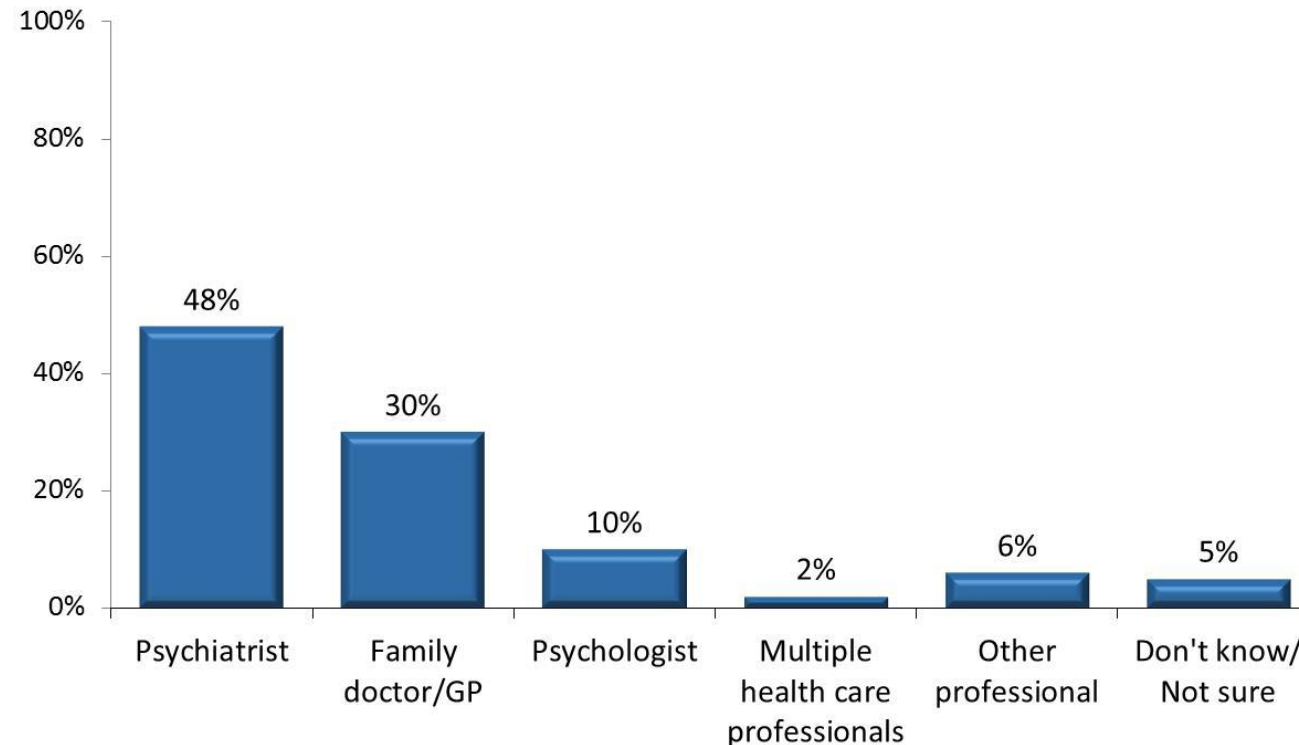
Among Those with Diagnosed Mental Illness, Mental Illness in the Family, or Caregivers



Q.14: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6]  
How long did it take for [you/your family member/the person you care for] to be diagnosed with mental illness from the first time help was sought from a health care professional? (n=1,663)

Overall, psychiatrists are most likely to have diagnosed a mental illness, followed by family doctors. (Table 15)

## Type of Health Professional Diagnosed Mental Illness Among Those with Diagnosed Mental Illness, Mental Illness in the Family, or Caregivers



Those with depression and anxiety disorders are more likely than those with any other mental illness to have been diagnosed by a family doctor

A diagnosis from a psychologist is more common among younger individuals and those living in Quebec

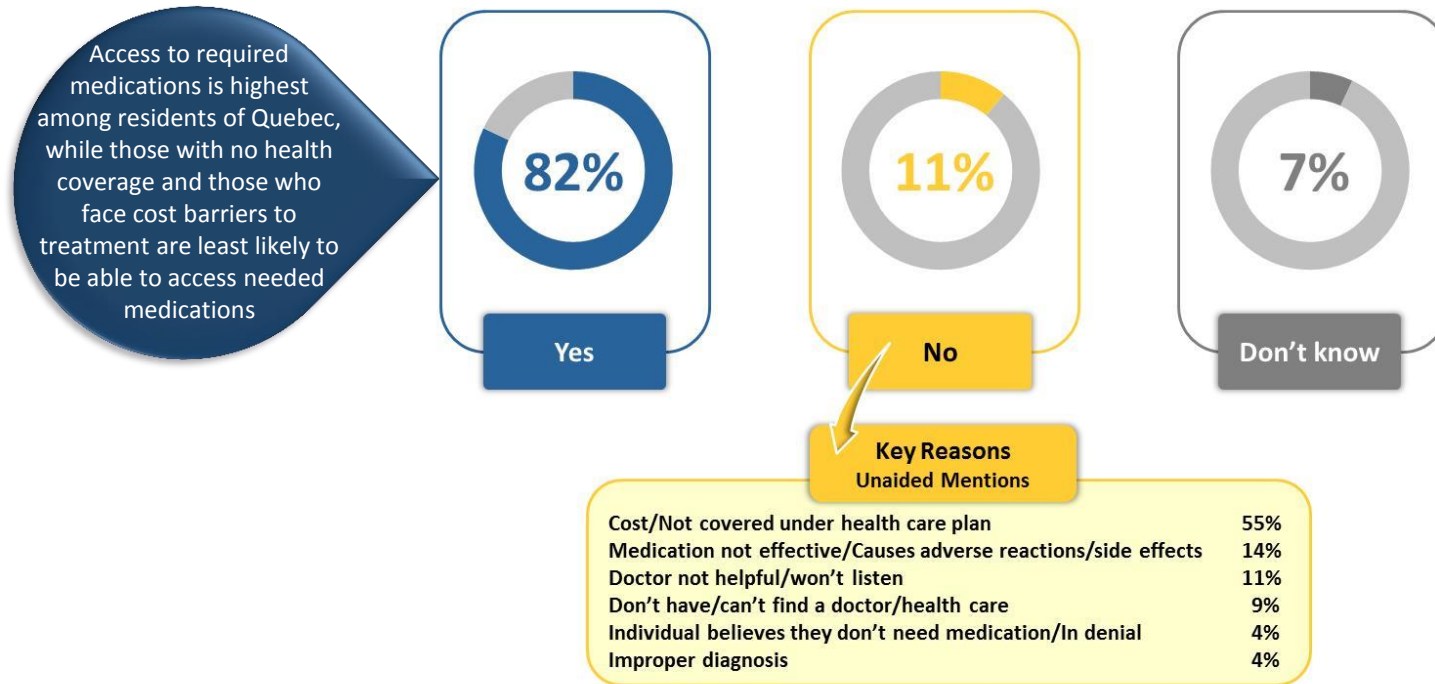
Q.15: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER', OR 'CAREGIVER' (CODES 1, 3 OR 4) IN Q.6] What type of health professional diagnosed [your/your family member's/the person you care for's] mental illness? (n=1,663)



**Access to required medications to treat mental illness is high, although cost is the primary barrier faced by those unable to receive the medications they need.** (Tables 16 & 17)

## Able to Access Medications Needed to Treat Mental Illness

Among Those with Diagnosed Mental Illness, Mental Illness in the Family, or Caregivers



Q.16: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6] In your opinion, [are/is] [you/your family member/the person you care for] able to access the medications needed to treat mental illness?

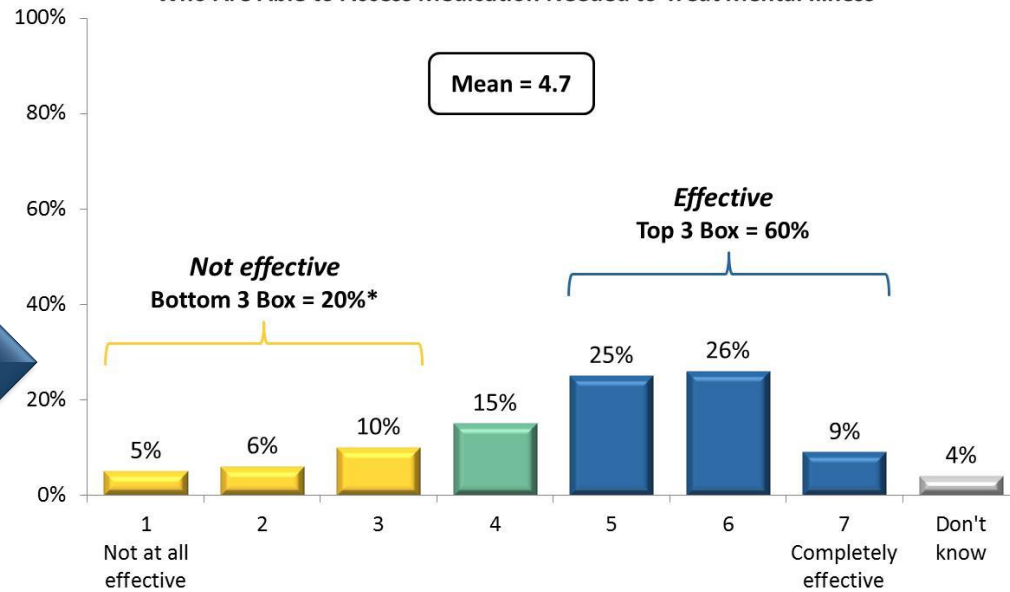
(n=1,663)

Q.17: [IF 'NO' IN Q.16] Why [are/is] [you/your family member/the person you care for] not able to access the medications needed? (n=181)

The majority indicate that medication has been effective in treating mental illness to some degree. For those who indicated that medication has not been completely effective, the primary reason is due to persisting symptoms. (Tables 18 & 19)

## Effectiveness of Medication

Among Those with Diagnosed Mental Illness, Mental Illness in the Family, or Caregivers Who Are Able to Access Medication Needed to Treat Mental Illness

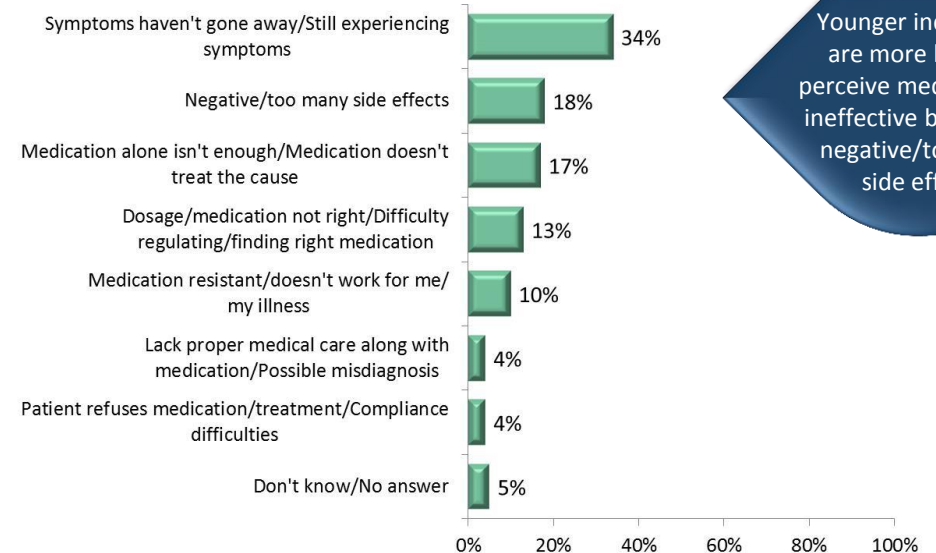


Q.18: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6 AND IF 'YES' IN Q.16] How effective has the medication been for [you/your family member/the person you care for]? (n=1,359)

\*Due to rounding. Note: 'Don't know' is excluded from the calculation of the mean.

## Reasons Believe Medication Not Completely Effective

Among Those with Diagnosed Mental Illness, Mental Illness in the Family, or Caregivers Who Are Able to Access Medication Needed to Treat Mental Illness, But Rate Medication 1-5 on 7-pt Scale



Q.19: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6 AND IF 'YES' IN Q.16 AND IF CODES 1-5 IN Q.18] Why do you believe the medication has not been completely effective? (n=500 randomly coded responses)

Younger individuals are more likely to perceive medication as ineffective because of negative/too many side effects

Medications are less effective for younger individuals, those living in Quebec, those with a diagnosis of schizophrenia, and those who face cost barriers to treatment



*The vast majority take their medications as prescribed all or most of the time.* (Table 20)

## Take Medications as Prescribed

Among Those with Diagnosed Mental Illness, Mental Illness in the Family, or Caregivers  
Who Are Able to Access Medication Needed to Treat Mental Illness

Family members and caregivers of someone with a mental illness are more likely to report that medications are taken as prescribed *most* of the time, while those diagnosed with a mental illness more commonly report that they take their medications as prescribed *all* of the time

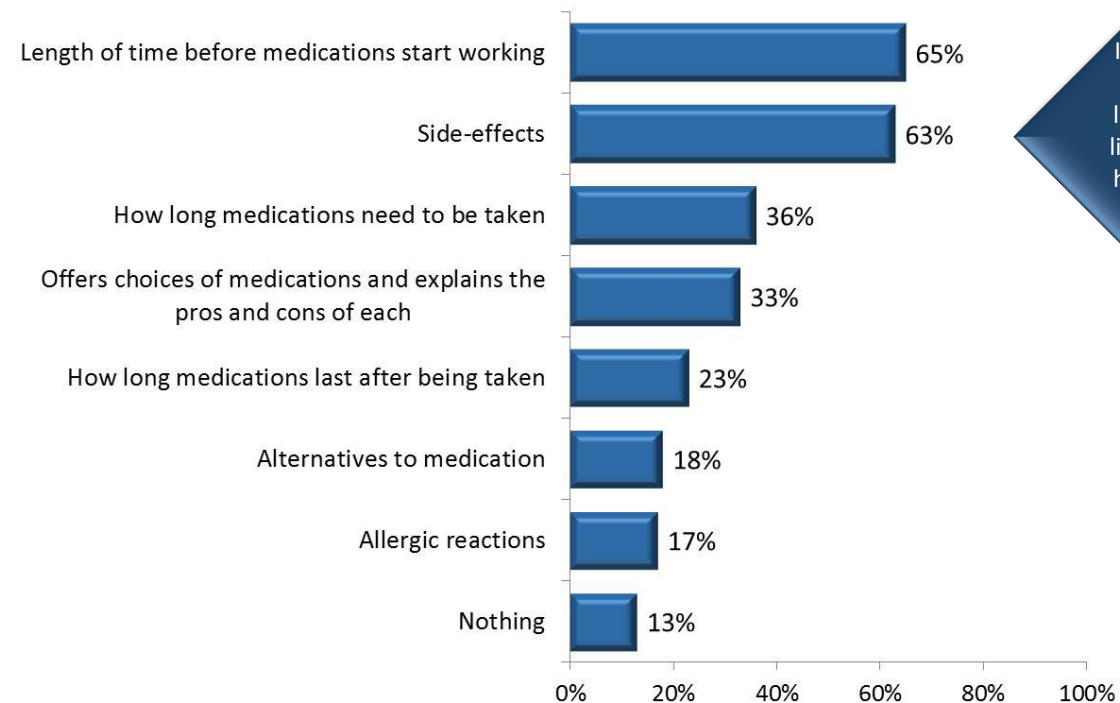


Q.20: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6 AND IF 'YES' IN Q.16]  
Do [you/your family member/the person you care for] take your/their medications as prescribed? (n=1,359)

**Health care professionals generally provide information about medication side-effects and the length of time before medications start working.** (Table 21)

## Type of Information Provided by Health Care Professional about Medication(s)

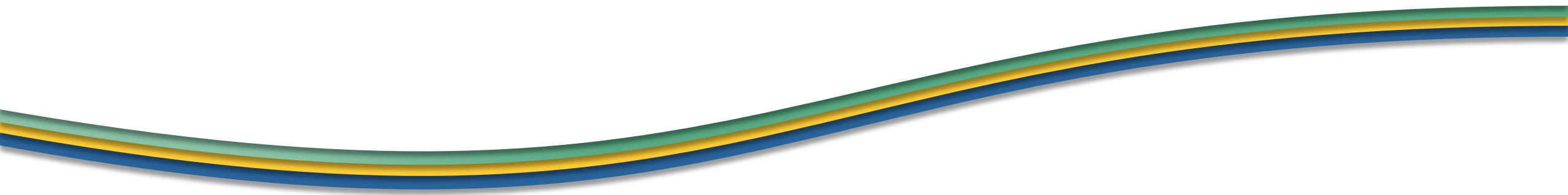
Among Those with Diagnosed Mental Illness, Mental Illness in the Family, or Caregivers  
Key Mentions



Individuals over the age of 50 years and those living in Quebec are less likely to report that their health care professional provides information about side-effects

Q.21: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6] What type of information does [your/your family member's/the person you care for's] health care professional usually provide about [your/their] medication(s)? (n=1,663)

# *Facility and Service Usage*



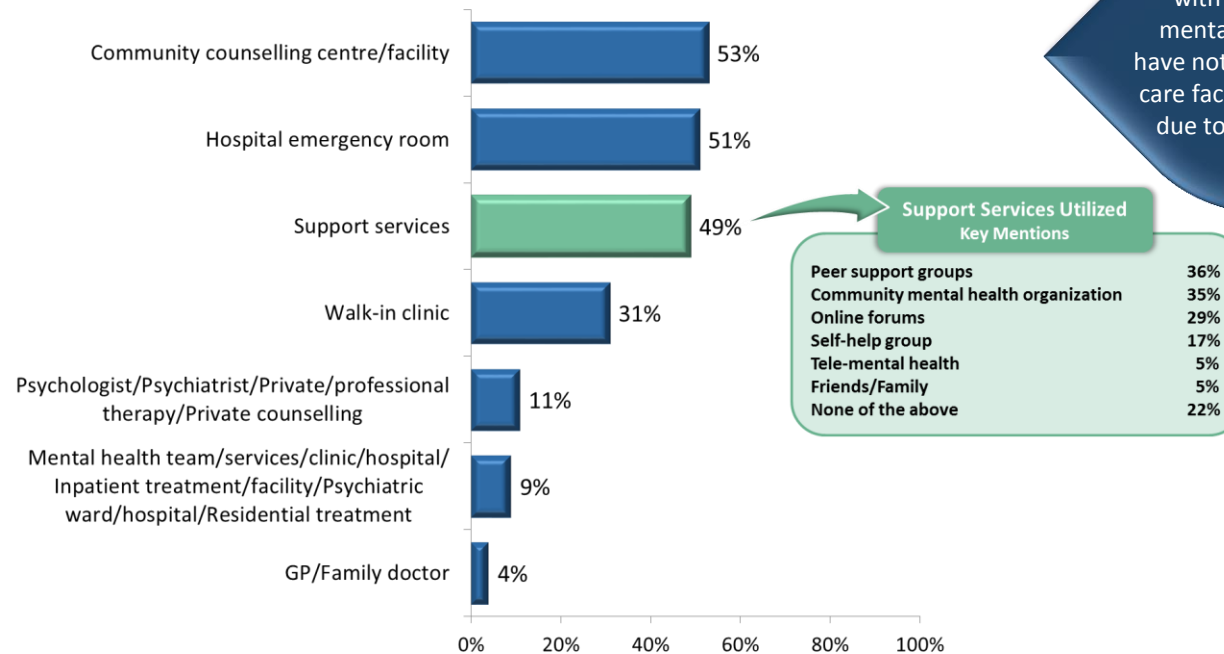
**Individuals with mental health issues have commonly sought care at a community counselling centre/facility, hospital emergency room, as well support services in general.**

**Peer support groups** and **community mental health organizations** are the most common types of support services used by individuals seeking help with mental illness. (Table 22 & 23)

## Facilities Utilized Due to Mental Health Issues

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers

Key Mentions



Use of community counselling centres/facilities and walk-in clinics is less common among individuals aged 50 years or older

Those facing cost barriers to treatment are more likely to have used a walk-in clinic due to mental health issues

Two in ten individuals with undiagnosed mental health issues have not used any health care facilities or services due to mental health issues

Use of online forums decreases with age, and is more common among those without a diagnosis and those facing cost barriers compared to their counterparts

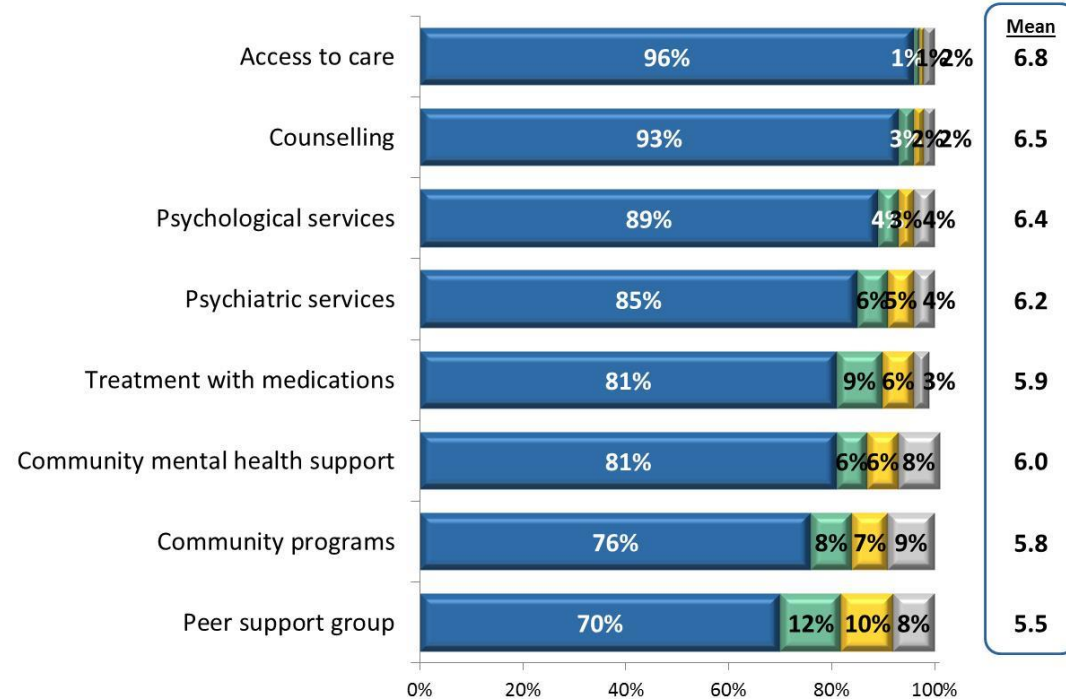
Q.22: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6] Which of the following facilities or services [have/has] [you/your family member/the person you care for] been to because of mental health issues? (n=1,810)  
 Q.23: [IF 'SUPPORT SERVICES' USED IN Q.22] What type of support services, other than health professionals, do [you/your family member/the person you care for] use to help with mental illness? (n=891)

**Access to care, counselling, psychological, and psychiatric services are most important for those experiencing mental health issues.** (Tables 24a-h)

## Importance of Services

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers  
Rating on 7-pt Scale: 1=Not at all important, 7=Critically important

■ Top 3 Box (5-7) ■ Rating of 4 ■ Bottom 3 Box (1-3) ■ Don't know



Counselling, community mental health support, and community programs are more critical to women compared to men

Treatment with medications is significantly less important to those with an undiagnosed mental illness and to those under 30 years of age compared to their counterparts

Q.24a-h: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6] Based on your experience, how important are each of the following services to those experiencing mental health issues? (n=1,810) Note: 'Don't know' is excluded from the calculation of the mean.

*The cost of required support and services is a prevalent barrier for those with mental illness. (Table 25)*

## Cost Prevents Seeking Type of Support/Services Needed

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers



Q.25: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6] Does cost prevent [you/your family member/the person you care for] from seeking the type of support or services needed (e.g. health care services from a therapist or psychologist, alternative health care, etc.)? (n=1,810)



**For individuals seeking mental health care in their community, family doctors and psychiatrists are most prevalent and most widely used.**  
(Tables 26 & 27)

## Type of Health Care Professionals Available in Community to Help with Mental Illness

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers Key Mentions



Access to a variety of health care professionals that can help with mental illness is lower among those living in Quebec

## Type of Health Care Professionals Available in Community Have Seen for Mental Illness

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers Key Mentions



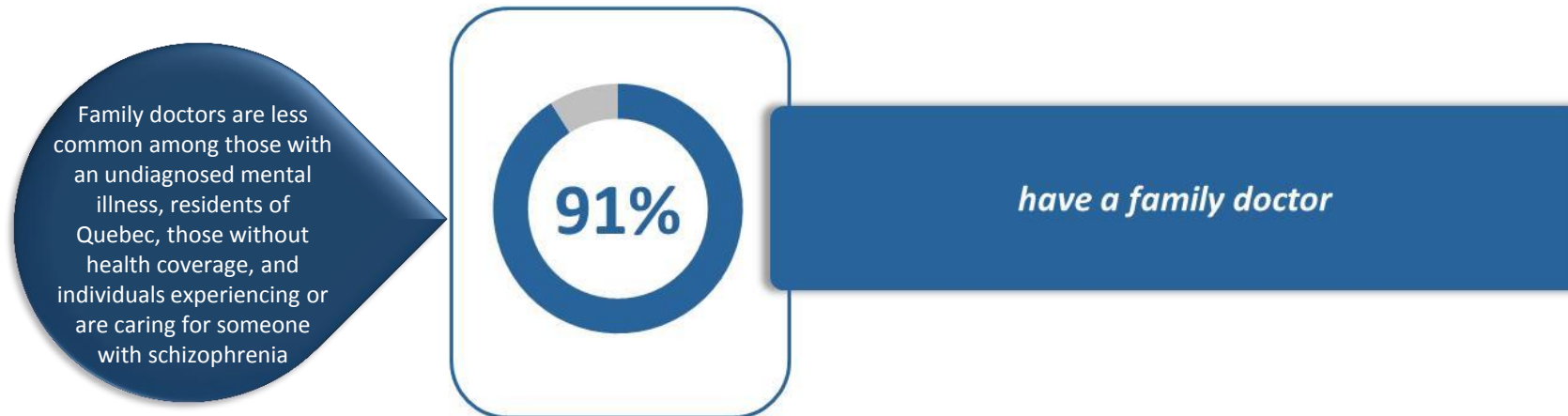
Q.26: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6] What type of *health care professionals are available* in your community to help with *mental illness*? (n=1,810)

Q.27: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6; LIST ONLY HEALTH CARE PROFESSIONALS AVAILABLE IN COMMUNITY IN Q.26] And of those, which type of *health care professionals [have/has] [you/your family member/the person you care for]* seen for mental illness? (n=1,810)

Interestingly, ***nearly all of those seeking mental health care have a family doctor***. However, 88% recognize that a family doctor in their community treats mental illness (Table 26), of which, 77% have seen a family doctor in their community for mental illness (Table 27). This suggests that a proportion of individuals may choose not to see their family doctor for mental illness, or their own family doctor isn't believed to treat mental illness. (Table 11)

## Have a Family Doctor

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers

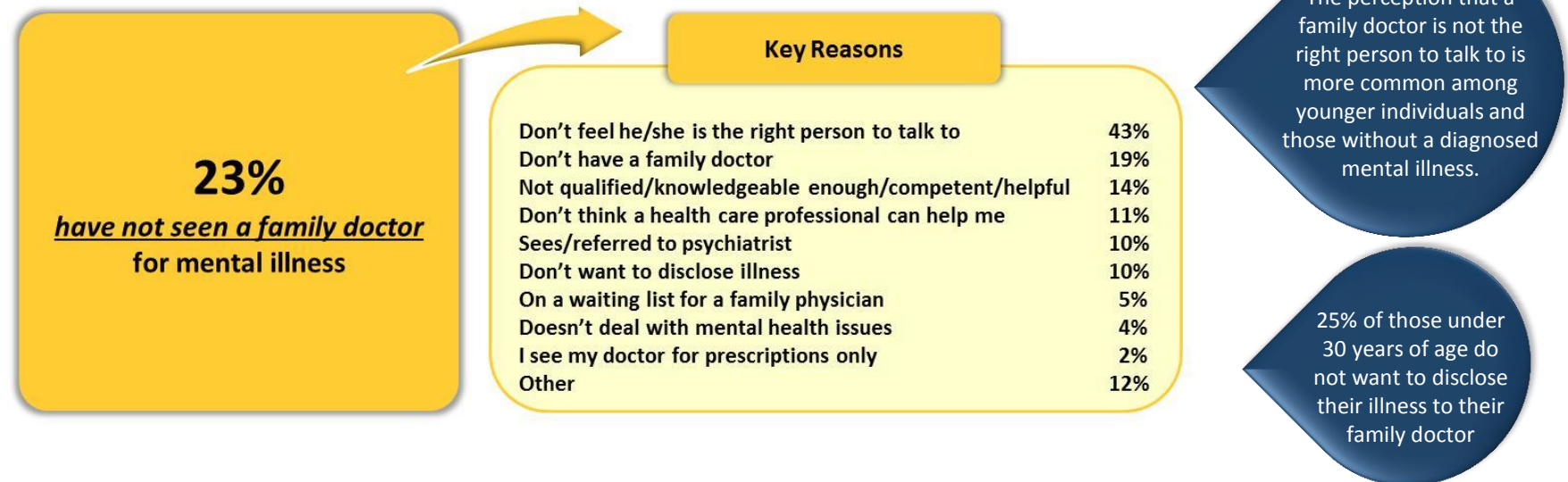


Q.11: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6] [Do/does] [you/your family member/the person you care for] have a family doctor? (n=1,810)



**A minority have not seen a family doctor for mental illness, in large part because they do not feel he/she is the right person to talk to.**  
(Table 28)

## Reasons Have Not Seen Family Doctor for Mental Illness

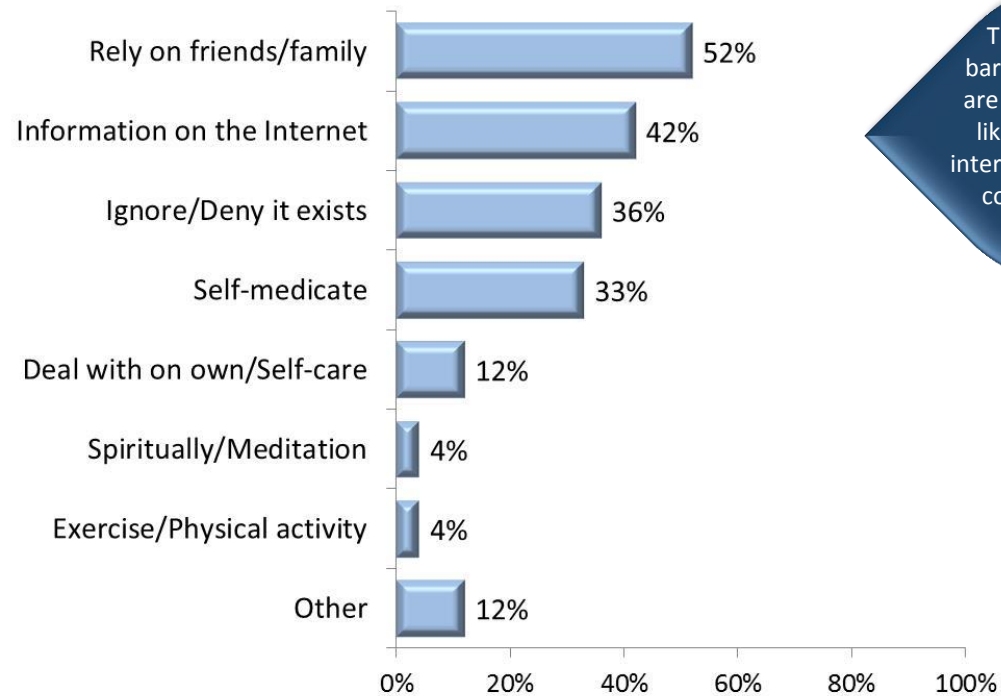


Q.28: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6 AND IF 'FAMILY DOCTOR' NOT MENTIONED IN Q.27] Why [do/does] [you/your family member/the person you care for] choose not to see a family doctor for mental illness? (n=390)

*In the absence of a mental health diagnosis, individuals without a professional's treatment largely rely on friends/family or search for information on the internet in dealing with their condition. (Table 29)*

## Deal with Mental Illness in Absence of Diagnosis and Health Professional's Treatment

Among Those Who Believe They Have Mental Health Issues, But Have Not Been Diagnosed by a Health Care Professional

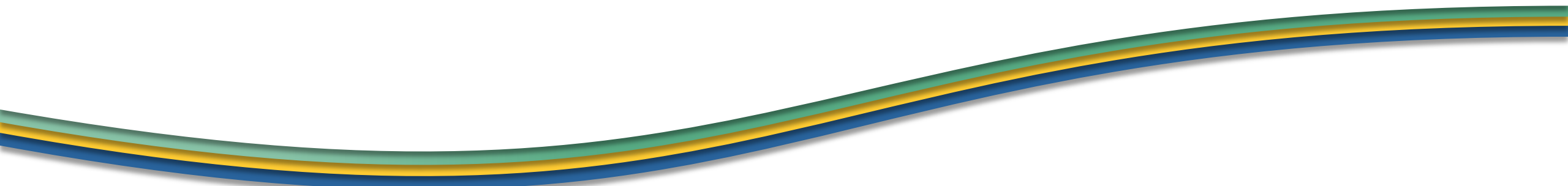


Those under 30 years of age are more likely to ignore/deny their mental illness exists, while those between 30 and 49 years of age are more likely to self-medicate. Meanwhile, those aged 50 years or older are least likely to rely on friends/family.

Those facing cost barriers to treatment are significantly more likely to rely on the internet for information compared to their counterparts

Q.29: [IF 'MENTAL ILLNESS, BUT HAVE NOT BEEN DIAGNOSED' (CODE 2) IN Q.6] In the absence of a diagnosis and a health professional's treatment, how do you deal with your condition? (n=147)

# *Satisfaction with Services/Facilities*



**Generally speaking, respondents are satisfied with the availability of community mental health organizations and with the overall treatment for mental illness provided by family doctors and health care professionals.** That said, the availability of health care professionals whenever they are needed is a concern for a majority of those who have received care from a health care professional. Meanwhile, those who have received care for mental illness in a walk-in clinic or a hospital emergency room commonly express dissatisfaction. (Tables 30a-g)

With the exception of the availability of community mental health organizations, individuals facing cost barriers are generally less satisfied compared to those without cost barriers to treatment

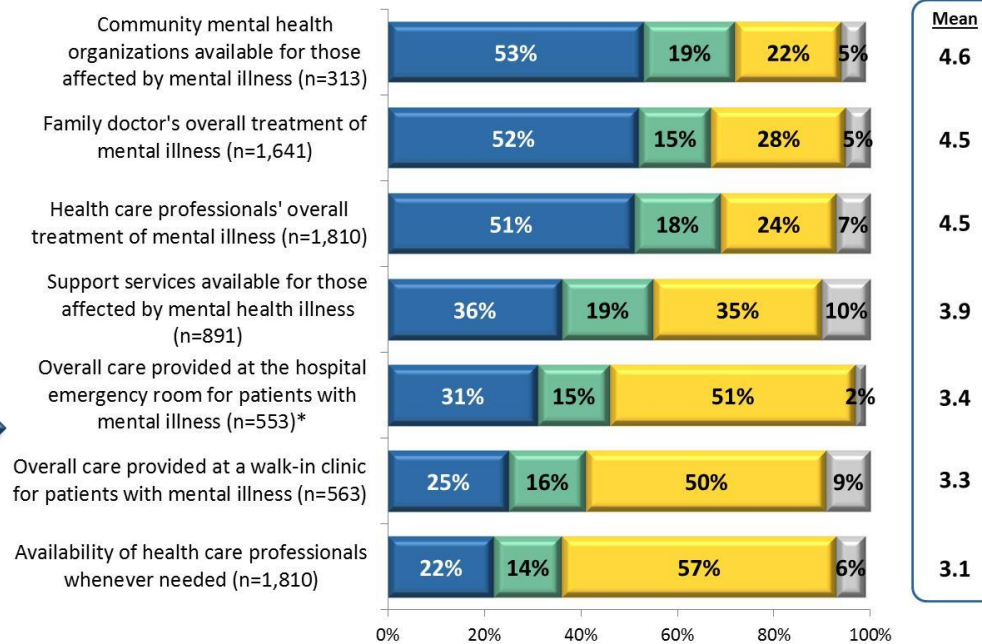
Satisfaction with available support services for those affected by mental illness decreases with age, while conversely, younger individuals are least satisfied with the overall care provided by both family doctors and health care professionals

## Satisfaction with Services/Facilities

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers Who Have Used the Specific Services/Facilities

Rating on 7-pt Scale: 1=Completely dissatisfied, 7=Completely satisfied

■ Top 3 Box (5-7) ■ Rating of 4 ■ Bottom 3 Box (1-3) ■ Don't know



Compared to those who are diagnosed, individuals experiencing an undiagnosed mental illness are less satisfied overall, with the exception of support services available to those affected by mental illness

Q.30a-g: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6] Based on your experience, please indicate your level of satisfaction with each of the following:  
 Note: 'Don't know' is excluded from the calculation of the mean. Note: Q.30d - 362 missing cases due to programming error.

Those less than completely satisfied with the care provided by family doctors commonly report that the consultation felt too rushed and that patients with mental illness are not prioritized. (Table 31)

## Reasons Not Completely Satisfied with Care Provided by Family Doctor

Younger individuals and those facing cost barriers are more likely to feel that the consultation feels too rushed, patients with mental illness are not prioritized, and that the wait time to see a family doctor is too long

**62%**  
are not completely satisfied with overall care provided by their family doctor

### Key Reasons

Consultation feels too rushed	44%
Do not feel patients with mental illness are prioritized	37%
Degree of respect/empathy of family doctor	32%
Wait time to see family doctor is too long	31%
Not qualified to treat mental illness/Lack of knowledge/training/understanding/resources/Deals with physical problems only	27%
Felt unheard/disrespected/not understood/taken seriously by family doctor	5%
Only interested in prescribing medication/Not enough focus on alternative treatments/therapy	5%

Those facing cost barriers are more likely to cite concerns about the degree of respect/empathy of family doctor compared to those without cost barriers

Q.31: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6 AND IF HAVE A FAMILY DOCTOR IN Q.11 AND RATED FAMILY DOCTOR'S OVERALL TREATMENT CODES 1-5 IN Q.30A] Why are you not completely satisfied with the overall care provided by [your/your family member's the person you care for's] family doctor? (n=1,025)



Those who are not completely satisfied with the care they received from a health care professional commonly mention that the wait times are too long. (Table 32)

## Reasons Not Completely Satisfied with Health Care Professionals' Overall Treatment of Patients with Mental Illness

The perception that wait times for health care professionals are too long, and that patients with mental illness are not prioritized is more common among younger individuals

**63%**  
are not completely satisfied  
with overall treatment provided  
by health care professionals

### Key Reasons

Wait time to see health professional is too long	64%
Degree of respect/empathy of health professionals	45%
Consultation feels too rushed	41%
Do not feel patients with mental illness are prioritized	39%
Lack of knowledge/training/understanding/experience	8%
Services are inadequate/unavailable/limited	5%

The top four reasons are more commonly cited by individuals facing cost barriers to treatment compared to their counterparts

Q.32: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6 AND RATED HEALTH CARE PROFESSIONALS' OVERALL TREATMENT OF MENTAL ILLNESS CODES 1-5 IN Q.30B] Why are you not completely satisfied with *health care professionals' overall treatment of patients with mental illness*? (n=1,133)



**Most of those who have received care at a walk-in clinic are not completely satisfied, largely because of the degree of respect/empathy from staff and the perception that patients with mental illness are not prioritized. (Table 33)**

## Reasons Not Completely Satisfied with Overall Care Provided at Walk-in Clinics for Patients with Mental Illness

Younger individuals more commonly mention a lack of prioritization for those with mental illness, the wait times are too long, and that staff appear to be too rushed

**80%**  
**are not completely satisfied with overall care provided at walk-in clinics**

### Key Reasons

Degree of respect/empathy of staff	54%
The clinic does not seem to prioritize patients with mental illness	51%
Wait time to see a health care professional is too long	49%
Clinic staff appear to be too rushed	48%
Lack of knowledge/training/understanding/experience	8%
Clinics don't/can't provide proper care/Not equipped to deal with mental health issues	6%

The degree of respect/empathy of staff and lack of prioritization is more commonly mentioned by women, while men more commonly mention that clinic staff appear to be rushed

Q.33: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6 AND IF HAVE BEEN TO A WALK-IN CLINIC IN Q.22 AND RATED OVERALL CARE PROVIDED AT A WALK-IN CLINIC FOR PATIENTS WITH MENTAL ILLNESS CODES 1-5 IN Q.30C] Why are you not completely satisfied with the *overall care provided at walk-in clinics* for patients with mental illness? (n=450)

**A variety of reasons are provided by the sizeable majority who are not completely satisfied with the care provided in hospital emergency rooms for patients with mental illness, including a perceived lack of concern for those with mental illness.** Other areas of concern include wait times to see a health care professional, a lack of prioritization for patients with mental illness, the degree of respect/empathy of staff, as well as the amount of information provided by the hospital to the patient about mental illness and options for treatment/help. (Table 34)

## Reasons Not Completely Satisfied with Overall Care Provided at Hospital Emergency Rooms for Patients with Mental Illness

Older individuals are more likely to report that wait times are too long, while younger individuals more commonly report that the hospital does not prioritize patients with mental illness and that limited information about options for treatment/help are provided

**82%**  
are not completely satisfied with overall care provided at hospital emergency rooms

### Key Reasons

There is a perceived lack of concern for patients with mental illness	67%
Wait time to see a health care professional is too long	63%
The hospital does not seem to prioritize patients with mental illness	62%
Degree of respect/empathy of staff	62%
The hospital does not provide enough information to the patient about mental illness and options for treatment/help	61%
Hospital staff appear too rushed	54%
The hospital does not allow enough time for diagnosis	46%
The hospital does not provide referrals	34%
Lack of knowledge/skills among staff	5%
Lack of proper space/accommodation/beds	5%

The top 8 reasons for dissatisfaction are more commonly mentioned by those who face cost as a barrier to treatment

Q.34: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6 AND HAVE BEEN TO A HOSPITAL EMERGENCY ROOM IN Q.22 AND RATED OVERALL CARE PROVIDED AT THE HOSPITAL EMERGENCY ROOM FOR PATIENTS WITH MENTAL ILLNESS CODES 1-5 IN Q.30D] Why are you not completely satisfied with the overall care provided at hospital emergency rooms for patients with mental illness? (n=455) Note: Q.30d - 362 missing cases due to programming error.

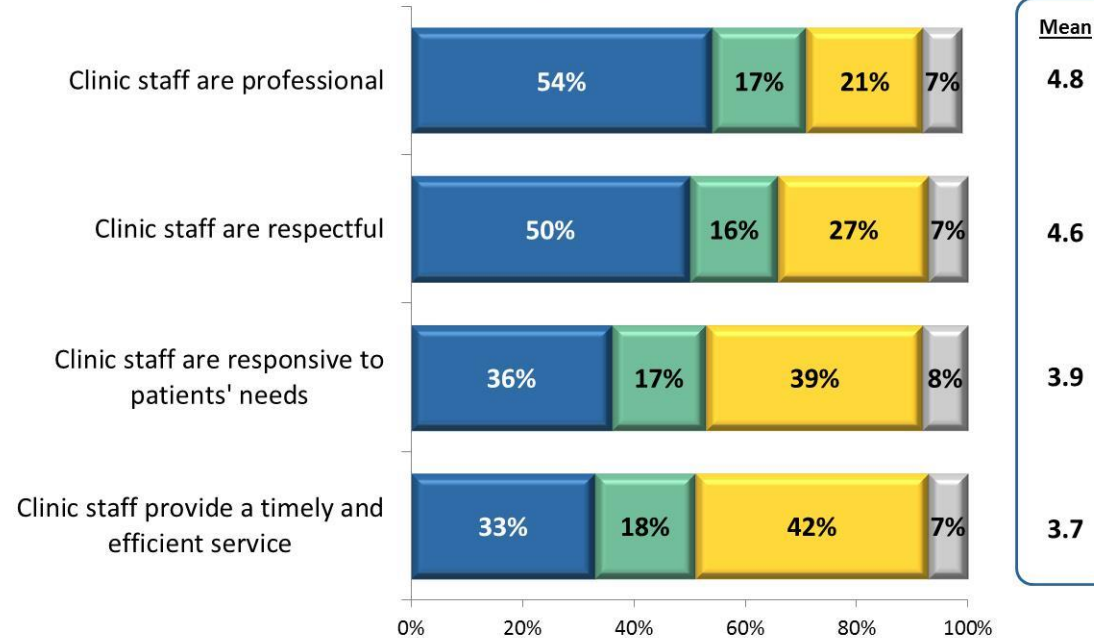
**Walk-in clinic staff are largely considered professional and respectful. On the other hand, staff responsiveness and the provision of timely and efficient service are areas that are perceived to need improvement.** (Tables 35a-d)

## Walk-in Clinic Staff

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers Who Have Been to Walk-in Clinics

Rating on 7-pt Scale: 1=Completely disagree, 7=Completely agree

■ Top 3 Box (5-7) ■ Rating of 4 ■ Bottom 3 Box (1-3) ■ Don't know



Those facing cost as a barrier to treatment offer less favourable evaluations overall compared to those without financial barriers

Women are less likely than men to report that walk-in clinic staff are responsive and provide timely and efficient service

Younger individuals are more likely than their older counterparts to view walk-in clinic staff as professional and respectful

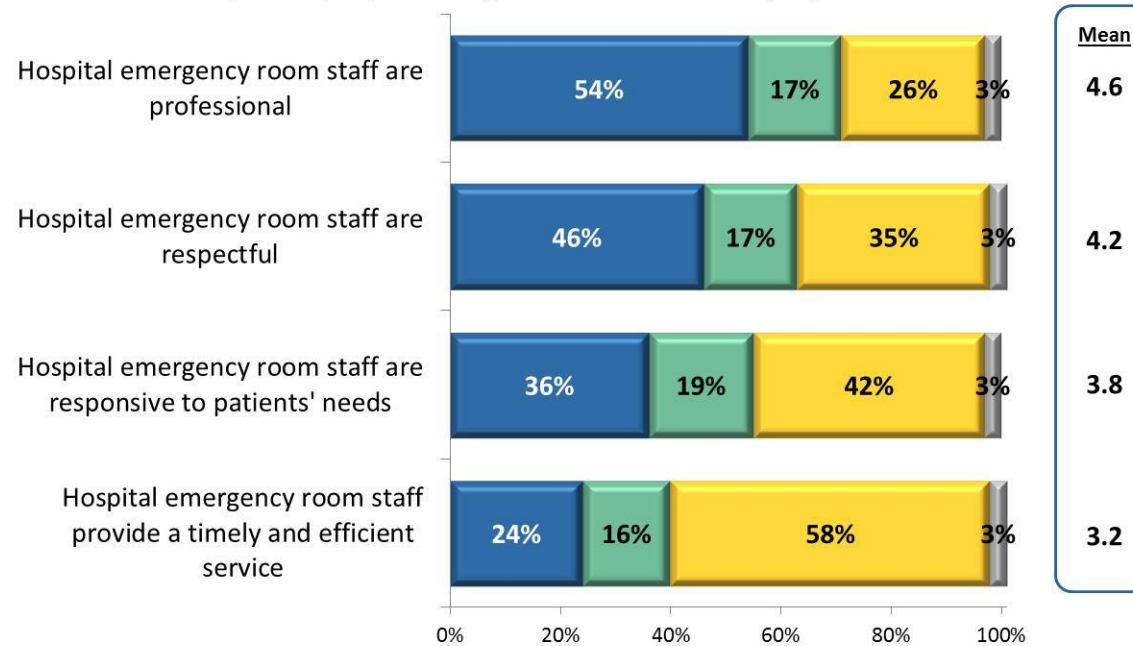
Q.35a-d: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6 AND HAVE BEEN TO A WALK-IN CLINIC IN Q.22] Thinking about your walk-in clinic visits, please indicate the extent to which you agree or disagree with each of the following: (n=563)  
 Note: 'Don't know' is excluded from the calculation of the mean.

**While hospital emergency staff are perceived to be professional, the majority feel hospital staff do not provide timely service. (Tables 36a-d)**

## Hospital Emergency Room Staff

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers Who Have Been to Hospital Emergency Rooms  
Rating on 7-pt Scale: 1=Completely disagree, 7=Completely agree

■ Top 3 Box (5-7) ■ Rating of 4 ■ Bottom 3 Box (1-3) ■ Don't know



Once again, those facing cost as a barrier to treatment are generally less positive compared to those without financial barriers

Diagnosed individuals are more favourable towards hospital emergency room staff compared to those with an undiagnosed mental illness

Q.36a-d: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6 AND HAVE BEEN TO A HOSPITAL EMERGENCY ROOM IN Q.22] Thinking about your *hospital emergency visits*, please indicate the extent to which you agree or disagree with each of the following: (n=916)  
Note: 'Don't know' is excluded from the calculation of the mean.

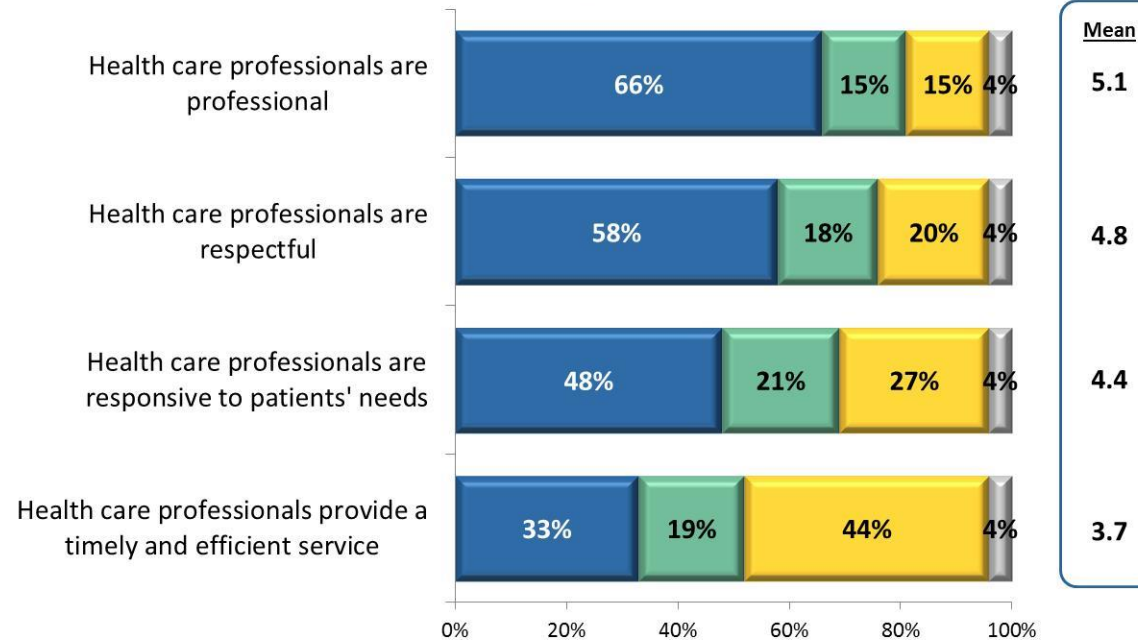


**Generally speaking, health care professionals are perceived to be professional and respectful.** Meanwhile, a sizeable minority cite concerns about the provision of timely and efficient service among health care professionals. (Tables 37a-d)

## Health Care Professionals

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers  
Rating on 7-pt Scale: 1=Completely disagree, 7=Completely agree

■ Top 3 Box (5-7) ■ Rating of 4 ■ Bottom 3 Box (1-3) ■ Don't know



Generally speaking, women, and those who face cost as a barrier to treatment are less positive in their evaluations of health care professionals compared to their counterparts

Among individuals with mental illness, those with a diagnosis are more favourable towards health care professionals overall compared to those who are undiagnosed

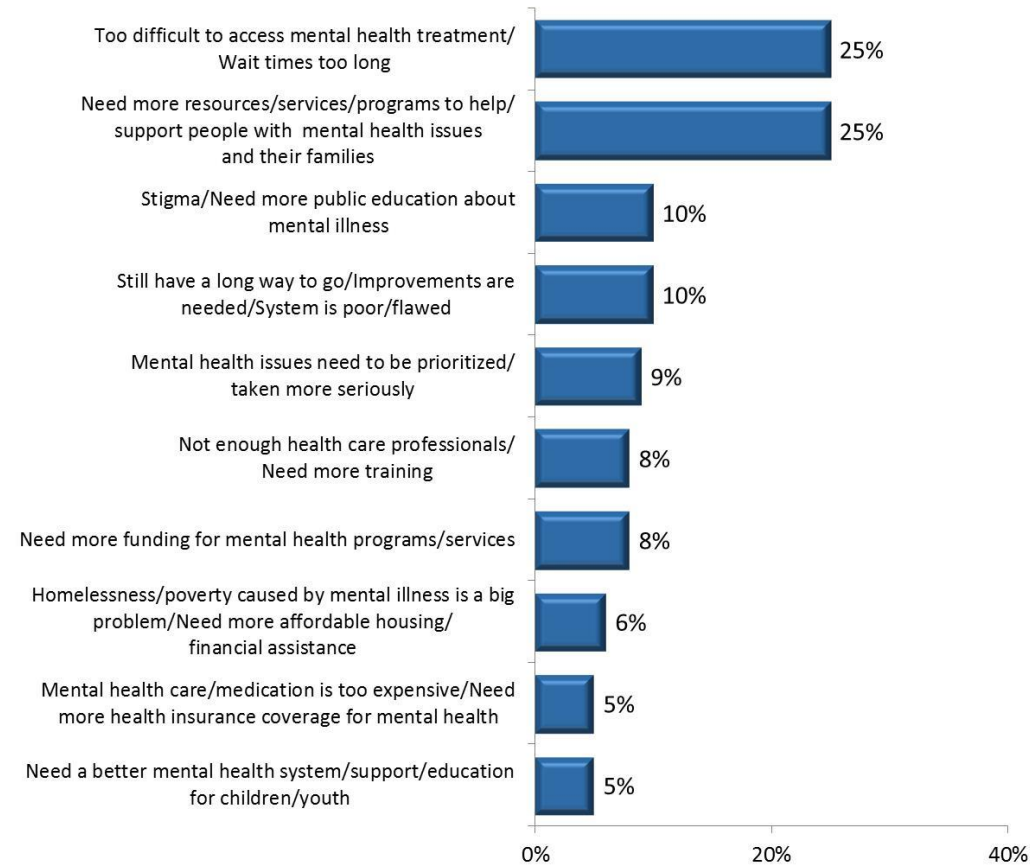
Q.37a-d: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6 Thinking about *health care professionals overall* in their treatment of patients with mental illness, please indicate the extent to which you agree or disagree with each of the following: (n=1,810)

Note: 'Don't know' is excluded from the calculation of the mean.

Respondents were asked to provide additional comments regarding the status of mental health care in Canada. **Common feedback speaks to the difficulty of accessing mental health treatment and wait times, as well as the need for more resources, services, and programs to help support people with mental health issues and their families.** (Table 41)

## Final Comments

### Unaided Key Mentions



Q.41: Do you have any additional comments you would like to make concerning the status of mental health care in Canada?  
(n=500 randomly coded responses)