

**NARRATIVE**  
RESEARCH

# 2022 Mental Health Care System Study Report

September 2022

*Prepared for:*



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



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The primary objective of the Mood Disorders Society of Canada’s **2022 Mental Health Care System Study**, was to identify priority issues and improvements or changes to the Canadian mental health care system that needs 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 research consisted of a follow-up online survey to find out how opinions have evolved over the past decade, from past survey iterations in 2011 and 2015. In addition to topics included in previous years, the 2022 survey also explored opinions regarding health care transfers from the federal government, and the perceived impacts of the pandemic on mental health. This report presents the results from the 2022 study, with comparison to results from 2015 where relevant. 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. In addition, the responses provided by individual Stakeholders and Respondents are confidential.

## Methodology



- **An online survey was conducted.** The survey invitation was sent to 1,200 Canadian adults registered on an online panel, with soft gender, age and provincial quotas. This sample is referred to as the general population throughout the report. In addition, MDSC distributed a generic survey link through its networks and members of its internal database, while also promoting the survey through social media and other outlets. This group is referred to as stakeholders throughout the report.



- **Avg. survey length:**
- 9 minutes (General Population)
- 20 minutes (Stakeholders)



- **Completed surveys:**
- General Population: 1,200
- Stakeholders: 719
- Total: 1,919



- **Data collection dates:**
- July 15 – July 18, 2022 (General Population)
- July 15 – August 7, 2022 (Stakeholders)



- **Language:** Surveys were offered in both English & French

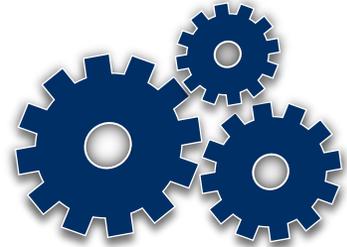
The following highlights are derived from the results of the Mood Disorders Society of Canada 2022 Mental Health Care System Study:

- ***Attitudes Towards Mental Health.*** Although overall attitudes about mental health have slightly improved compared to five years ago, due to increased awareness and comfort with mental health issues, work is still required to reduce the stigma associated with mental illness, and towards the fair treatment of people with mental illness. This is most important now as the pandemic is seen as having negatively impacted personal mental health, as well as the availability and accessibility of health care services.
- ***Mental Health Care System in Canada.*** Canada's mental health care system is perceived by stakeholders as still needing improvement overall, notably with the provision of rural/remote access to mental health care, employment and housing services for persons with mental illness, family support, and inclusivity of persons with mental illness. There continues to be a strong desire for the Government of Canada to prioritize various aspects of mental health, notably in improving access to mental health care and family support, providing safe housing, training health care workers, strengthening regional and community mental health services, and supporting collaborative approaches and coordinated mental health research.
- ***Experience with Mental Health.*** Unchanged from 2015 results, the majority of respondents, especially among stakeholders, have been dealing with mental illness for more than ten years, either first-hand or being a family member or caregiver of someone with mental illness. The most common types of mental illness experienced overall includes depression or dysthymia, and anxiety disorders. Of note, post traumatic stress disorder (PTSD) is far more reported this year among stakeholders dealing with undiagnosed mental illness compared to 2015. The number of individuals living alone with family members remains high, however among stakeholders, there has been a slight increase in those living alone.

- ***Accessibility of Treatment and Support Services.*** In general, facilities most often visited for mental health issues as indicated by stakeholders continue to be community counselling centres, support services (including community mental health organizations, peer support groups and online forums) and hospital emergency rooms. Among the general public, these along with walk-in clinics, are most often visited. **Less than half of respondents were informed by walk-in clinic or hospital emergency room staff of the availability of community mental health services or programs.** Various types of mental health services continue to be widely seen as important, notably in terms of care, counselling, psychological and psychiatric services, community support and programs, and medication.
- ***Health Care Professionals:*** Among those seeking care due to mental illness, most stakeholders are likely to visit psychiatrists, which are also the most likely to have diagnosed a mental illness. By contrast, according to respondents from the general population, a family doctor is as likely to have diagnosed mental illness. Although nearly all of those experiencing mental illness have a family doctor, a significant minority 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.
- ***Provision of Care.*** Opinions remain split in terms of whether health care professionals provided medication alone or both information and medication to treat mental illness, although stakeholders increasingly believe that medication is most relied upon on its own. There is increasingly high access to medication to treat mental illness, with cost being the primary barrier faced by stakeholders unable to receive the medication they need. Increasingly this year, concerns around the effectiveness of medication, physicians not paying attention, and difficulty accessing health care services limit access to medication. Those who can access their required medications find them to be highly effective and report taking their medications as prescribed all or most of the time.
- ***Cost Barriers.*** For a majority, especially among stakeholders, cost is increasingly a significant barrier to access required supports and treatment.

- ***Satisfaction with Health Care Facilities.*** While satisfaction with mental health care services provided by family doctors, community mental health organizations, and health care professionals overall, continues to be acceptable among stakeholders, there is still a desire for improved support services, better mental health care at hospital emergency rooms and walk-in clinics and a general need for health care professionals to be available whenever needed. Stakeholders are more critical in their views of those services than the general population. Above all, although the service provision is criticized, perceptions are strong regarding walk-in clinic and hospital emergency staff, especially among the general population where staff are viewed as respectful, professional and responsive to patient's needs. Moving forward, there is still room for improving various aspects of care, notably in giving equal priority to patients with mental illness, reducing wait times to obtain care, and ensuring that patients do not feel rushed during consultations.
- ***Health Coverage.*** This year, slightly more stakeholders and a strong majority of respondents from the general population indicate they rely on provincial health care alone compared to 2015, where most stakeholders had both provincial and private health coverage. Stakeholders with a private or company health care plan are less likely to believe that the coverage is adequate compared to 2015, with a strong majority now saying their plan does not meet their needs for mental health care. By contrast, more than two-thirds of the general population believe they can access adequate coverage for mental health.
- ***Canada Mental Health Transfer.*** There is minimal awareness of the Canada Mental Health Transfer, **although a strong desire for the funding to prioritize primary health care services, community-based mental health, and virtual care.**

*The infographic on the following page presents a summary of key findings from the 2022 Mental Health Care System Study among stakeholders, with comparative results from 2015.*



The COVID-19 pandemic has...

70% Worsened personal mental health

62% Reduced access to mental health care services

19% Increased mental health care service options

60% DO NOT believe that governments have made access to mental health care services in the community a priority since the beginning of the pandemic

Types of Health Coverage

provincial & private 46% (50% in 2015)

provincial alone 42% (39% in 2015)

private alone 8% (7% in 2015)

none 4% (4% in 2015)

88% have provincial health coverage overall (89% in 2015)

54% have private health coverage overall (57% in 2015)



63% of those with private health care overall say that the coverage is **inadequate** for the mental health care they need (54% in 2015)



1/2

or more continue to 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 **funding**
- **Training** mental health care workers
- **Increased** community mental health services
- **Support** for families
- **Safe, affordable housing** for persons with mental illness
- Increase investments in **collaborative approach**
- **Coordinated** Federal and Provincial mental health plan
- Increased funding for **coordinated mental health research**

Reasons for being dissatisfied with care provided for patients with mental illness:

- A perceived **lack of prioritization** of mental health patients
- Lengthy **wait times**
- A perception that health care providers **rush through patient consultations**
- Staff **lacking respect, empathy or concern**

72% overall face **financial barriers** to access required treatment (68% in 2015)



**Dissatisfied** with the overall care provided at:

55% **Hospital Emergency Room** (50% in 2015)

57% **Walk-in Clinics** (51% in 2015)



Gaps in access to treatment are found

46% receive both medication and information (50% in 2015)

47% receive medication alone (42% in 2015)

7% receive information alone (8% in 2015)

93% receive medication overall (92% in 2015)

53% receive information overall (58% in 2015)

87% have a family doctor (91% in 2015)

82% have a family doctor in their community that treats mental illness (88% in 2015)

74% have visited that family doctor to treat mental illness (77% in 2015)

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

19% were diagnosed immediately (21% in 2015)



41% waited 1 year or longer for a diagnosis (38% in 2015)



86% are able to access the medications they need (82% in 2015)

95% take their medications as prescribed all or most of the time (94% in 2015)

58% say their medications are effective (60% in 2015)

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

78% are more **aware** of mental health issues (87% in 2015)

70% are more **comfortable speaking** about mental health issues with others (73% in 2015)

52% believe the **stigma** associated with mental illness has been **reduced** (56% in 2015)

55% believe attitudes about mental health issues have **changed for the better** (55% in 2015)

But... 71% believe people with mental illness are **not treated fairly** (71% in 2015)



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# Government Performance & Action Required



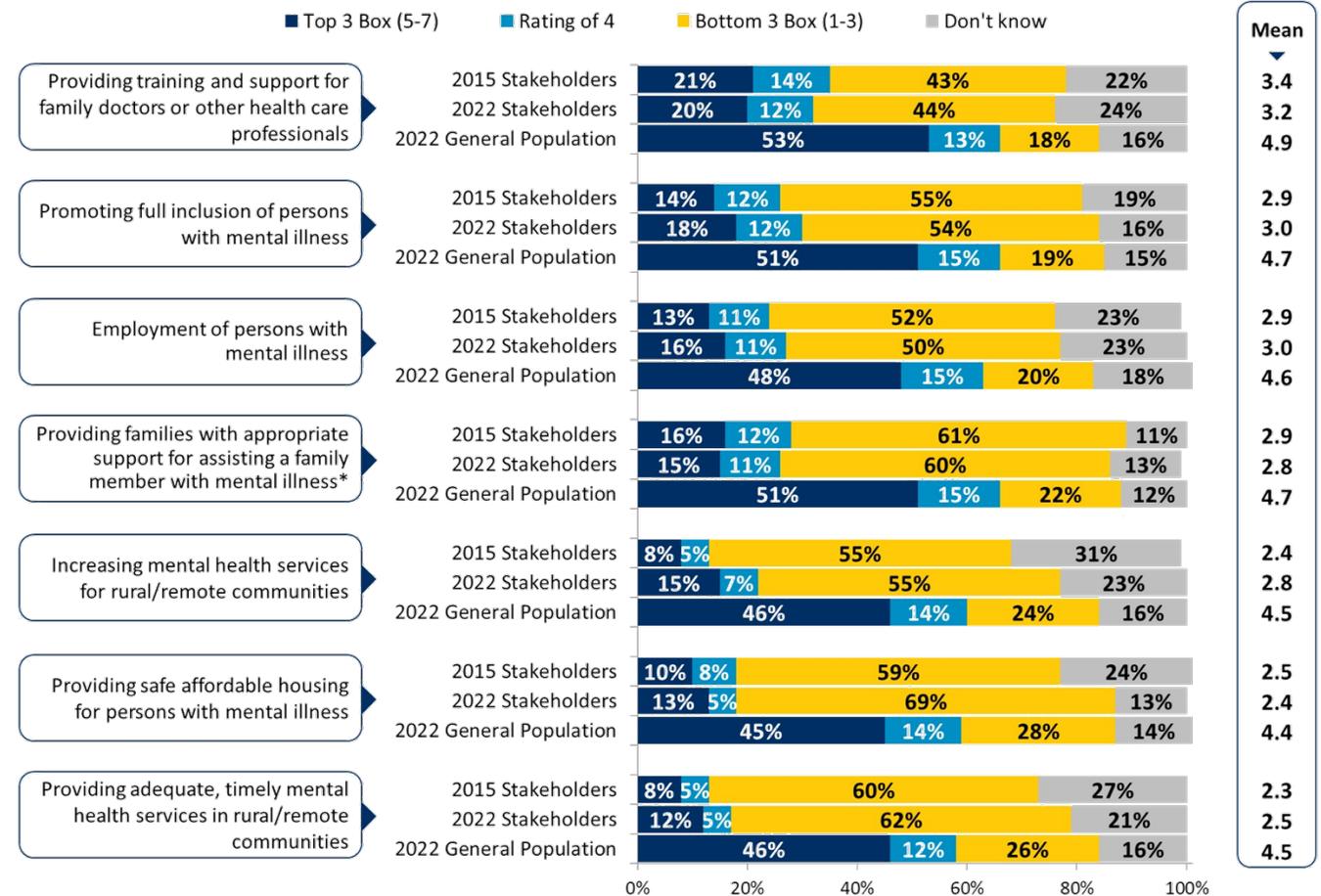
*Stakeholders remain critical of Canada's performance in the provision of various services related to mental illness suggesting that there is still room for improvement.*

Perceptions of performance for all metrics have largely remained the same among stakeholders compared with 2015, with the exception of the provision of mental health services for rural/remote communities which is viewed more positively, despite still being largely viewed as inadequate.

Looking at the general population, while nearly or just above half of respondents offer positive perceptions in terms of provision of mental health care, there remains an important minority who are critical with the governments' performance in that regard. (Tables 42a-g)

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

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



Q.42a-g: Please rate Canada's performance in the provision of each of the following services as it relates to mental illness: (2015 Stakeholders, n=2,245; 2022 Stakeholders, n=717; 2022 General Population, n=1,202) Note: 'Don't know' is excluded from the calculation of the Mean. \*Slight wording change 2022.

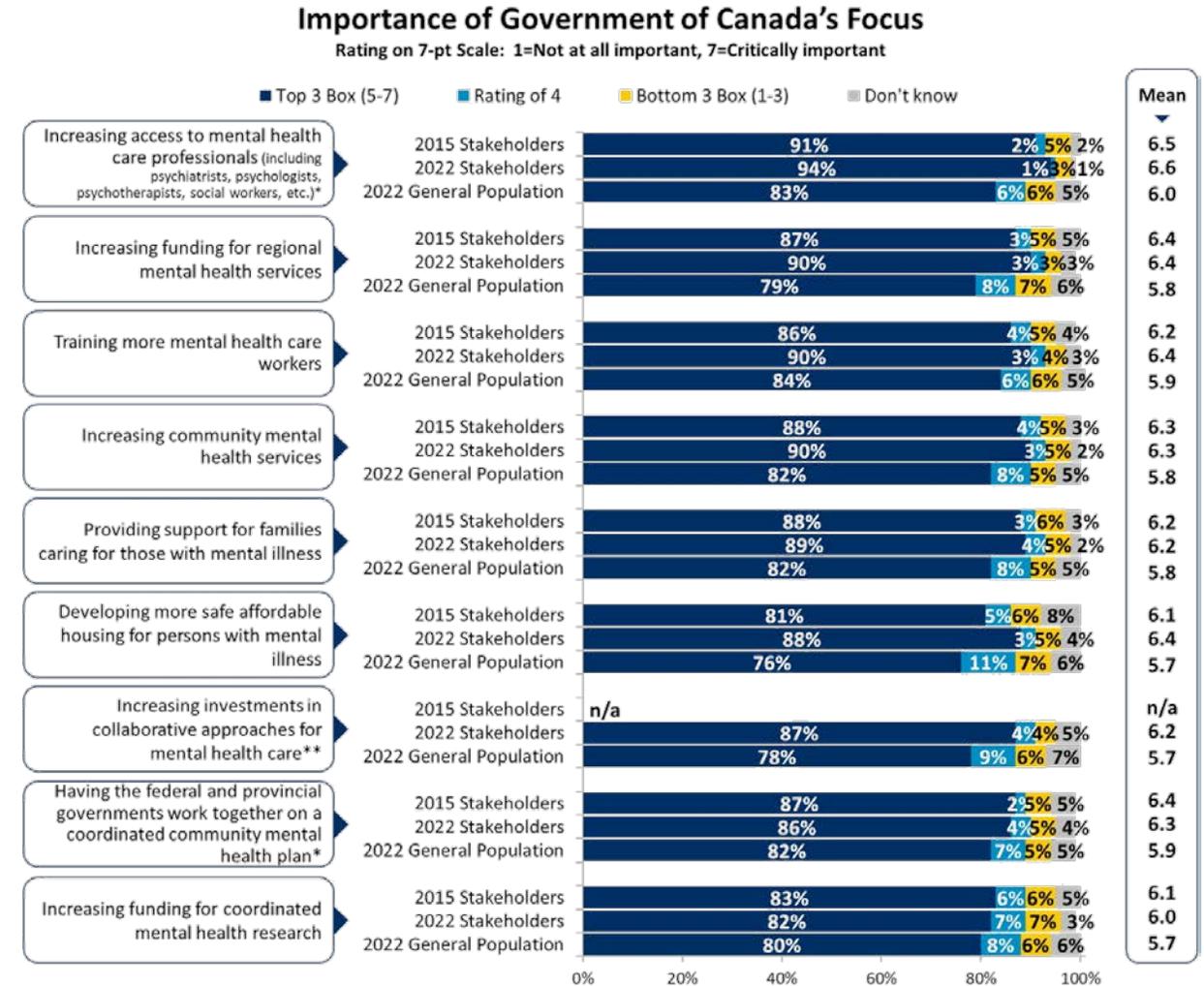


All aspects of Canada's mental health care system continue to be considered critical areas of focus for the Government, with increasing access to mental health care professionals remaining the top mention this year.

Results are stable with those observed in 2015 among stakeholders, with opinions being largely mirrored by the general population this year. (Tables 43a-h, j)

Newly-mentioned this year is *increasing investments in collaborative approaches for mental health care*, which respondents have rated just as critical as the other aspects of Canada's mental health care system.

Results suggest the continued importance of government attention on all aspects related to mental health services.



Q.43a-h, j: In your opinion, how important is it that the Government of Canada focus attention on each of the following: (2015 Stakeholders, n=2,245; 2022 Stakeholders, n=717; 2022 General Population, n=1,202) Note: 'Don't know' is excluded from the calculation of the Mean. \*Slight wording change 2022. \*\*Added 2022.



# Awareness of the Canada Mental Health Transfer

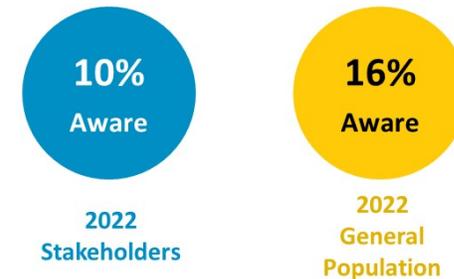
*Awareness of the Canada Mental Health Transfer (CMHT) is low among stakeholders and members from the general population.*

This year, the survey included a few questions regarding the Canada Mental Health Transfer (CMHT), the Canadian government's proposed transfer payment program in support of the mental health systems of the participating provinces and territories of Canada. Respondents were informed that although there have not been any transfers to date, the program aims to assist provinces and territories to expand the delivery of high-quality, accessible, and free mental health services.

A small minority of stakeholders and members from the general population mentioned having heard of the CMHT prior to completing the survey. (Table 38)

## Awareness of the Canada Mental Health Transfer

*The Canada Mental Health Transfer (CMHT) is the Canadian government's proposed transfer payment program in support of the mental health systems of the participating provinces and territories of Canada. Although there have not been any transfers to date, the program aims to assist provinces and territories to expand the delivery of high-quality, accessible, and free mental health services.*



Q.38: Prior to today, were you aware of the Canada Mental Health Transfer?\*  
(2022 Stakeholders, n=717; 2022 General Population, n=1,202) \*New question 2022.



# Funding Allocation for the Canada Mental Health Transfer

*To be effective, the CMHT should include funding specific to primary health care services, community-based programming, and virtual care.*

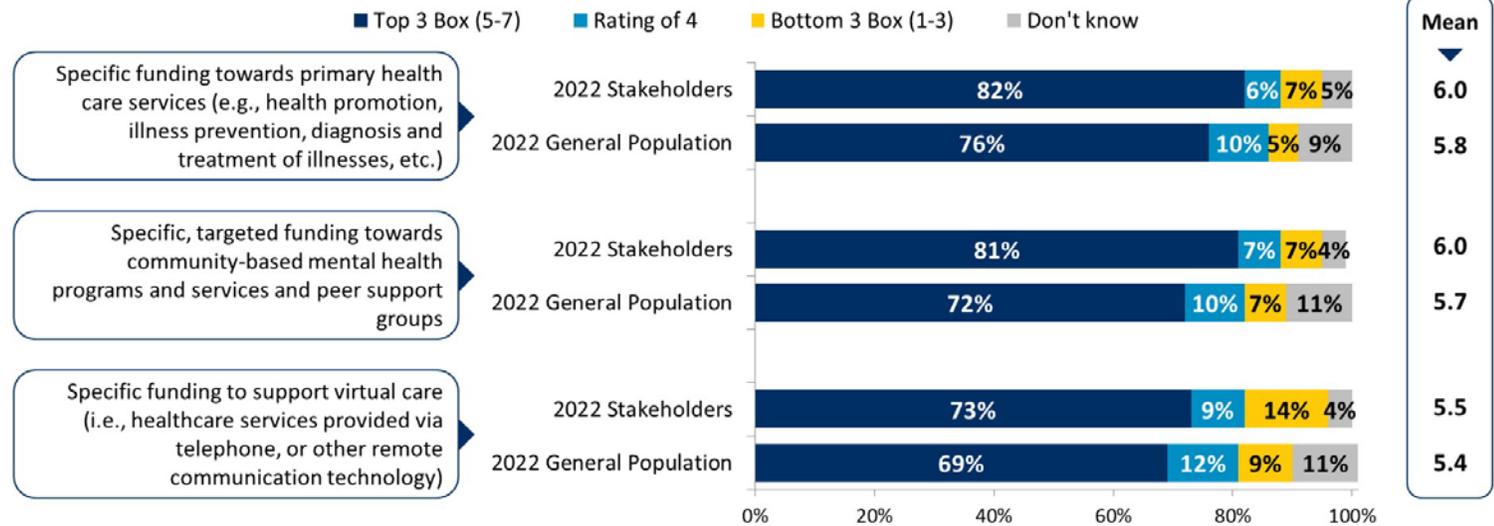
Regardless of their level of awareness of the Canada Mental Health Transfer (CMHT), respondents were asked to indicate the extent to which they agree or disagree with three related statements on funding priorities. (Tables 39a-c)

The majority of respondents believe that to be most effective, the CMHT should include specific funding in three areas:

- primary health care services;
- community-based mental health programs and services and peer support groups;
- and virtual care

## To be Most Effective, the Canada Mental Health Transfer Should Include:

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



Q.39a-c: Thinking of funding allocation for the Canada Mental Health Transfer, please indicate the extent to which you agree or disagree with the following statements: (2022 Stakeholders, n=717; 2022 General Population, n=1,202) Note: 'Don't know' is excluded from the calculation of the Mean. \*New question 2022.



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# Public Attitudes Towards Mental Health



# Perceptions of Mental Illness

*Stakeholders are a little less confident now than in 2015 that public perceptions and attitudes towards mental health have improved compared to five years ago, with the general public being even less confident than stakeholders on most topics.*

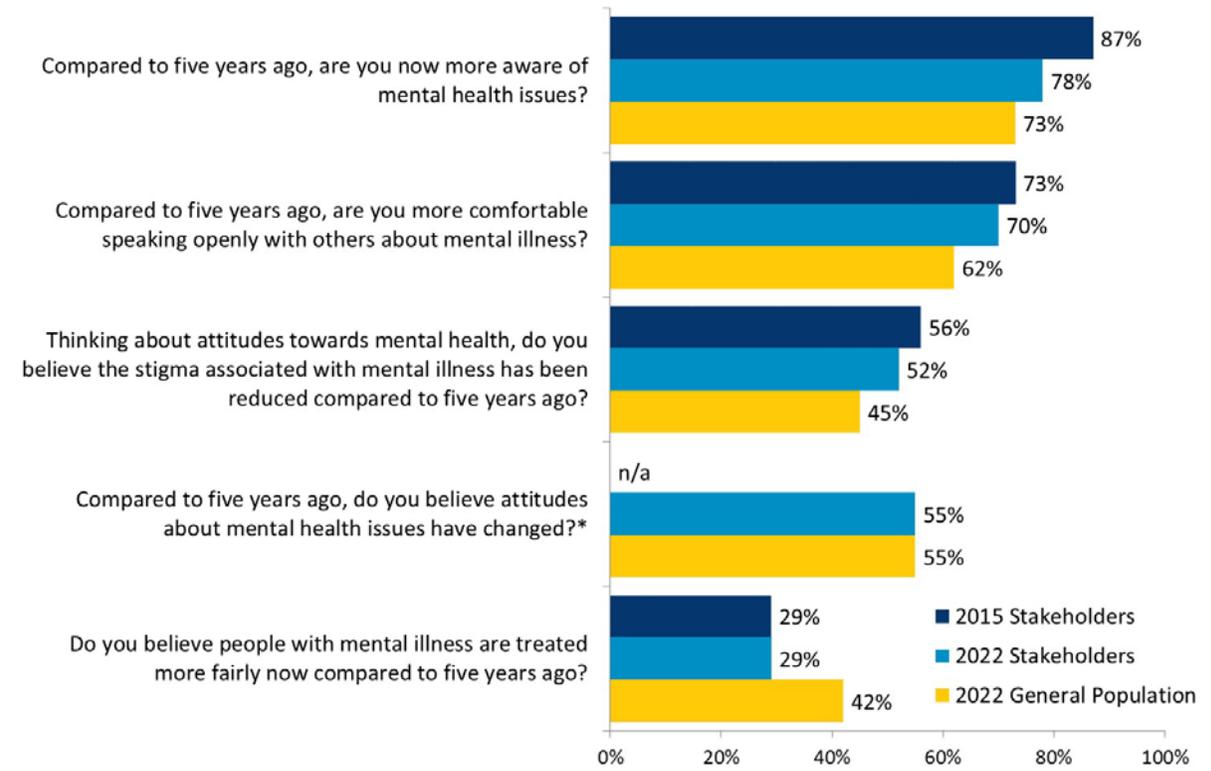
Fewer stakeholders than in 2015 believe that they are *more aware of mental health issues compared to five years ago*, that they are *more comfortable speaking openly with others about mental illness than they were five years ago*, or that the *stigma associated with mental illness has been reduced within that same timeframe*. Members from the general public are even less likely to think so compared to stakeholders.

Newly added this year is the statement querying whether respondents believe that *attitudes about mental health issues have changed from five years ago*, to which over one-half agreed that attitudes had changed. Both stakeholders and respondents offer the same opinion on this front.

Finally, only a minority of stakeholders continue to believe that people with mental illness are treated more fairly now compared to five years ago, while this opinion is expressed by short of half of respondents. (Tables 41a-e)

## Statements Regarding Mental Health

% Saying 'Yes'



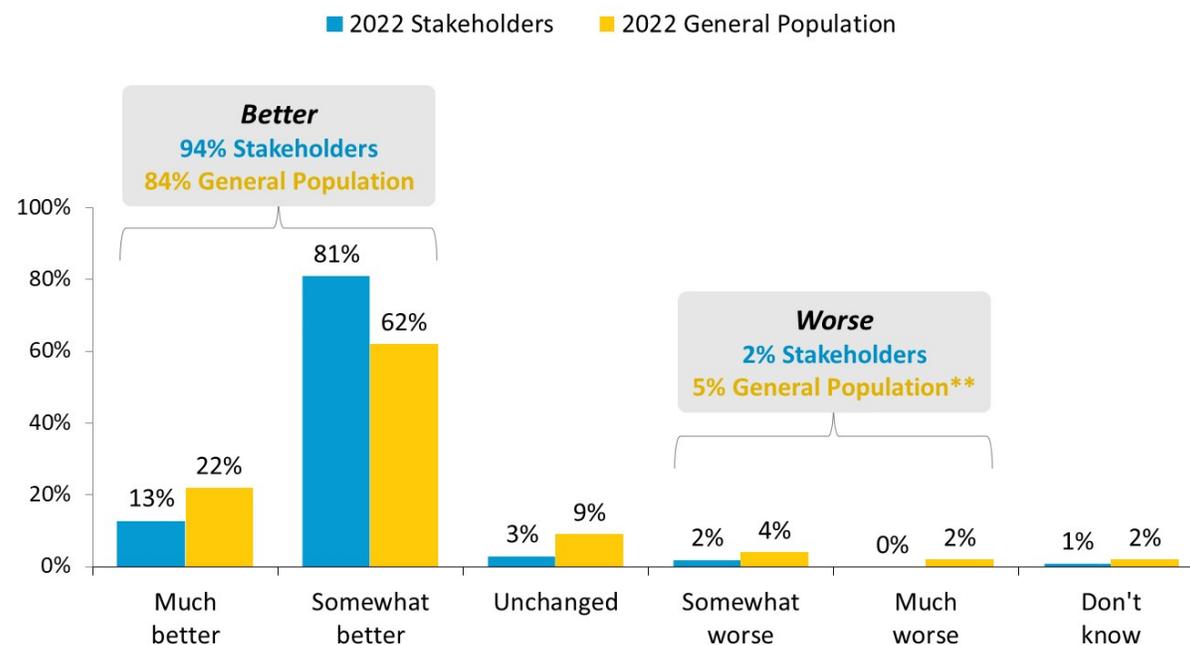
Q.41a-e: Statements regarding mental health. (2015 Stakeholders, n=2,245; 2022 Stakeholders, n=717; 2022 General Population, n=1,202) \*Added 2022.

*A strong majority agree that attitudes towards mental health issues are somewhat better now than they were five years ago.*

New this year, stakeholders and respondents were asked if they believed that attitudes about mental health issues have improved, declined, or remained the same compared with five years ago. Both audiences report having seen improvements, despite the situation still offering potential to further improve. (Table 41F)

## Attitudes About Mental Health Now Compared to Five Years Ago

Among Those Who Believe Attitudes About Mental Health Have Changed



Q.41F: [IF 'YES' IN Q.41C] Compared to five years ago, are attitudes about mental health issues now: ...?\*

(2022 Stakeholders, n=395; 2022 General Population, n=657) \*New question 2022. \*\*Due to rounding.



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# Respondent Profile & Experience with Mental Health

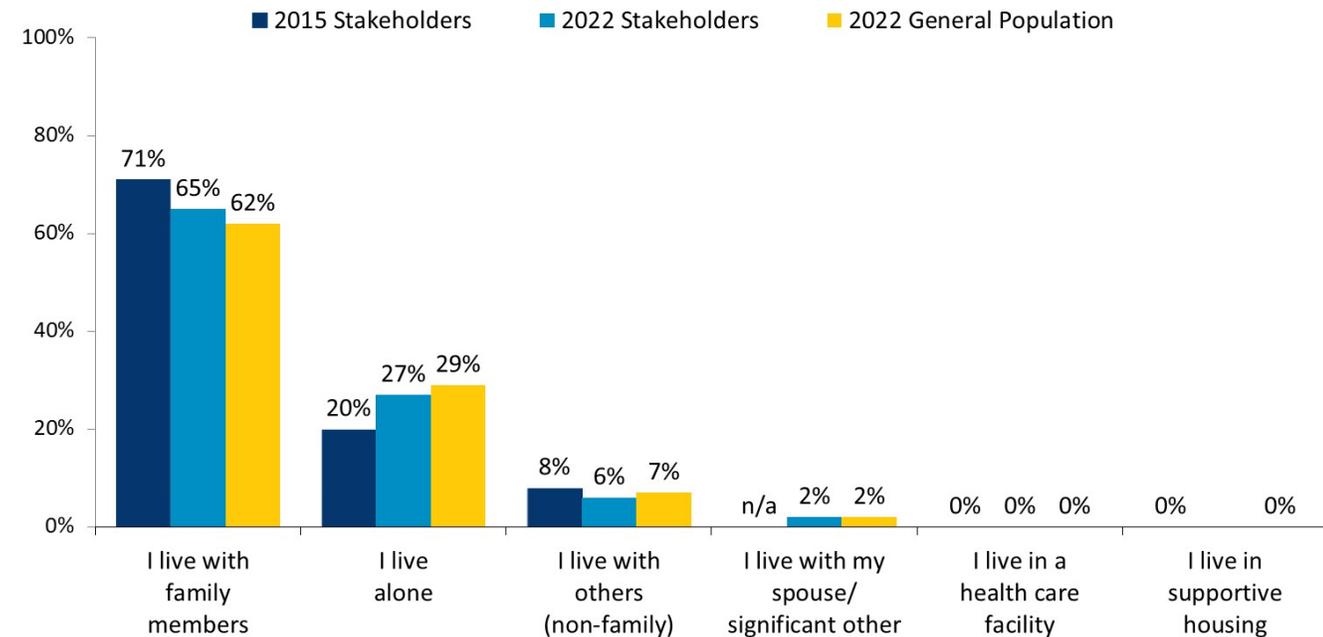


*While living with family members continues to be by far the most common living arrangement, there has been a small increase of stakeholders living alone.*

Two-thirds of stakeholders report living with family members, a small decline compared to results reported in 2015, and consistent with the situation reported by members from the general population.

While representing a minority of respondents, an increased proportion of stakeholders indicated living alone in 2022. Other living arrangements remain much less common overall, consistent with 2015. (Table 5)

## Current Living Arrangements

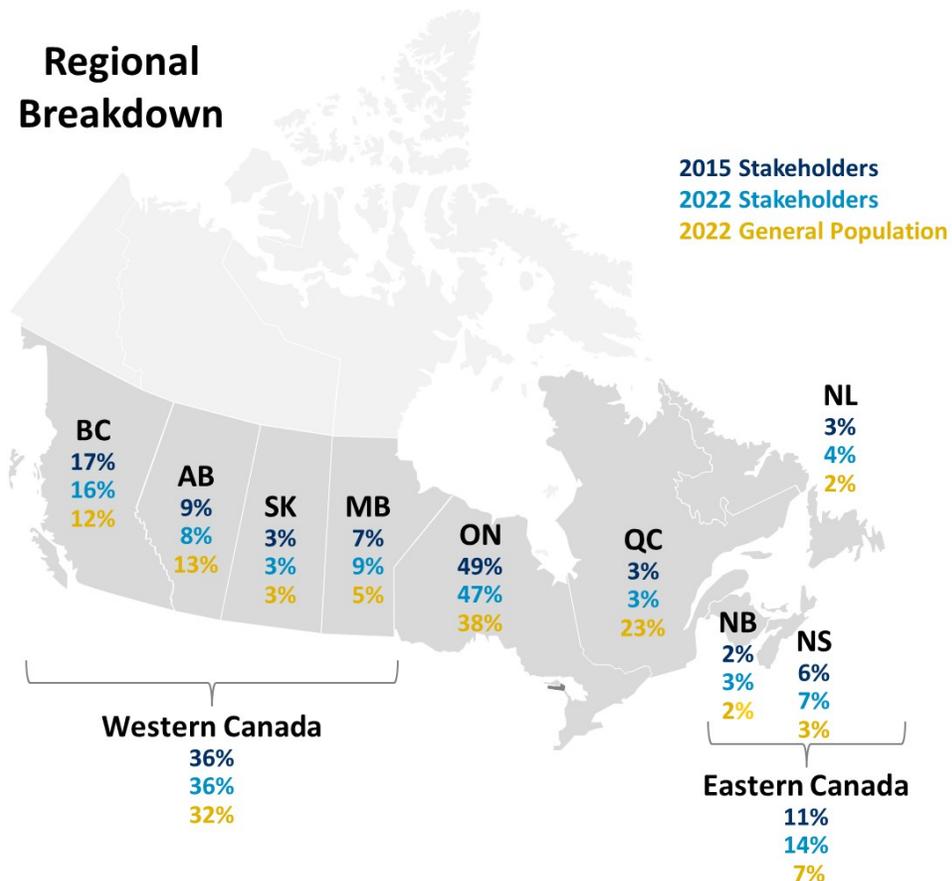


Q.5: And which of the following best describes your current living arrangements?  
(2015 Stakeholders, n=2,245; 2022 Stakeholders, n=717; 2022 General Population, n=1,202)



# Regional Breakdown

## Regional Breakdown



Q.3b: Which province/territory do you live in?  
 (2015 Stakeholders, n=2,245; 2022 Stakeholders, n=717; 2022 General Population, n=1,202)

	Status											
	West			Ontario			QC			East		
	2015 Stakeholders (n=798)	2022 Stakeholders (n=258)	2022 General Population (n=386)	2015 Stakeholders (n=1,107)	2022 Stakeholders (n=337)	2022 General Population (n=462)	2015 Stakeholders (n=77)	2022 Stakeholders (n=21)*	2022 General Population (n=274)	2015 Stakeholders (n=256)	2022 Stakeholders (n=101)	2022 General Population (n=80)
<i>Diagnosed</i>	52%	59%	17%	53%	57%	18%	39%	67%	12%	54%	64%	29%
<i>Not Diagnosed</i>	20%	7%	10%	18%	5%	10%	10%	5%	4%	21%	10%	11%
<i>Family Member</i>	7%	14%	12%	6%	15%	10%	10%	10%	5%	9%	11%	8%
<i>Caregiver</i>	4%	4%	1%	3%	4%	3%	3%	10%	3%	2%	0%	1%
<i>Concerned Individual</i>	18%	16%	59%	20%	19%	60%	38%	10%	77%	15%	15%	51%
Mental Illness Diagnosed												
	West			Ontario			QC			East		
	2015 Stakeholders (n=597)	2022 Stakeholders (n=198)	2022 General Population (n=119)	2015 Stakeholders (n=825)	2022 Stakeholders (n=255)	2022 General Population (n=140)	2015 Stakeholders (n=40)*	2022 Stakeholders (n=18)*	2022 General Population (n=52)	2015 Stakeholders (n=196)	2022 Stakeholders (n=76)	2022 General Population (n=30)*
<i>Depression/Dysthymia</i>	66%	73%	76%	71%	67%	56%	70%	56%	40%	70%	66%	60%
<i>Anxiety Disorder</i>	57%	63%	68%	62%	60%	54%	55%	28%	54%	59%	62%	67%
<i>PTSD</i>	20%	25%	30%	22%	30%	19%	10%	11%	6%	14%	29%	7%
<i>Bipolar Disorder</i>	24%	23%	9%	22%	25%	12%	28%	28%	15%	23%	24%	7%
<i>Personality Disorder</i>	12%	15%	10%	10%	17%	6%	23%	11%	6%	11%	17%	13%
<i>Eating Disorder</i>	10%	11%	15%	11%	15%	9%	5%	0%	6%	12%	16%	3%
<i>Schizophrenia</i>	9%	7%	3%	5%	6%	6%	5%	17%	19%	7%	4%	10%
<i>ADD/ADHD</i>	1%	6%	6%	2%	4%	3%	0%	0%	2%	3%	7%	10%

Q.6: Which one of the following statements best describes your situation?

Q.8a: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER', OR 'CAREGIVER' (CODES 1, 3 OR 4) IN Q.6]

What type of mental illness [have you/has your family member/the person you care for] been diagnosed with?

\*Caution: Small sample size.



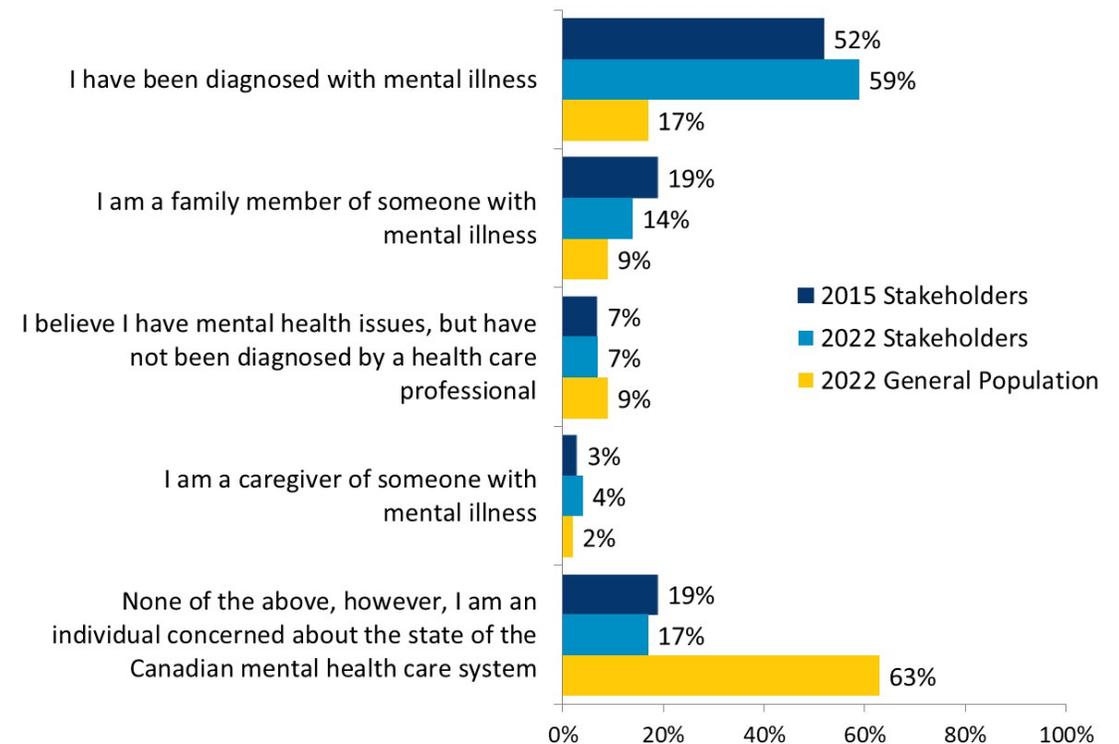
# Experience with Mental Illness

*A large majority of stakeholders have been impacted by mental illness to some extent, experienced by just over one-third of the general public.*

The proportion of stakeholders who *have been diagnosed with mental illness* has marginally increased since 2015 and is largely representative of stakeholders' opinions on the survey. Experience with mental illness as a *family member of someone with mental illness, as experiencing undiagnosed mental illness* or as a *caregiver* are less represented in comparison.

Within the general population, just over one-third report having some experience with mental illness, either first-hand whether diagnosed with mental illness or not, or as a family member of someone with mental illness. The majority, however, do not have direct experience with mental illness, but consider themselves to be citizens concerned about the state of the Canadian mental health care system. (Table 6)

## Experience with Mental Illness



Q.6: Which one of the following statements best describes your situation? (2015 Stakeholders, n=2,245; 2022 Stakeholders, n=717; 2022 General Population, n=1,202) \*Slight wording change 2022.



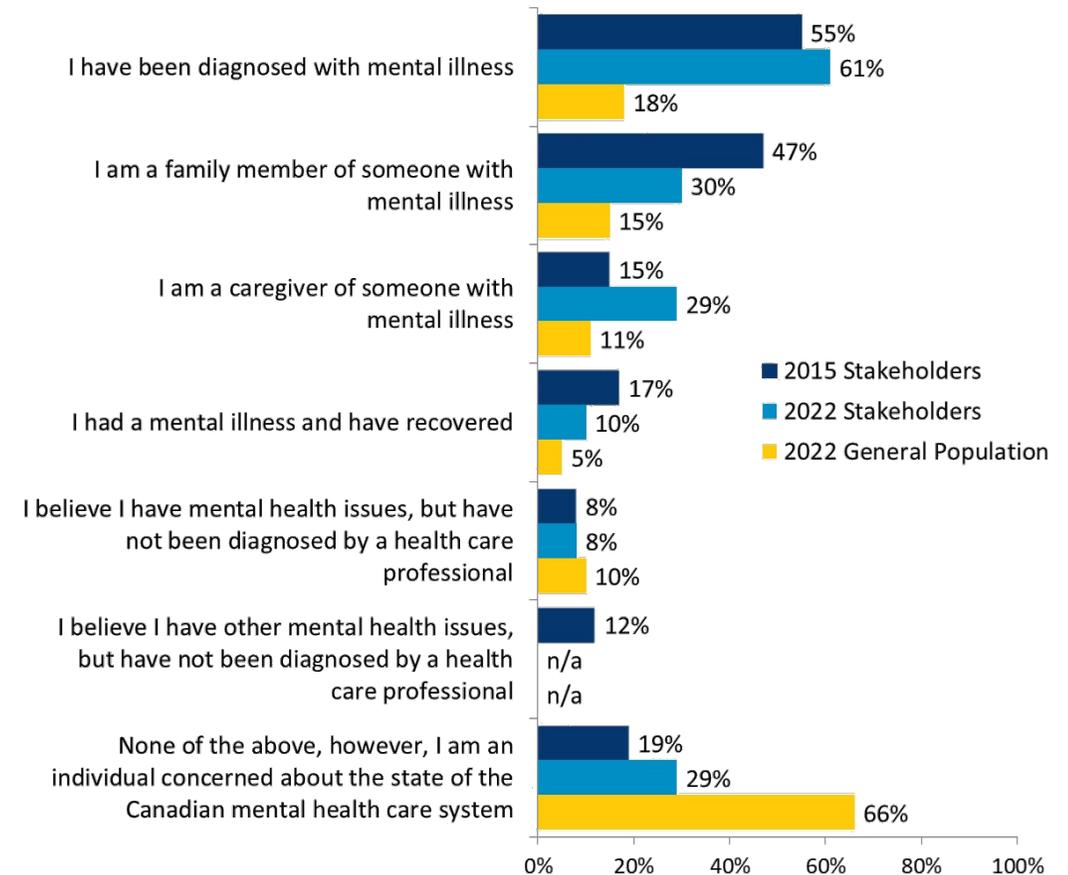
# Overall Experience with Mental Illness

*The majority of stakeholders continue to include people who have been diagnosed with mental illness, and to a lesser extent, family members and caregivers. Most respondents from the general population include citizens concerned about the state of the Canadian mental health system.*

When combining respondents' various experiences with mental illness, results show that fewer stakeholders report having experience with mental illness in some form in 2022 than in 2015 (71% vs. 81%, respectively).

Looking at the type of experiences, a small majority of stakeholders have been *diagnosed with mental illness* which continues to represent the largest proportion of stakeholders. There are fewer *family members* represented in the stakeholder sample this year than there were in 2015, while more *caregivers* have completed the current survey. (Table 6a)

## Overall Experience with Mental Illness

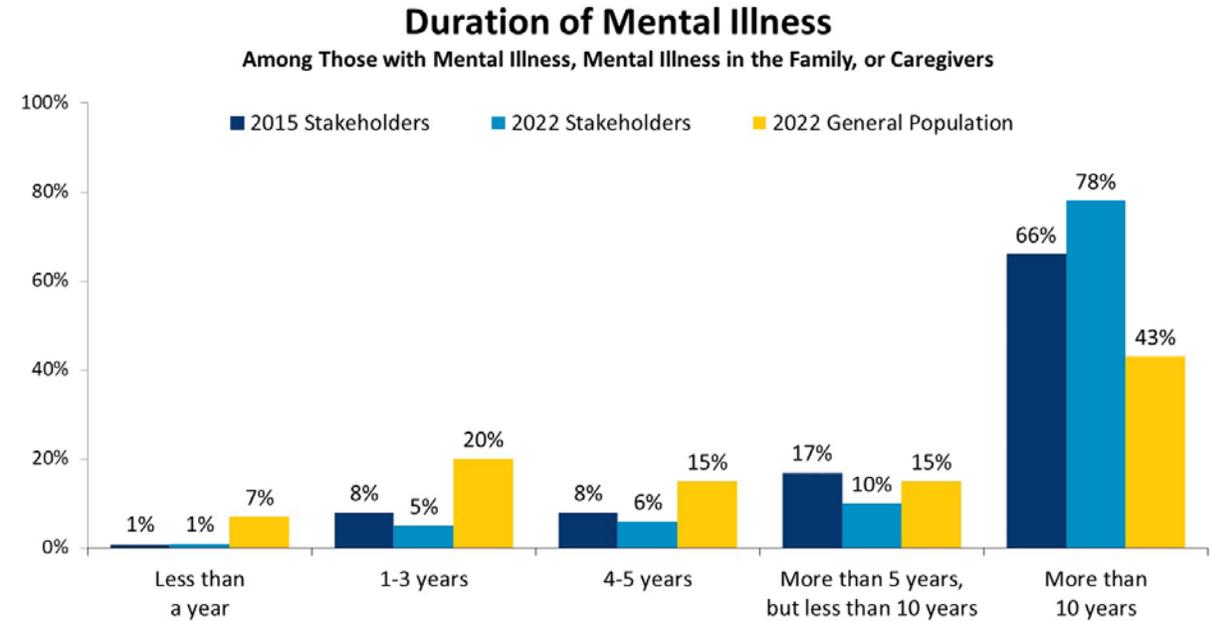


Q.6/Q.6a COMBINED: Q.6: Which one of the following statements best describes your situation? \*  
6a: [DO NOT ASK IF 'NONE OF THE ABOVE' IN Q.6. ONLY SHOW ITEMS NOT CHOSEN IN Q.6 PLUS 'NONE/NO OTHERS']  
And which other statements describe you? (2015 Stakeholders, n=2,245; 2022 Stakeholders, n=717; 2022 General Population, n=1,202) \*Slight wording change 2022.

*Stakeholders have a longer direct or indirect experience with mental illness than the general public, whose experience is generally more recent.*

Respondents who have experience with mental illness, either themselves (diagnosed or not), as a family member, or a caregiver were asked how long they, or the person they care for, have been experiencing mental illness.

By far, the majority of stakeholders report that mental illness has been experienced for more than ten years, increasing from 2015 results. This is also the most represented group of citizens from the general population who report some experience with mental illness. That said, their experience is much more recent overall than that of stakeholders. (Table 7)



Q.7: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6] How long [have you/has your family member/the person you care for] been experiencing mental illness? (2015 Stakeholders, n=1,810; 2022 Stakeholders, n=594; 2022 General Population, n=446)

*Results are stable with those observed in 2015 among stakeholders, with depression/dysthymia remaining the most common type of mental illness diagnosed overall among both audiences.*

There has been slight increase in the proportion of stakeholders who say they have a family member who has been diagnosed with PTSD. This year, among stakeholders, there were also more caregivers attesting that the person they care for has been diagnosed with an anxiety disorder, depression/dysthymia, a personality disorder or eating disorder. (Table 8a)

## Diagnosed Mental Illness

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

Diagnosed Mental Illness	Overall			Diagnosed individual			Family member			Caregiver		
	2015 Stakeholders (n=1,663)	2022 Stakeholders (n=547)	2022 General Population (n=341)	2015 Stakeholders (n=1,167)	2022 Stakeholders (n=423)	2022 General Population (n=203)	2015 Stakeholders (n=423)	2022 Stakeholders (n=98)	2022 General Population (n=114)	2015 Stakeholders (n=73)	2022 Stakeholders (n=26*)	2022 General Population (n=24*)
Depression/Dysthymia	69%	69%	61%	77%	74%	67%	53%	47%	53%	51%	58%	42%
Anxiety disorders	60%	61%	60%	65%	65%	70%	48%	42%	47%	51%	65%	33%
Post-traumatic stress disorder (PTSD)	20%	27%	20%	23%	29%	23%	13%	21%	16%	8%	19%	8%
Bipolar disorder	23%	24%	11%	21%	23%	8%	27%	28%	16%	25%	31%	13%
Personality disorder	11%	16%	8%	11%	14%	10%	10%	17%	7%	10%	38%	0%
Eating disorder	11%	13%	10%	12%	14%	13%	9%	8%	6%	8%	23%	4%
Schizophrenia	6%	6%	7%	2%	3%	5%	16%	19%	11%	22%	19%	8%
ADD/ADHD	2%	5%	4%	1%	4%	5%	2%	4%	2%	7%	15%	8%

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



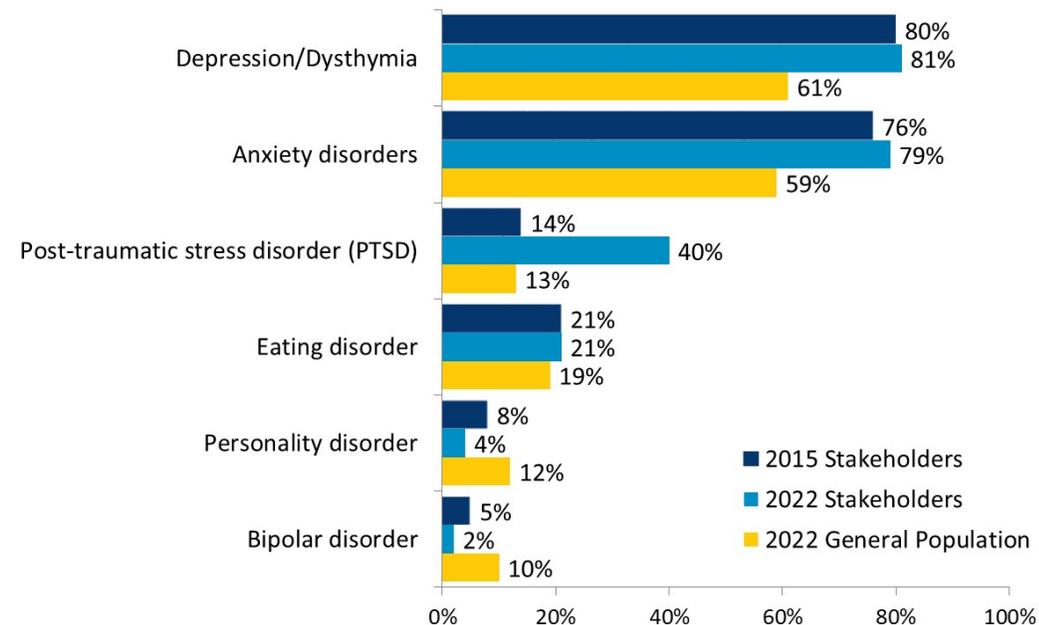
# Undiagnosed Mental Illness

*Those without a diagnosis from a health care professional most commonly report that they have been experiencing depression/dysthymia or anxiety disorders, similar to 2015 results. Although not as common, there has been an increase in reporting of PTSD.*

The proportion who believe they have undiagnosed depression/dysthymia, or an anxiety disorder has remained consistent among stakeholders from 2015 to 2022 and those continue to be the most common form of reported mental illness. These are also most commonly reported by members from the general population, although far less commonly than among stakeholders.

The incidence of post-traumatic stress disorder (PTSD) is in comparison less frequent, though it has increased significantly among stakeholders since last reported in 2015. Other forms of undiagnosed mental illness are less common in comparison. (Table 8b)

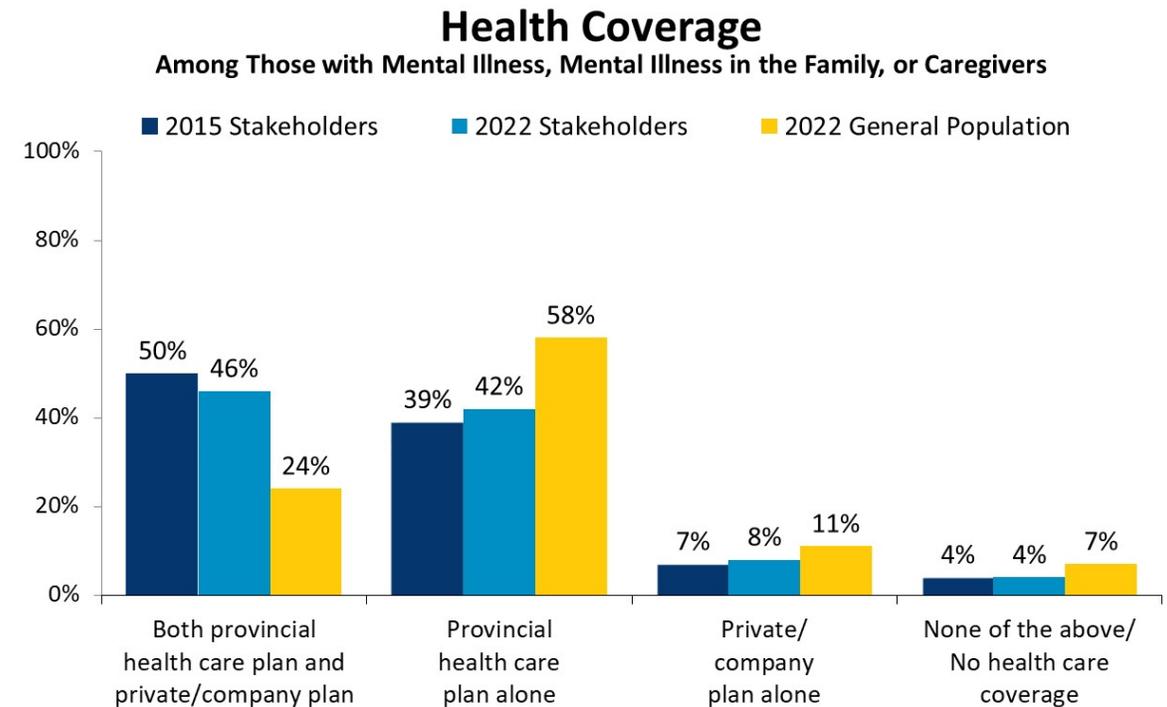
**Undiagnosed Mental Illness**  
Among Those Who Believe They Have Mental Health Issues, But Have Not Been Diagnosed by a Health Care Professional  
Key Mentions



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?  
(2015, n=147; 2022 Stakeholders, n=47\*; 2022 General Population, n=105) \*Caution: Small sample size.

*Most respondents have provincial health coverage, while stakeholders equally report having only provincial health coverage, or access to both provincial and a private/company plan.*

The vast majority of stakeholders and respondents with mental illness experience have, or report that the person they care for has, access to health coverage. While provincial health coverage is far more common among members from the general public, having a provincial health care plan alone is nearly as common as having access to both provincial health care and a private/company plan among stakeholders. Results are largely consistent with those reported in 2015. (Table 9)



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 you/is your family member/the person you care for] covered by? (2015 Stakeholders, n=1,810; 2022 Stakeholders, n=594; 2022 General Population, n=446)

*Health coverage from a private plan alone, or in combination with a provincial plan, is considered by stakeholders as inadequate, while members from the general public are more likely to think it meets their needs or those of the family member or person they care for who has mental illness.*

Those with mental health issues, or family members or caregivers, were asked if the coverage (only for private/company plan alone, or in combination with a provincial plan) was adequate to meet the needs of the person with mental illness. Only a minority of stakeholders think so, with this opinion having declined compared to 2015. Members of the general population are more likely to believe that the insurance coverage that is available is adequate. (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



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

Q.10: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6 AND 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 have/your family member/the person you care for has] adequate for the care [you/they] need in mental illness? (2015 Stakeholders, n=1,028; 2022 Stakeholders, n=323; 2022 General Population, n=157)



NARRATIVE  
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# Experience with Treatment



# Provision of Medication and Mental Illness Information

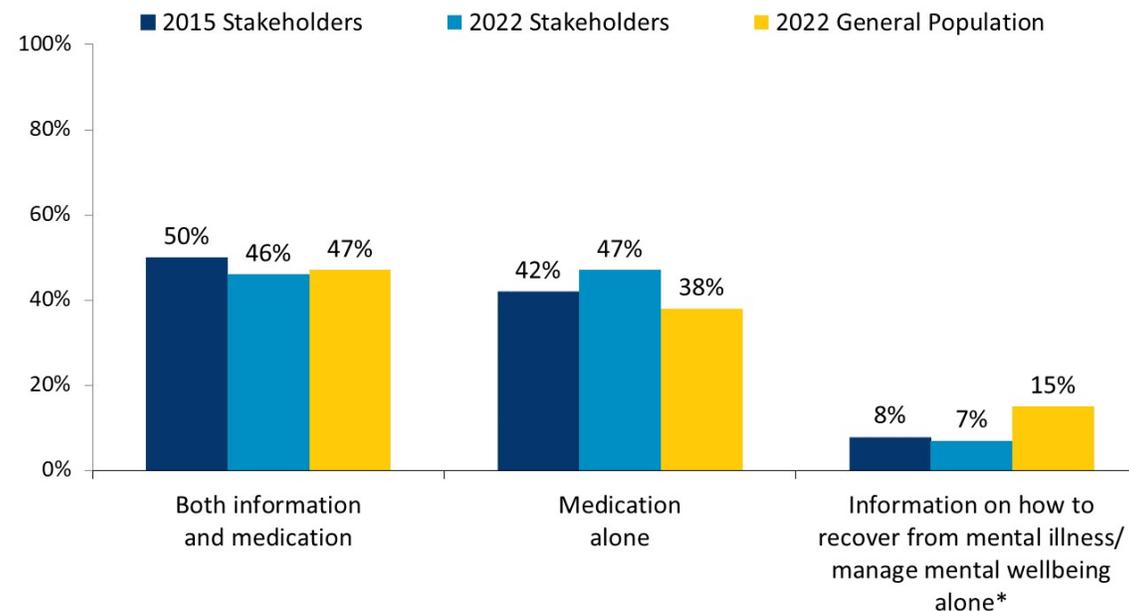
Health care professionals equally provide either both medication and information about mental illness recovery/management, or medication alone, although this is slightly less common among the general population. Results are generally consistent with 2015.

Results indicate that, among the two audiences in 2022, stakeholders are more likely to report that health care professionals provide either medication alone or a combination of medication and information on how to recover from mental illness or manage mental wellbeing. By contrast, members from the general population are slightly more likely to believe that both information and medication are provided.

Opinions of stakeholders have slightly changed, however, when compared with 2015. This year, they are equally likely to report the provision of medication alone as they are to report that both medication and information are provided, whereas in 2015, slightly more stakeholders believed that both medication and information were provided. (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 mental illness/manage mental wellbeing, just medication, or both?\* (2015 Stakeholders, n=1,663; 2022 Stakeholders, n=547; 2022 General Population, n=341) \*Slight wording change 2022.



*Information about exercise, appropriate sleep, lifestyle changes, and diet/nutrition continue to be the most common types of information provided by health care professionals for the management of mental illness, with this being less common for the general population compared to stakeholders.*

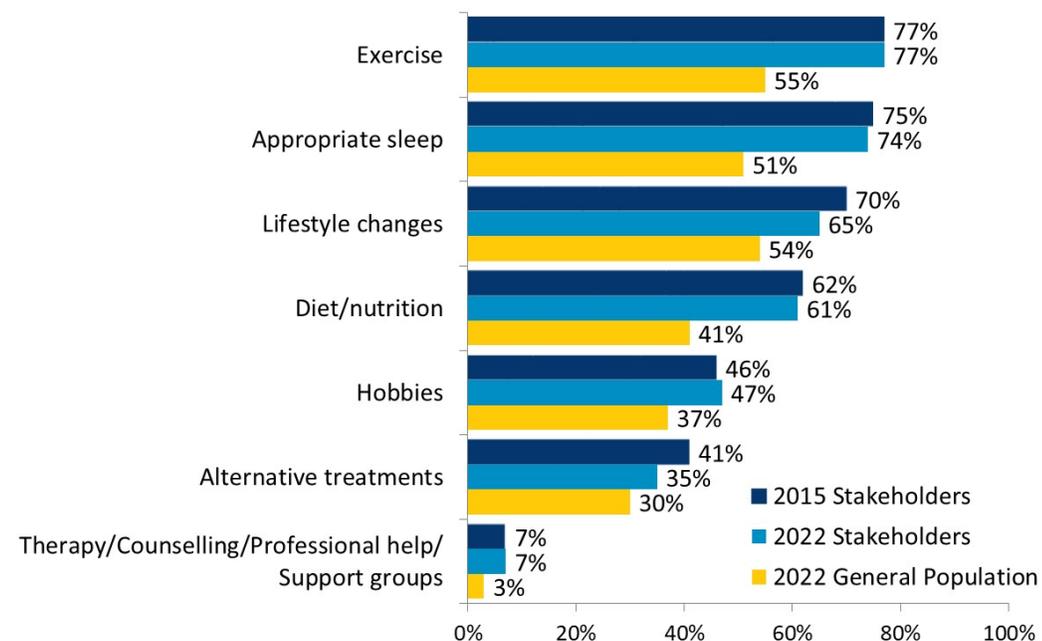
Among those with a diagnosed mental illness, mental illness within the family or caregivers, respondents were asked what type of information they, or the ones they care for, received about managing their mental illness.

Similar to 2015 results, stakeholders in 2022 primarily received information relating to exercise, appropriate sleep, lifestyle changes and diet/nutrition. This was similarly the case the general population with slightly lower levels among this audience.

Information on hobbies and alternative treatments are less common in comparison. Other type of information each mentioned by a few respondents include therapy/counselling/professional help/support groups, cognitive behavioural therapy, medication, self-help/care/coping strategies, mindfulness/meditation, or support from friends/family/social activities/volunteering. (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



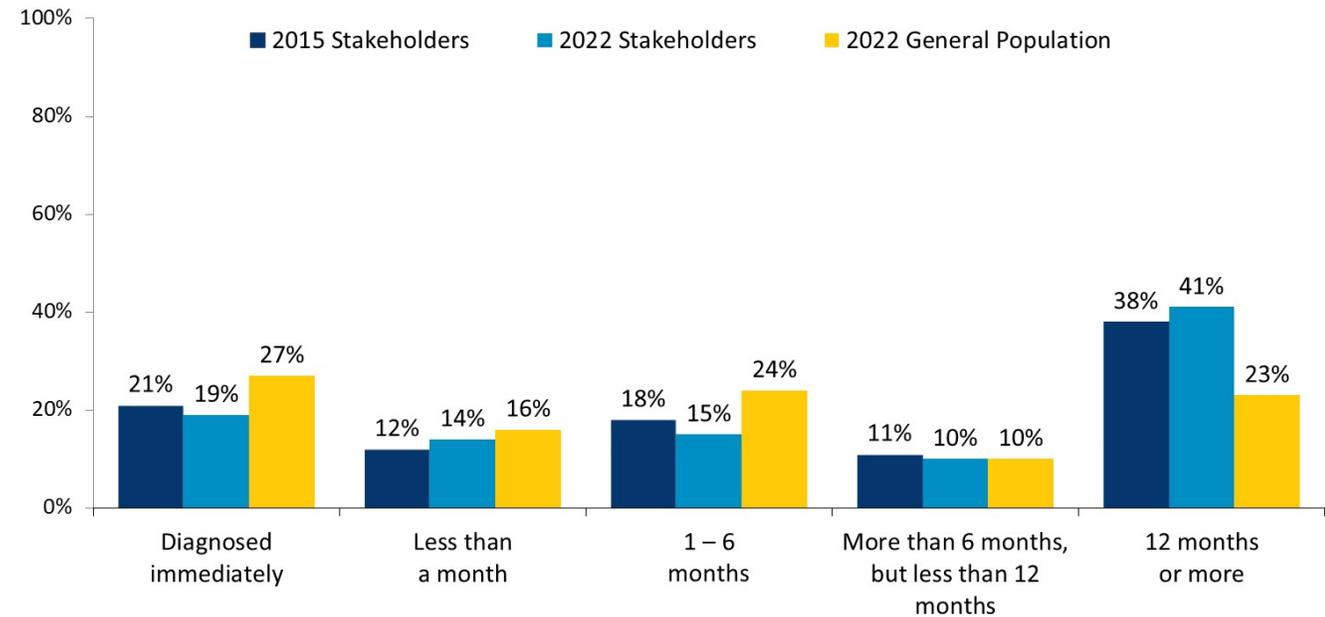
Q.13: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER', OR 'CAREGIVER' (CODES 1, 3 OR 4) IN Q.6 AND IF HEALTH CARE PROFESSIONAL PROVIDES 'INFORMATION ON HOW TO RECOVER FROM/MANAGE MENTAL ILLNESS' (CODES 1 OR 3) IN Q.12] What type of information [have you/has your family member/the person you care for] received about managing mental illness? (2015 Stakeholders, n=965; 2022 Stakeholders, n=289; 2022 General Population, n=211)

*The amount of time it took to receive a mental illness diagnosis remains varied between audiences.*

Individuals diagnosed with mental illness, having mental illness in the family, or caregivers were asked how long it took for themselves, their family member, or the person they care for, to be diagnosed with mental illness from the first-time help was sought from a health care professional.

A sizeable minority of stakeholders report that it took 12 months or longer to receive a diagnosis, stable with results observed from 2015. By contrast, 2022 results from the general population show that time between first seeking help and diagnosis is shorter, and more varied. (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, 3 OR 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? (2015 Stakeholders, n=1,663; 2022 Stakeholders, n=547; 2022 General Population, n=341)

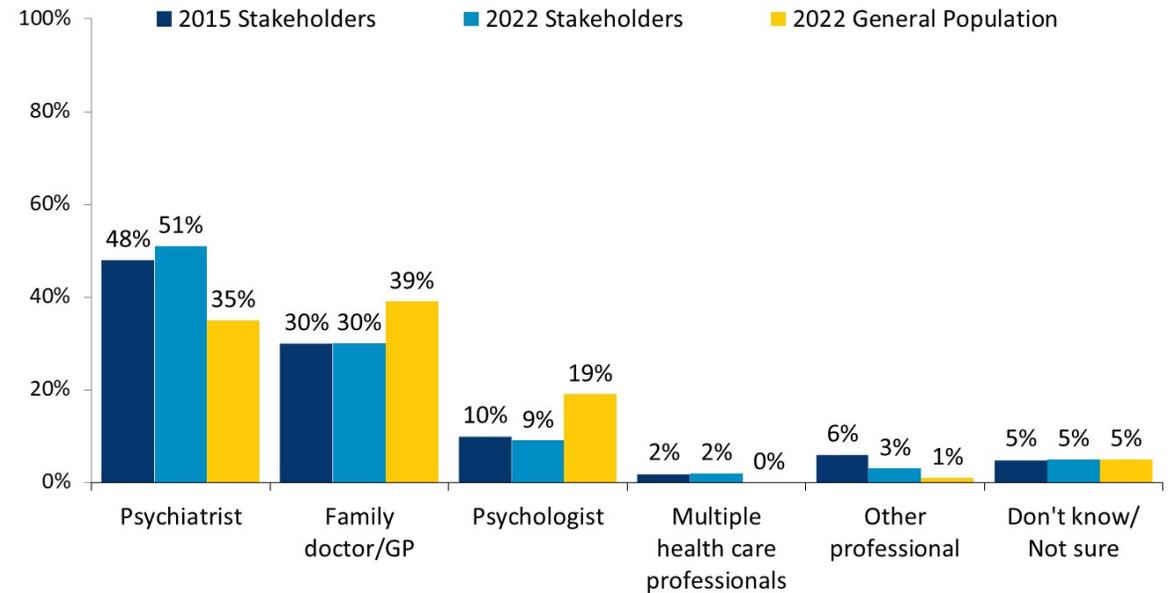


# Type of Health Care Professional Diagnosed Mental Illness

*Overall, psychiatrists remain the most likely to have diagnosed a mental illness among stakeholders, whereas diagnosis by a psychiatrist, family doctor or psychologist is more common among the general population.*

Results among stakeholders are consistent compared to 2015 results across all categories of health professionals. (Table 15)

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



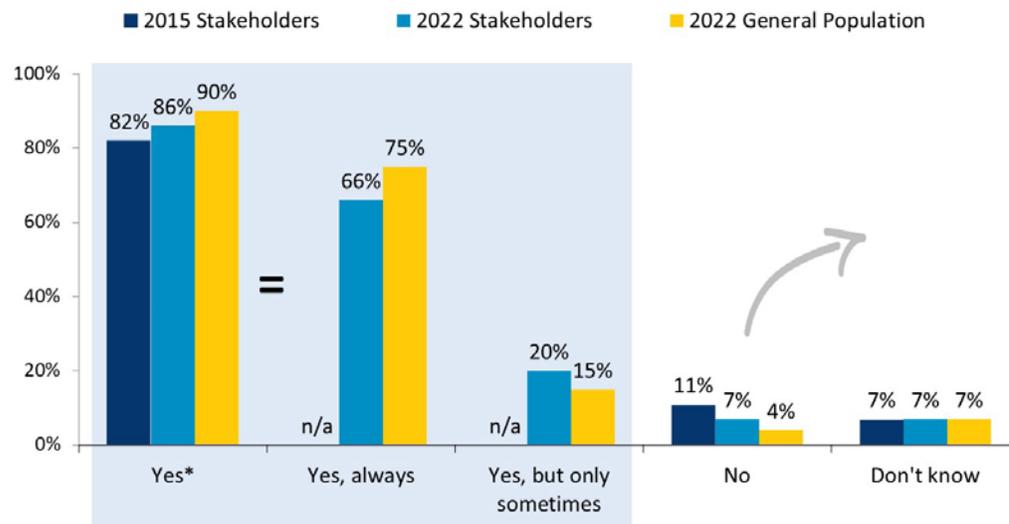
Q.15: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER', OR 'CAREGIVER' (CODES 1, 3 OR 4) IN Q.6]  
What type of health professional diagnosed [your/your family member's/the person you care for's] mental illness?  
(2015 Stakeholders, n=1,663; 2022 Stakeholders, n=547; 2022 General Population, n=341)

*Access to required medications to treat mental illness is high among both audiences, although cost is the primary barrier faced by stakeholders unable to receive the medications they need.*

While the key reasons for being unable to access needed medication in 2015 still apply in 2022, notable changes may be observed in the percentage of stakeholders citing that *cost/not being covered under a health care plan* and *doctors not being helpful/not listening* are a key reason, compared to the general population. (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, 3 OR 4) IN Q.6] In your opinion, [are you/is your family member/the person you care for] able to access the medications needed to treat mental illness? (2015 Stakeholders, n=1,663; 2022 Stakeholders, n=547; 2022 General Population, n=341) \*2015 response 'Yes' only – 2022 response split into 'Yes, always' and 'Yes, but only sometimes'

## Key Reasons Not Able to Access Medications

Unaided Mentions

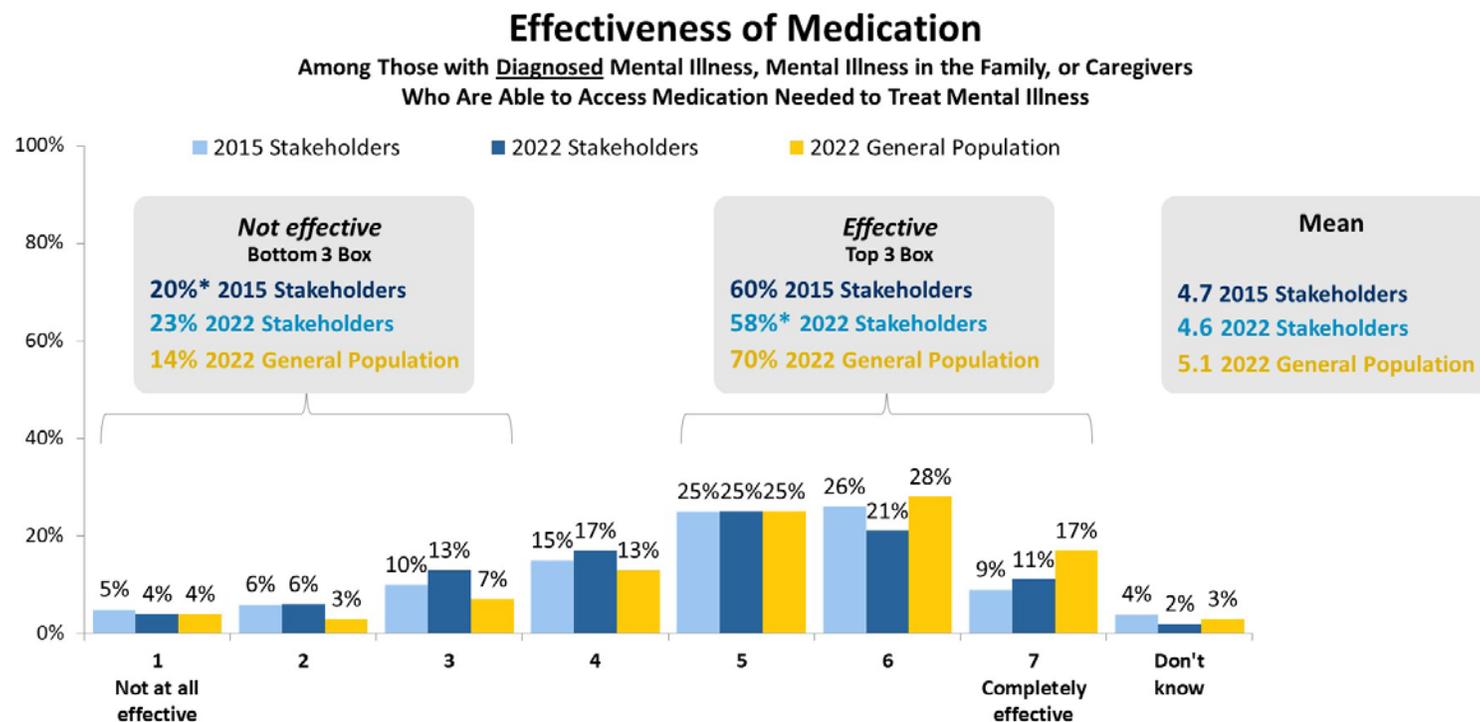
	2015 Stakeholders	2022** Stakeholders	2022** General Population
Cost/Not covered under health care plan	55%	48%	0%
Doctor not helpful/won't listen	11%	28%	8%
Medication not effective/causes adverse reactions/side effects	14%	25%	17%
Don't have/can't find a doctor/health care	9%	25%	25%
Individual believes they don't need medication/In denial	4%	13%	8%
Not on medication/No medication for my illness	n/a	5%	33%
Improper diagnosis	4%	0%	8%

Q.17: [IF 'NO' IN Q.16] Why [are you/is your family member/the person you care for] not able to access the medications needed? (2015 Stakeholders, n=181; 2022 Stakeholders, n=40\*\*; 2022 General Population, n=12\*\*)

\*\*Caution: Small sample size.

*The majority of stakeholders and members from the general population indicate that medication has been effective in treating mental illness to some degree.*

Results among stakeholders are generally consistent compared to 2015 results, with there being a slight elevation in ratings of effectiveness of medication among the general population compared to stakeholders. (Table 18)



Q.18: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1, 3 OR 4) IN Q.6 AND IF 'YES' ALWAYS OR SOMETIMES (CODES 1-2) IN Q.16] How effective has the medication been for [you/your family member/the person you care for]? (2015 Stakeholders, n=1,359; 2022 Stakeholders, n=471; 2022 General Population, n=306) \*Due to rounding.

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



# Effectiveness of Medication

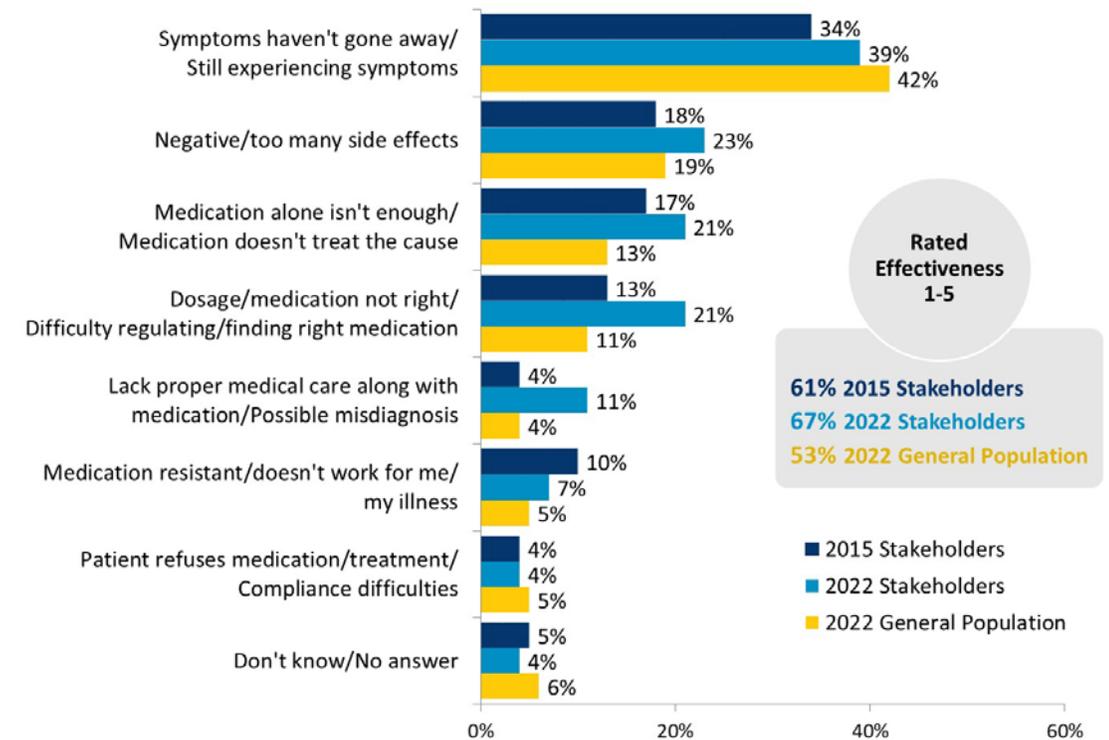
*For those who indicated that medication has not been completely effective, the primary reason is due to persisting symptoms.*

Respondents able to access medication to treat mental illness were asked for the reasons they believe medication is not completely effective, and the primary reason among both stakeholders and members from the general population was that they were *still experiencing symptoms*. Other responses among both audiences, although slightly higher among stakeholders, speak to *medication not being effective because it has negative or too many side effects, medication doesn't treat the cause and the dosage of medication is not right*.

Overall, rated effectiveness is slightly higher among 2022 stakeholders (surpassing 2015 levels) compared to rated effectiveness among the general population. (Table 19)

## 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  
Unaided Key Mentions

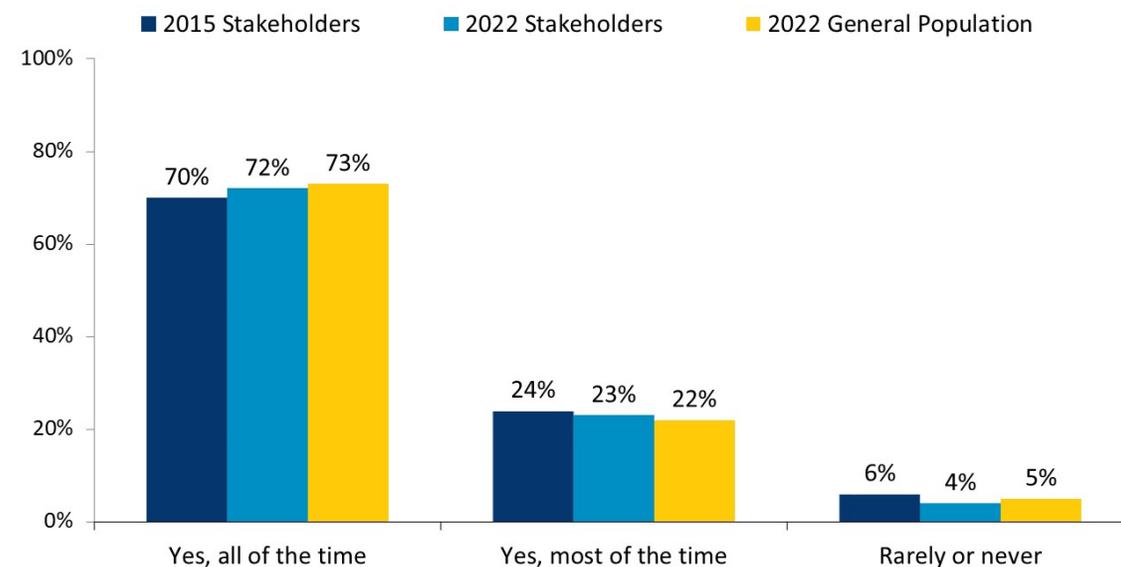


Q.19: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1, 3 OR 4) IN Q.6 AND IF 'YES' ALWAYS OR SOMETIMES (CODES 1-2) IN Q.16 AND IF CODES 1-5 IN Q.18] Why do you believe the medication has not been completely effective? (2015 Stakeholders, n=500 randomly coded responses; 2022 Stakeholders, n=309; 2022 General Population, n=157)

*The vast majority among stakeholders and members from the general population take their medications as prescribed all or most of the time, similar to 2015 results.*

Respondents diagnosed with mental illness, family members and caregivers most commonly report that they, their family member or the person they care for take their medications as prescribed all the time. This is true among both stakeholders and the general population. (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



Q.20: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1, 3 OR 4) IN Q.6 AND IF 'YES' ALWAYS OR SOMETIMES (CODES 1-2) IN Q.16] Do [you/your family member/the person you care for] take your/their medications as prescribed? (2015 Stakeholders, n=1,359; 2022 Stakeholders, n=471; 2022 General Population, n=306)

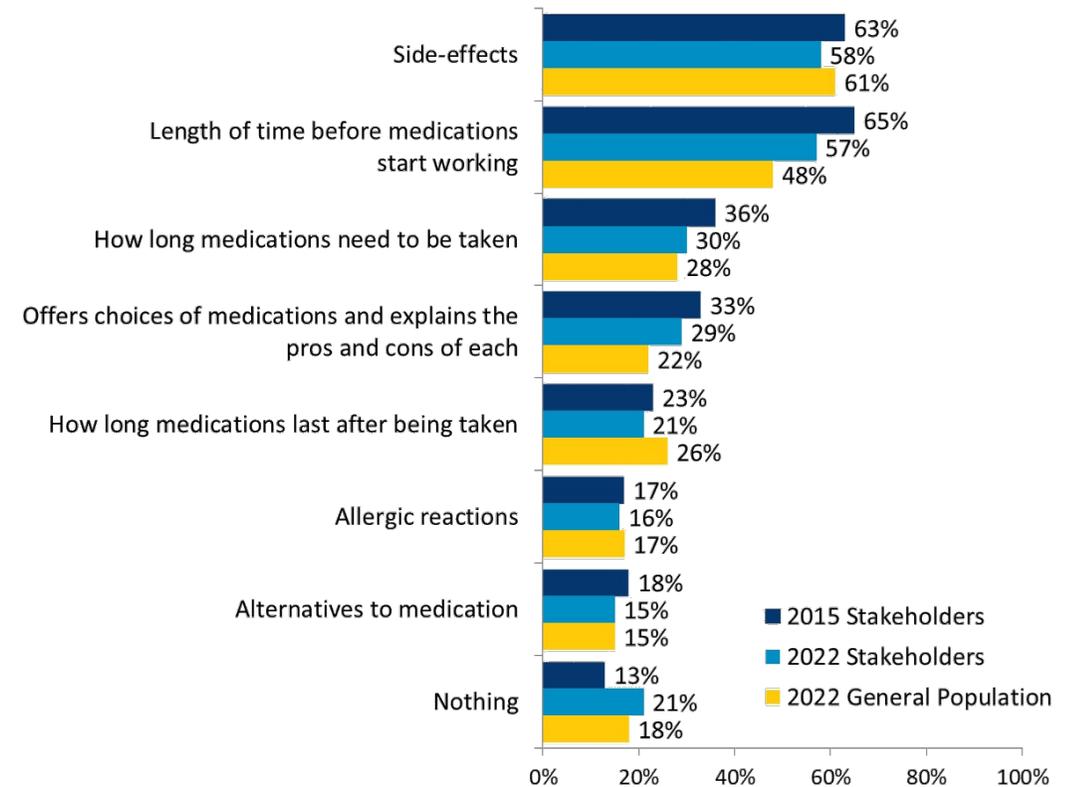
*Both stakeholders and members from the general population agree that health care professionals generally provide information about medication side-effects, similar to results from 2015.*

The vast majority of respondents who have been diagnosed with mental illness or are a family member or caregiver of someone who has, report that health care professionals provide some type of information about medication they prescribe.

For the most part, information includes side-effects and the length of time before medication start working. Health care professionals providing information about length of time before medications start working is slightly higher among stakeholders compared to the general populations, with agreement that this information has decreased since 2015.

All other type of information are less commonly provided in comparison. (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



Q.21: [IF MENTAL ILLNESS 'DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1, 3 OR 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)? (2015 Stakeholders, n=1,663; 2022 Stakeholders, n=547; 2022 General Population, n=341)



NARRATIVE  
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# Facility and Service Usage



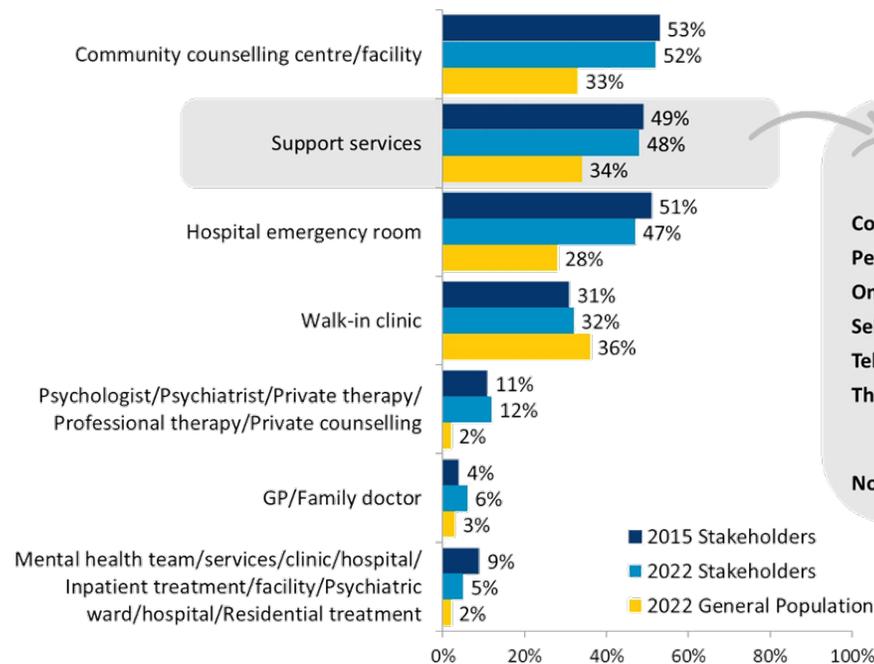
# Use of Health Care Facilities and Support Services

*Stakeholders with mental health issues have commonly sought care at a community counselling centre/facility, as well as support services in general, consistent with 2015. Community mental health organizations and peer support groups are the most common types of support services used among stakeholders seeking help with mental illness.*

Community counselling centre/facility, support services, and the hospital emergency room are the health care facilities most utilized by stakeholders for mental health issues, with walk-in clinics being less relied upon. All four services are equally used among the general population. (Table 22)

In terms of support services, community mental health organizations, peer support groups and online forums are most relied upon by stakeholders, unchanged since 2015. members from the general population are most likely to use all three, along with self-help group and tele-mental health. (Table 23)

**Facilities Utilized Due to Mental Health Issues**  
Among Those with Mental Illness, Mental Illness in the Family, or Caregivers  
Key Mentions



**Support Services Utilized**  
Key Mentions

	2015 Stakeholders	2022 Stakeholders	2022 General Population
Community mental health organization	35%	35%	29%
Peer support groups	36%	31%	24%
Online forums	29%	31%	21%
Self-help group	17%	15%	18%
Tele-mental health	5%	14%	20%
Therapy/Psychologist/Psychiatrist/Private counselling/Employee Assistance Program	4%	6%	5%
None of the above	22%	25%	27%

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 you/has your family member/the person you care for] been to because of mental health issues? (2015 Stakeholders, n=1,810; 2022 Stakeholders, n=594; 2022 General Population, n=446)

Q.23: [IF 'SUPPORT SERVICES' USED IN Q.22] What type of support services, other than health professionals, [do you/does your family member/the person you care for] use to help with mental illness? (2015 Stakeholders, n=891; 2022 Stakeholders, n=284; 2022 General Population, n=153)

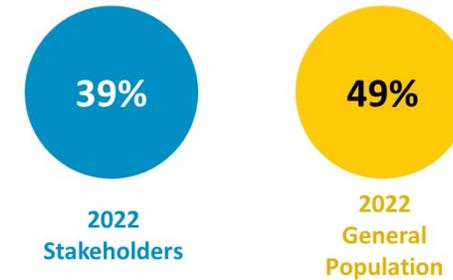


# Informed of Availability of Community Mental Health Services or Programs

*Almost half of the general population affirm that they, or an individual they know who sought a consultation, were informed of community mental health services or programs that are available.*

Compared to the general population, fewer stakeholders indicated they, or someone they knew, were informed of community mental health services or programs that are available when they consulted with a health care professional or visited a walk-in clinic or a hospital emergency room. (Table 23A)

## **Informed of Availability of Community Mental Health Services or Programs Available During Consultation with Health Care Professional, When Visiting the Walk-in Clinic, or When Visiting the Hospital Emergency Room** Among Those with Mental Illness, Mental Illness in the Family, or Caregiver Diagnosed by a Family Doctor/GP, Psychologist or Psychiatrist % Yes



Q.23A: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6 AND DIAGNOSED BY A FAMILY DOCTOR/GP, PSYCHOLOGIST OR PSYCHIATRIST (CODES 1-3) IN Q.15] [Were you/was your family member/ the person you care for] informed of the availability of community mental health services or programs available [during the consultation with a health care professional/when you visited the walk-in clinic/when you visited the hospital emergency room]?\* (2022 Stakeholders, n=544; 2022 General Population, n=382)  
\*New question 2022.

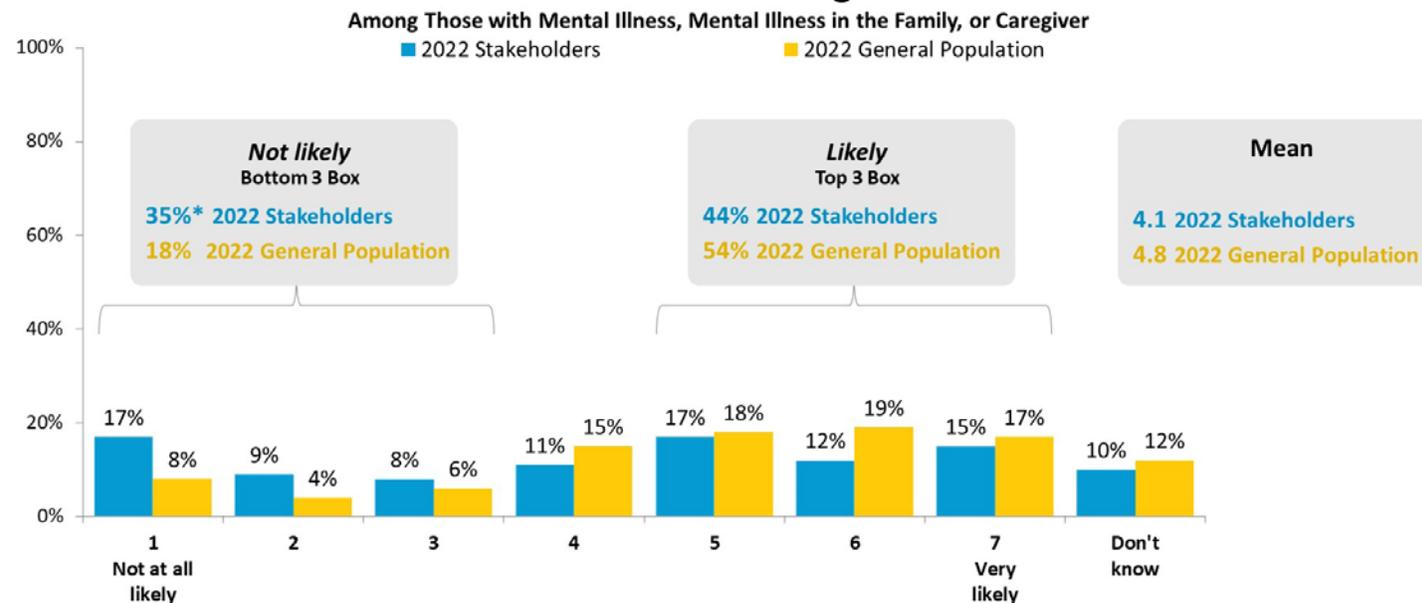


*There is some interest in using MDSC's MIRA chat bot to access information while waiting for medical assistance.*

Respondents were informed of the Mood Disorders Society of Canada's MIRA Chatbot, which provides access to evidence-based information and verified programs and resources. With user input, MIRA relies on artificial intelligence to provide individualized links to information and resources that are specifically addressing their questions, needs or priorities.

Nearly one-half of stakeholders and more than half of the general population expressed an interest in using the MIRA service as a means to access information while awaiting medical assistance for themselves or another individual in need of it (top 3 scores). (Table 23B)

## Likelihood of Using Artificial Intelligence Via MDSC's MIRA Chatbot to Access Information or While Waiting for Medical Assistance



Q.23B: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6]

There are a number of innovative resources available to assist people with managing their mental health. One example is the Mood Disorders Society of Canada's MIRA Chatbot, which provides access to evidence-based information and verified programs and resources. Based upon your input, MIRA uses artificial intelligence to provide you with individualized links to information and resources that are specifically addressing your questions, needs or priorities. How likely are you to use this service as a means to access information or while waiting for medical assistance for yourself, a family member, or a person you care for? (2022 Stakeholders, n=594; 2022 General Population, n=446) \*\*Due to rounding.

Note: 'Don't know' is excluded from the calculation of the Mean. \*\*New question 2022.

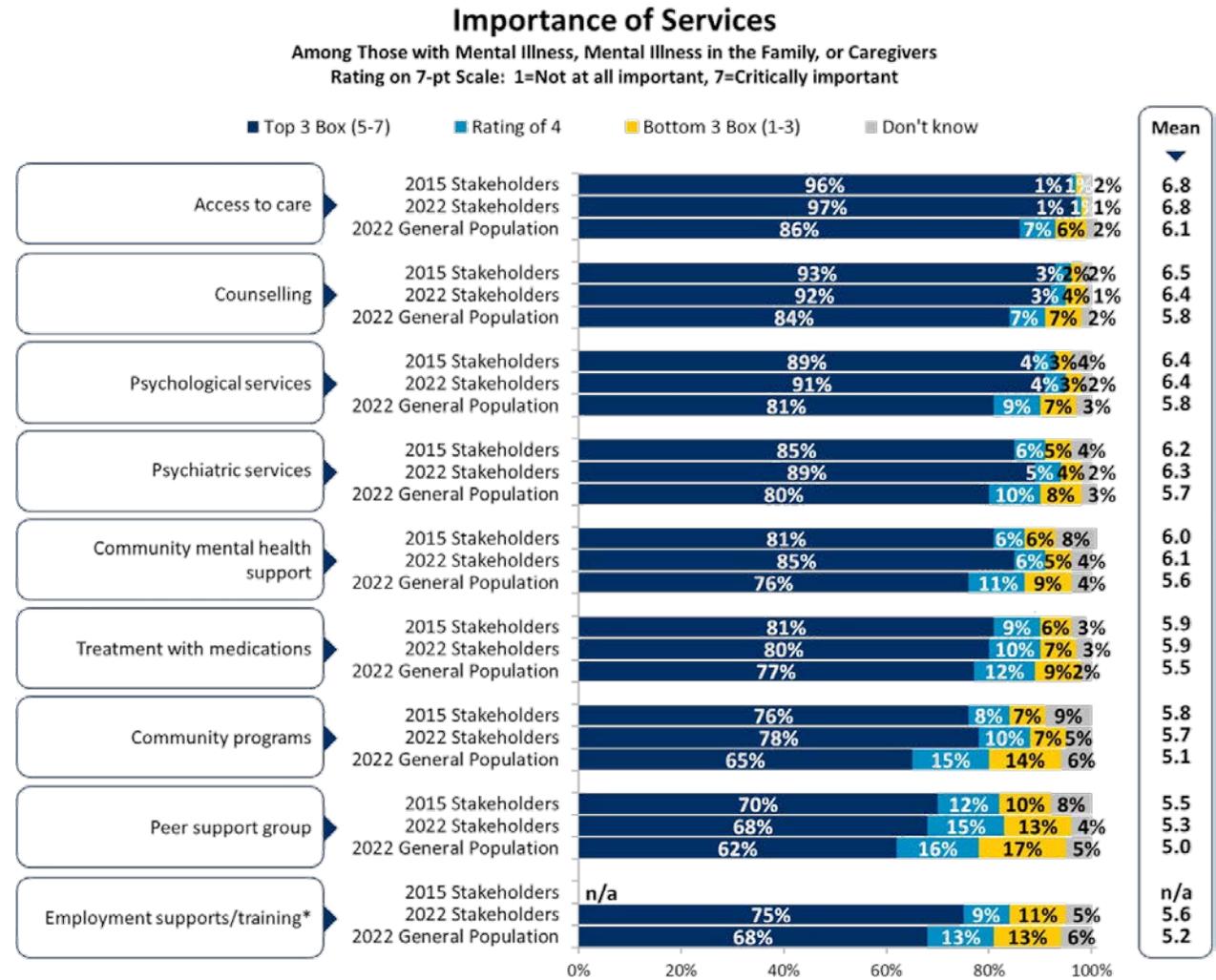


# Importance of Mental Health Services

*Access to care, counselling, psychological services, and psychiatric services continue to be most important for those experiencing mental health issues among both stakeholders and the general population.*

Respondents were asked to rate the importance of nine services to those experiencing mental health issues. The level of importance for each service continues to be deemed important by a strong majority of respondents.

2022 stakeholders are more likely to rate the importance of services as similar to 2015 ratings, compared to the general population who provide a slightly lower rating among all services. (Tables 24a-i)



Q.24a-i: [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?  
(2015 Stakeholders, n=1,810; 2022 Stakeholders, n=594; 2022 General Population, n=446) Note: 'Don't know' is excluded from the calculation of the Mean. \*Added 2022.

*The cost of required support and services is a barrier for those with mental illness, especially among stakeholders.*

Respondents with a diagnosed or undiagnosed mental illness, or family members or caregivers were asked if cost prevents them, or the person they care for, from seeking the type of support or services they need for their mental illness.

Stakeholders are increasingly likely to say that cost is a barrier to accessing health care services from a therapist or psychologist, alternative health care and other health services for mental illness, while this opinion is offered by just over half of respondents from the general population. (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.)?  
 (2015 Stakeholders, n=1,810; 2022 Stakeholders, n=594; 2022 General Population, n=446)

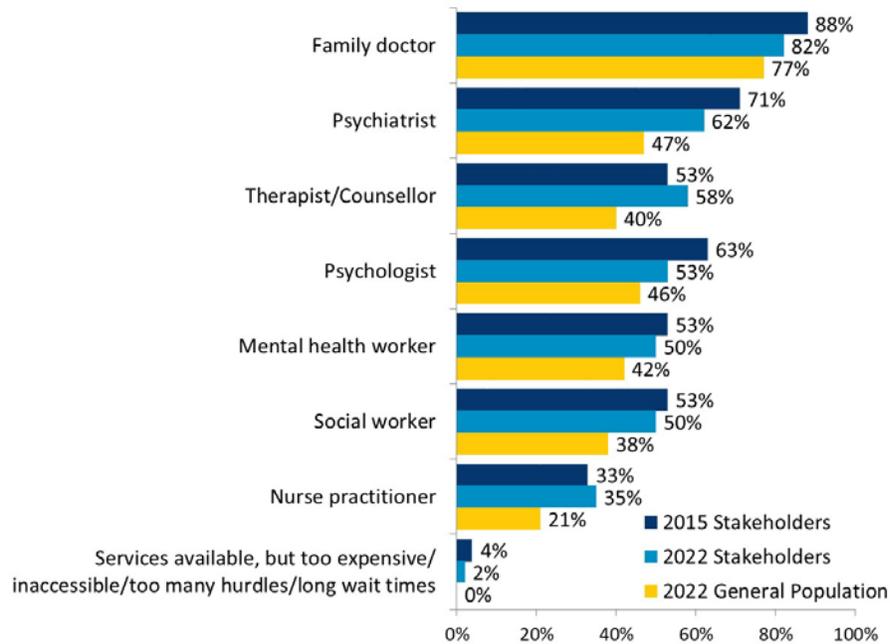


# Availability of Local Health Care Professionals

For individuals seeking mental health care in their community, family doctors and psychiatrists remain the most used health care professionals available, and those most visited among both audiences. (Tables 26 & 27)

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

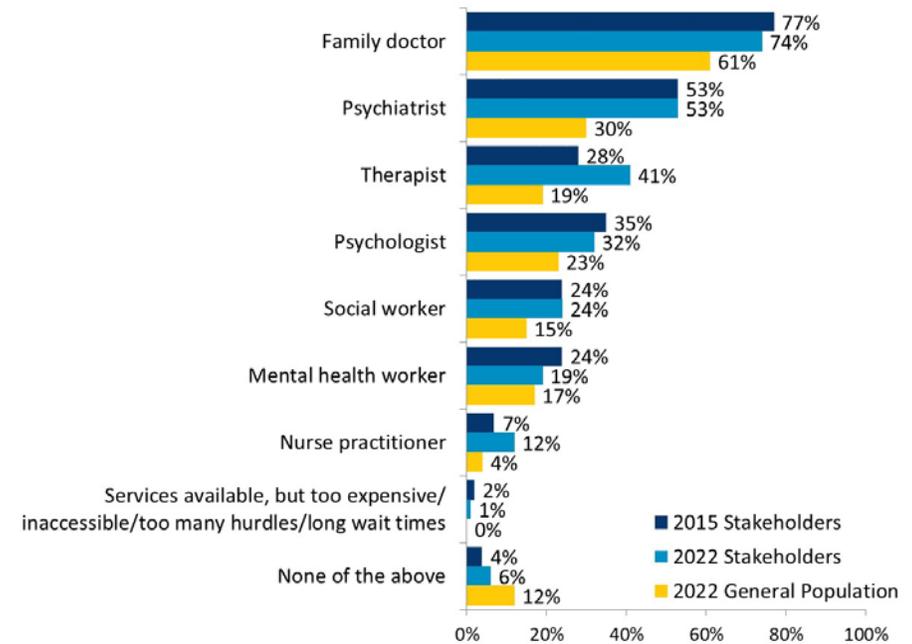
Among Those with Mental Illness, Mental Illness in the Family, or Caregivers  
Key Mentions



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*? (2015 Stakeholders, n=1,810; 2022 Stakeholders, n=594; 2022 General Population, n=446)

## 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.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 you/has your family member/the person you care for]* seen for mental illness? (2015 Stakeholders, n=1,810; 2022 Stakeholders, n=594; 2022 General Population, n=446)



*Access to a family doctor has decreased slightly since 2015 albeit representing a large majority of stakeholders.*

A strong majority of all of those seeking mental health care, across both audiences, have a family doctor, albeit the proportion has decreased slightly since 2015 among stakeholders. (Table 11)

## Have a Family Doctor

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



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? (2015 Stakeholders, n=1,810; 2022 Stakeholders, n=594; 2022 General Population, n=446)

*A minority have not seen a family doctor for mental illness, in a large part due to not feeling their family doctor is the right person to talk to, consistent with 2015 results.*

The proportion who *have not seen a family doctor for mental illness* has increased slightly among stakeholders by three percentage points since 2015.

Among reasons given for not seeing a family doctor, a belief that they are not the right person to talk to remains the top mention, unchanged since 2015. Of note, the proportion of stakeholders who say they are *still on a waiting list for a physician* has increased since 2015. In contrast, fewer stakeholders this year mention that *family doctors are not qualified/knowledgeable enough*. (Table 28)

## Reasons Have Not Seen Family Doctor for Mental Illness

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers Who Have Not Seen a Family Doctor



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 you/does your family member/the person you care for] choose not to see a family doctor for mental illness? (2015 Stakeholders, n=390; 2022 Stakeholders, n=138; 2022 General Population, n=147)

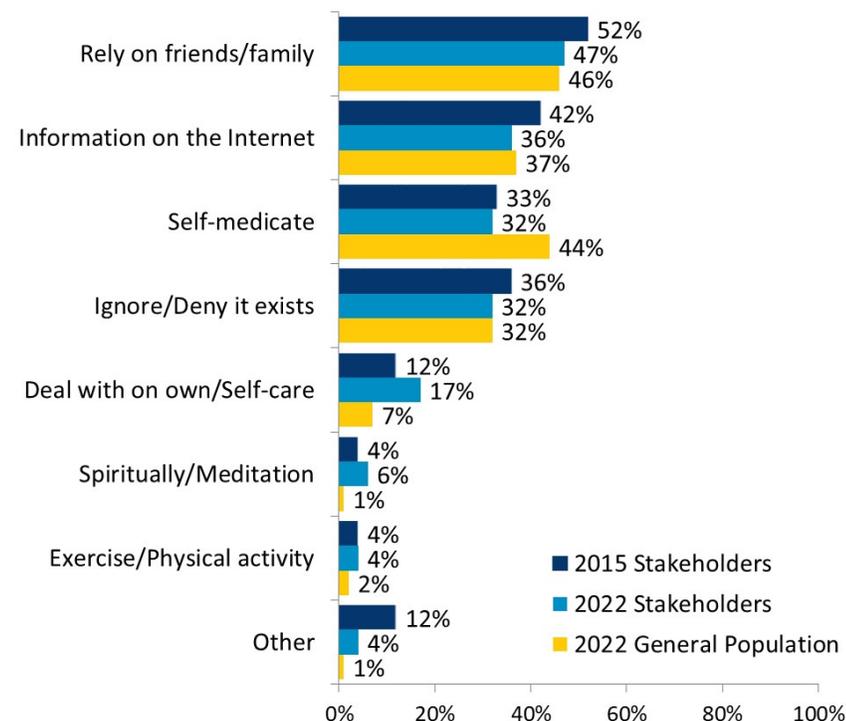
*Reliance on family and friends is most common to deal with mental illness in the absence of a diagnosis or treatment from a health professional.*

In the absence of a mental health diagnosis and a health professional’s treatment, stakeholders and members from the general population largely rely on friends/family, and to a lesser extent, on information found online, self-medication, or by ignoring or denying the issues.

Respondents from the general population are more likely to self-medicate compared to stakeholders. (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



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?  
 (2015 Stakeholders, n=147; 2022 Stakeholders, n=47\*; 2022 General Population, n=105) \*Caution: Small sample size.



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# Satisfaction with Services/Facilities



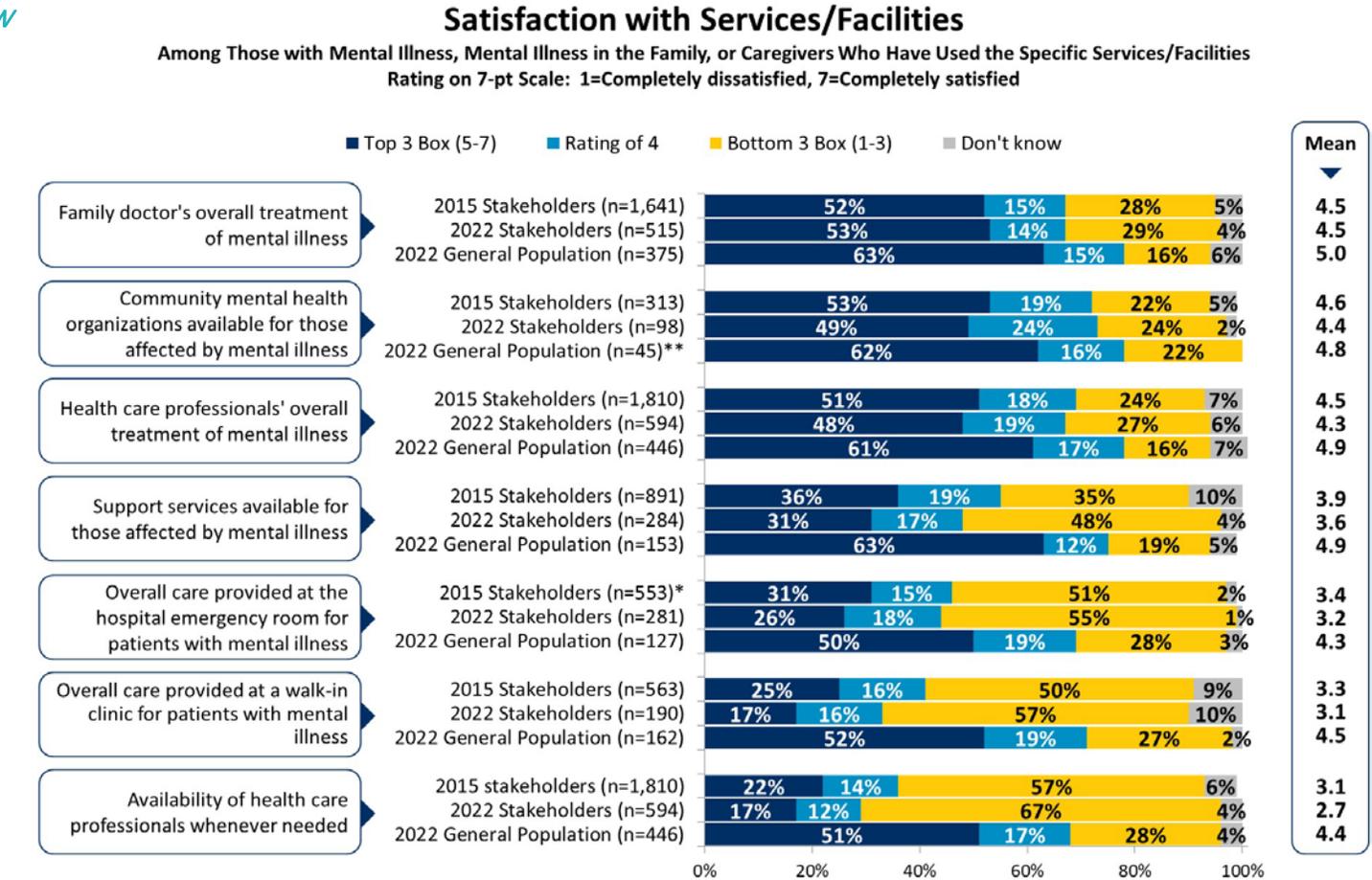
# Satisfaction with Services and Facilities

*Satisfaction with various mental health services or facilities remains low to moderate among stakeholders, indicating room for improvement.*

Respondents were asked to rate their level of satisfaction with various mental health services, based on their experience with each. Consistent with 2015, about half of the stakeholders express some level of satisfaction with the *treatment of mental illness provided by family doctors and health care professionals*, as well as with the *availability of community mental health organizations*.

Opinions of stakeholders are mixed with the *support services available for those affected by mental illness*, while they are generally dissatisfied with the *overall care provided at the hospital emergency room or the walk-in clinics for patients with mental illness*, and with the *availability of health care professionals when in need*.

Opinions of all services and supports are more likely to be favourable among the general population, although satisfaction only reaches about six in ten respondents at most. (Tables 30a-g)



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: \*\*Caution: Small sample size.  
Note: 'Don't know' is excluded from the calculation of the Mean. \*2015 Q.30d - 362 missing cases due to programming error..

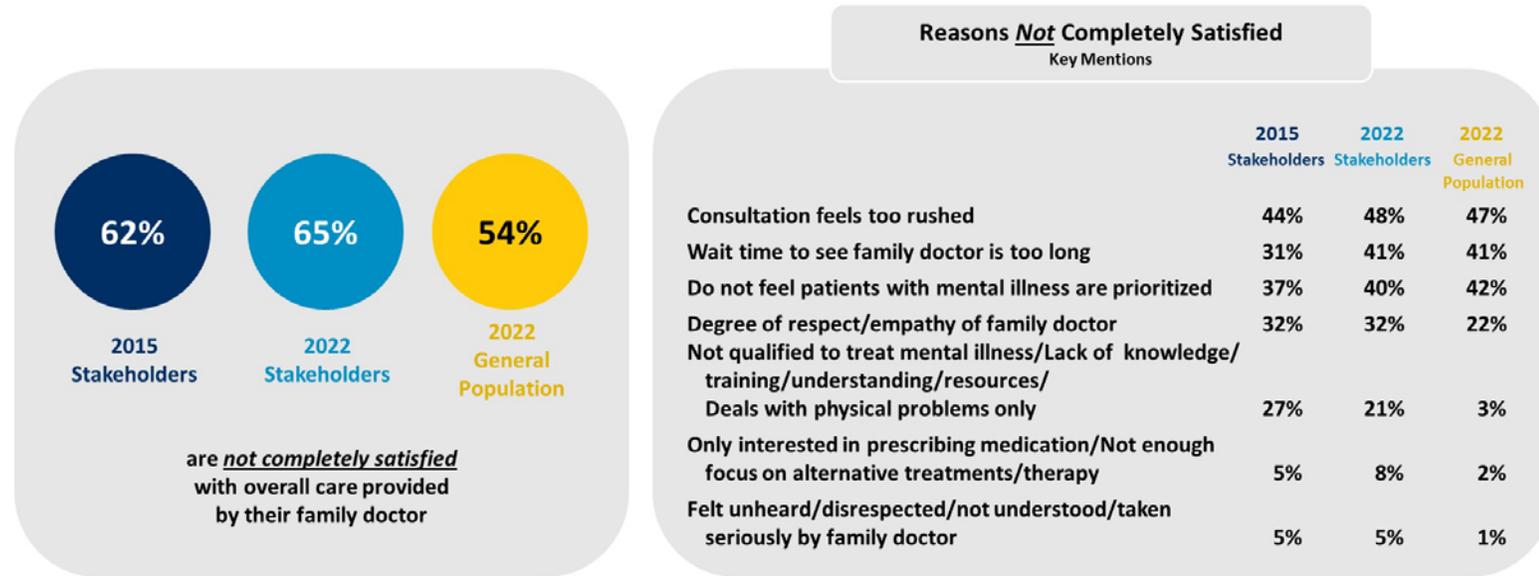
Those less than completely satisfied with the care provided by family doctors, among both stakeholders and the general population, commonly report that the consultation felt too rushed, consistent with 2015 results.

Respondents who were not completely satisfied with the overall treatment of mental illness provided by their family doctor (ratings of 1-5 on the 7-point satisfaction scale) were asked to explain their opinion.

The *consultation feeling rushed* continues to be the most cited reason. *Long wait times* to see a family doctor and feeling that *patients with mental illness are not a priority* are also commonly cited. In fact, wait times are considered more of an issue in 2022 than in 2015. (Table 31)

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

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers Who Have a Family Doctor and Are Not Completely Satisfied with Care Provided



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? (2015 Stakeholders, n=1,025; 2022 Stakeholders, n=335; 2022 General Population, n=203)



# Dissatisfaction with Health Care Professionals

*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. This is especially true among 2022 stakeholders.*

Respondents who were not completely satisfied with the overall treatment of mental illness provided by health care professionals (ratings of 1-5 on the 7-point satisfaction scale) were asked to explain their opinion.

*Long wait times* continues to be by far the top response and is even more commonly cited by stakeholders in 2022 than it was in 2015. The degree of *respect or empathy of health professionals*, a belief that *patients with mental illness are not prioritized*, and the *consultation feeling too rushed* are also each mentioned by a large minority of stakeholders. (Table 32)

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

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers Who Are Not Completely Satisfied with Treatment of Mental Illness



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*? (2015 Stakeholders, n=1,133; 2022 Stakeholders, n=412; 2022 General Population, n=257)



# Dissatisfaction with Walk-in Clinics

*Dissatisfaction with mental health care provided at a walk-in clinic stems from a perception that patients with mental illness are not prioritized, that staff appear to be rushed, or that they lack respect and empathy.*

Respondents who were not completely satisfied with the overall care provided at a walk-in clinic for patients with mental illness (ratings of 1-5 on the 7-point satisfaction scale) were asked to explain their opinion.

*Patients with mental illness not being seen as a priority and the clinic staff appearing to be too rushed are the most commonly cited reasons among stakeholders and members from the general population. Both of those reasons are of increasing concern among stakeholders. Although less so than in 2015, many stakeholders are also affected by the degree of respect/empathy from staff or the long wait time to see a health care professional at the clinic.*

(Table 33)

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

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers Who Are Not Completely Satisfied with Care Provided



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? (2015 Stakeholders, n=450; 2022 Stakeholders, n=159; 2022 General Population, n=113)



# Dissatisfaction with Hospital Emergency Rooms

Similar to 2015 results, stakeholder dissatisfaction with mental health care received at the hospital emergency room stems from a variety of reasons related to a lack of concern or understanding and empathy for patients with mental illness, as well as a lack of time and resources for proper diagnosis and assistance.

Respondents who were not completely satisfied with the overall care provided at hospital emergency rooms for patients with mental illness (ratings of 1-5 on the 7-point satisfaction scale) were asked to explain their opinion.

Many reasons were cited, among which the most common ones including a lack of perceived concern for patient with mental illness, long wait times to see a health care professional, patients with mental illness not being prioritized, insufficient information about mental illness and treatment options, hospital staff appearing rushed, lack of respect and empathy from staff, and insufficient time for diagnosis. (Table 34)

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

Among Those with Mental Illness, Mental Illness in the Family, or Caregivers Who Are Not Completely Satisfied with Care Provided



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? (2015 Stakeholders, n=455\*; 2022 Stakeholders, n=242; 2022 General Population, n=86)  
\*2015 Q.30d - 362 missing cases due to programming error.

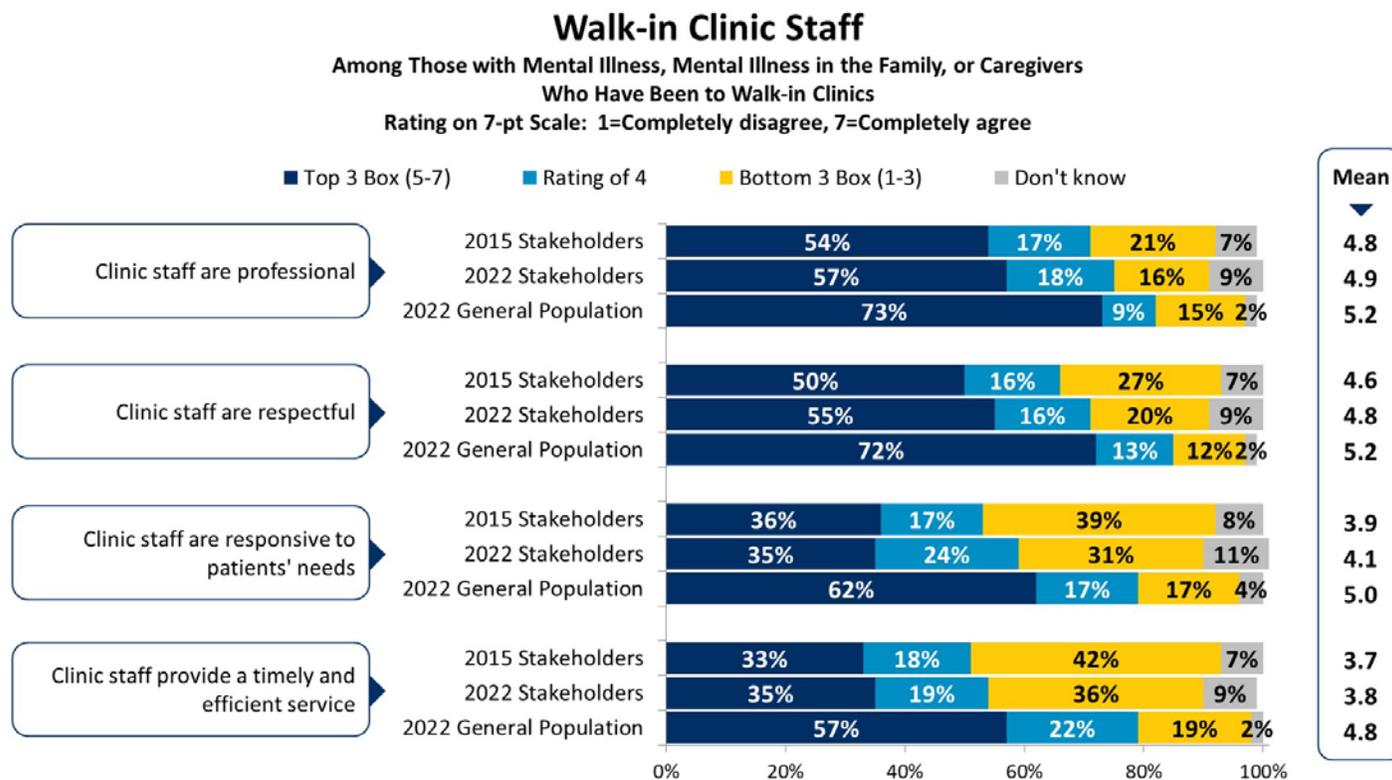


# Perceptions of Walk-in Clinic Staff

*Although generally considered professional and respectful, walk-in clinic staff are not being fully responsive to patients' needs or providing a timely and efficient service.*

Walk-in clinic staff are generally seen by stakeholders as professional and respectful, consistent with findings from 2015. That said, there are mixed opinions on their level of responsiveness to patients' needs, and with the provision of a timely and efficient service, with results again aligning to those reported in 2015.

Opinions of clinic staff are more positive among the general population. Indeed, staff is generally seen as professional, respectful and responsive, and to a slightly lesser extent, as providing a timely and efficient service. (Tables 35a-d)



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: (2015 Stakeholders, n=563; 2022 Stakeholders, n=190; 2022 General Population, n=162) Note: 'Don't know' is excluded from the calculation of the Mean.

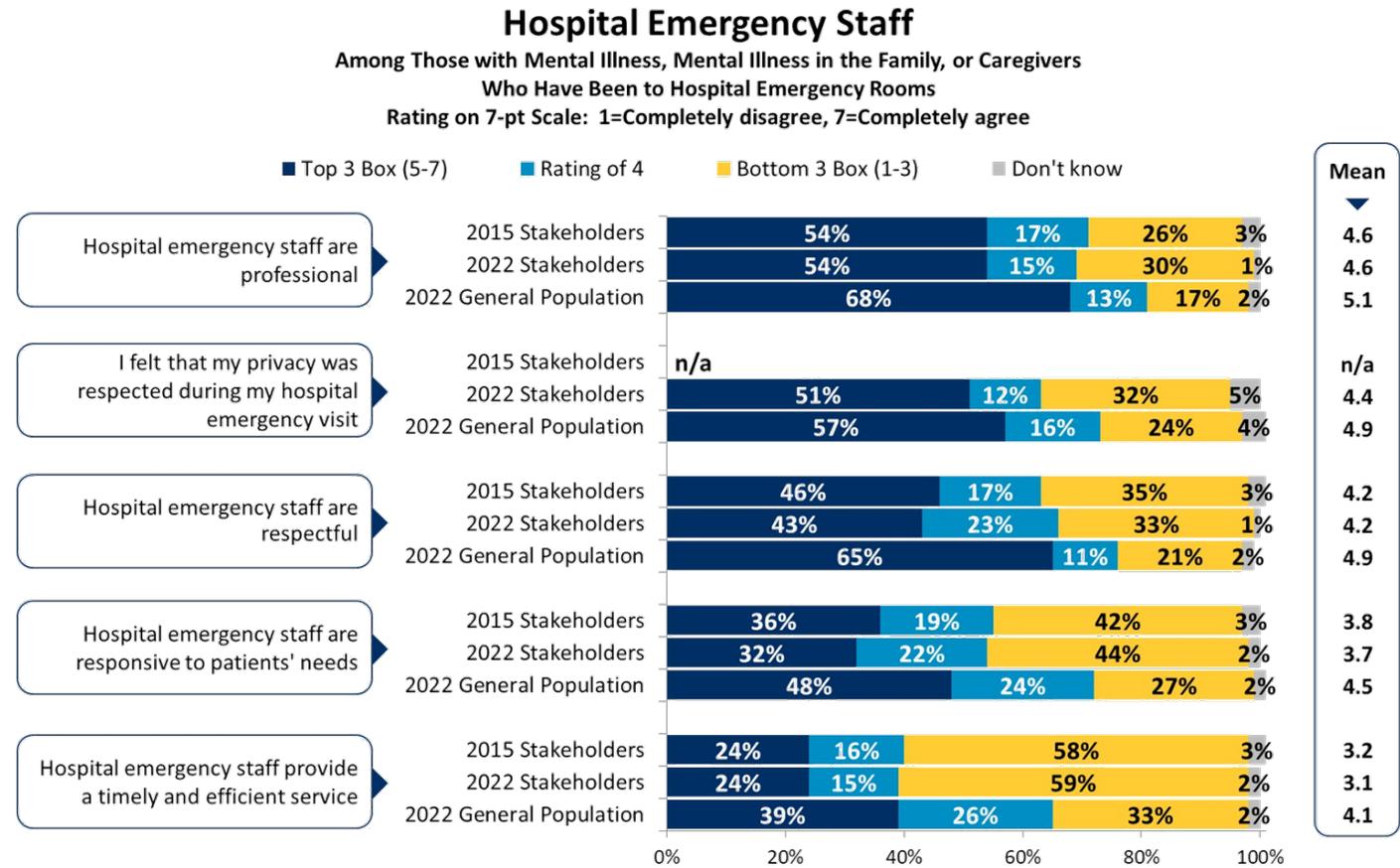


# Perceptions of Hospital Emergency Staff

*Hospital emergency staff continue to be seen as professional and respectful, and respectful of privacy, though they are less viewed as responsive to patients' needs and are not seen as providing timely and efficient service.*

Hospital emergency staff are generally perceived to be *professional* and *respectful* by those with mental illness, mental illness in the family or caregivers. They are less likely to be seen as *responsive to patients' needs* or to provide a *timely and efficient service*. Among the general population, opinions of staff are generally more favourable than among stakeholders. Stakeholders' opinions remain largely consistent since 2015.

A new question was asked this year about privacy. Both stakeholders and members from the general population generally feel that their *privacy was respected* during their hospital emergency visit. (Tables 36a-e)



Q.36a-e: [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: (2015 Stakeholders, n=916; 2022 Stakeholders, n=281; 2022 General Population, n=127) Note: 'Don't know' is excluded from the calculation of the Mean. \*Added 2022.

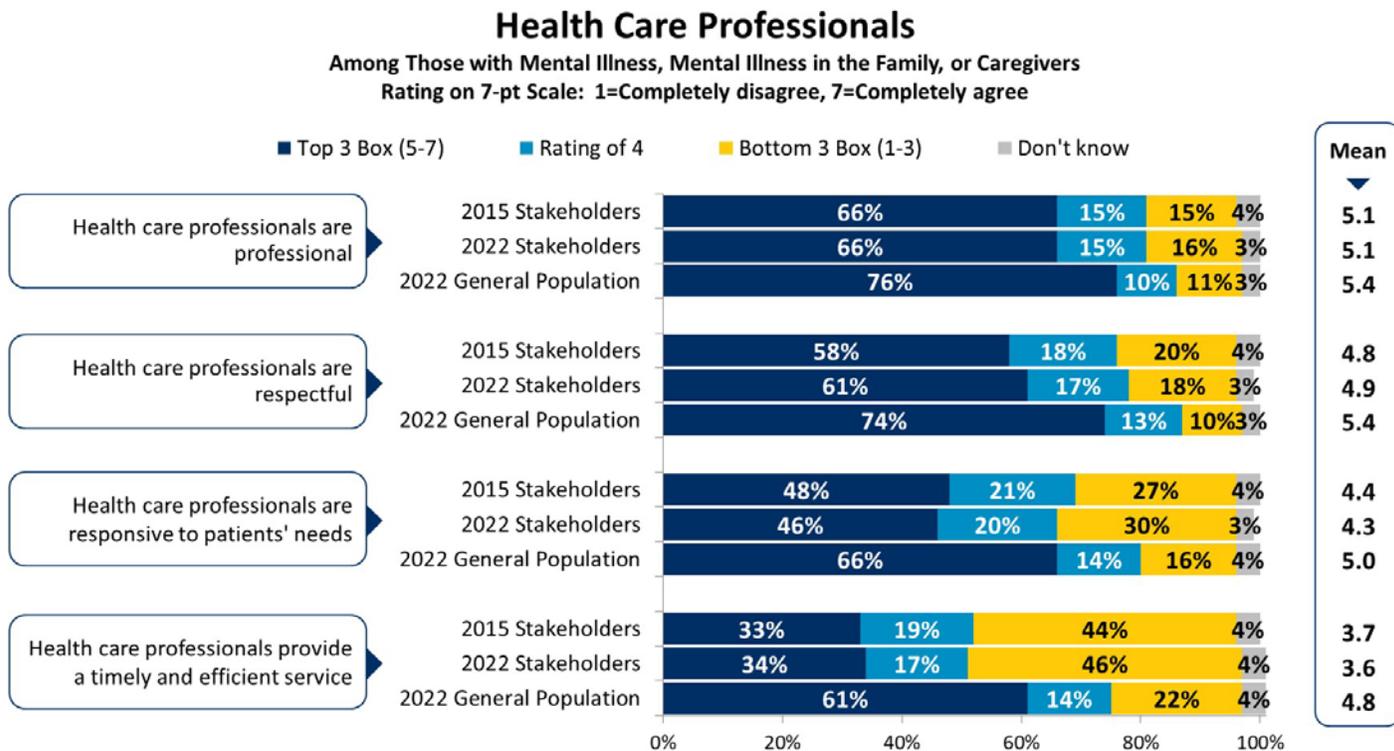


# Perceptions of Health Care Professionals

*Health care professionals are perceived to be professional and respectful, and to some extent as being responsive to patients' needs. Issues are reported with the provision of timely and efficient service.*

Health care professionals in general are seen as professional and respectful, with opinions being consistent among stakeholders since 2015. Stakeholders also believe that they are responsive to patients' needs, although this only represents a large minority of respondents. By contrast, nearly half of stakeholders believe that they are not providing a timely and efficient service.

Members from the general population are more likely than stakeholders to offer positive opinions of health care professionals. (Tables 37a-d)



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: (2015 Stakeholders, n=1,810; 2022 Stakeholders, n=594; 2022 General Population, n=446) Note: 'Don't know' is excluded from the calculation of the Mean.



# Mental Health Since the Start of the COVID-19 Pandemic

*The pandemic is seen as having negatively impacted personal mental health and access to mental health care services and the options available.*

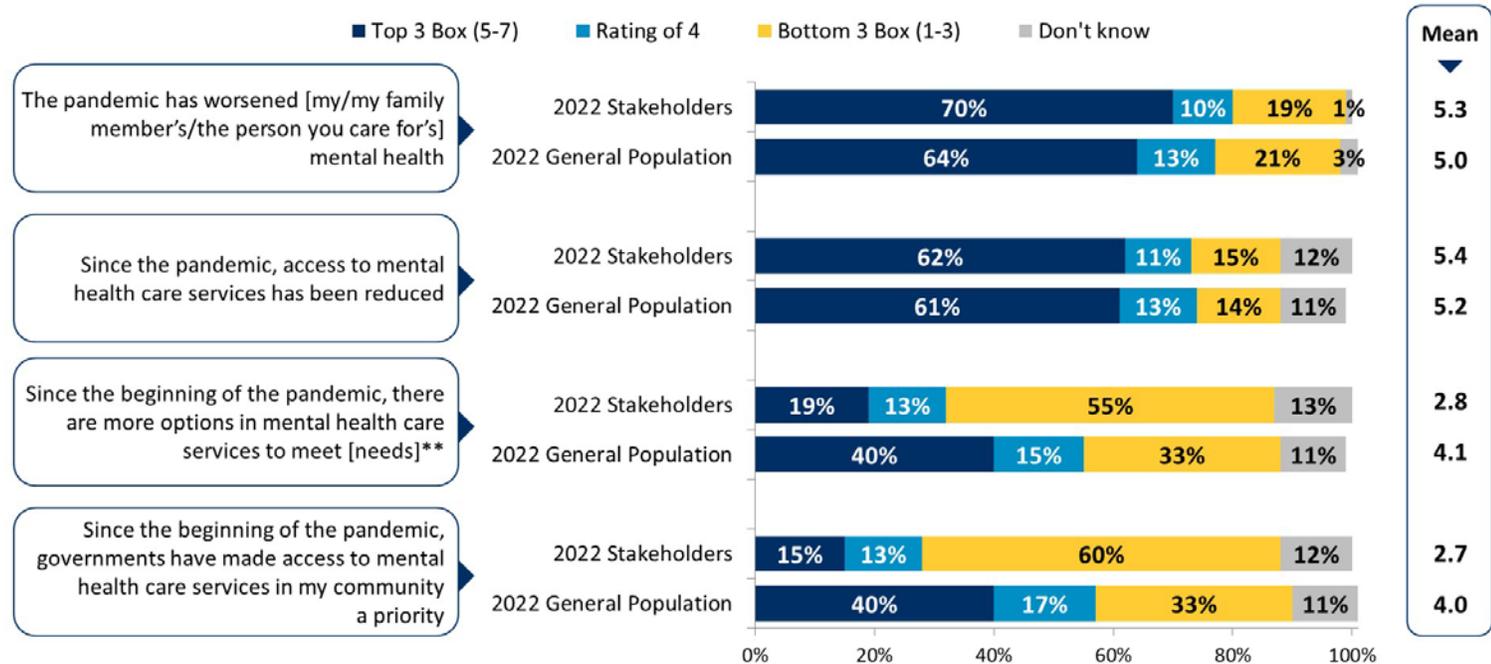
The pandemic has taken its toll on a majority of respondents, with a majority of stakeholders and members from the general population saying that it has either worsened their (or someone they know) mental health.

Both stakeholders and the general population similarly agree that since the pandemic, access to mental health care services have been reduced.

Among opinions of mental health care services and government assistance in making mental health care services a community priority, there is more variation among the two audiences, with the general population having a more positive rating of both categories compared to stakeholders. (Tables 40a-d)

## Mental Health Since the Start of the COVID-19 Pandemic in Spring 2020

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



Q.40a-d: [IF MENTAL ILLNESS 'DIAGNOSED', 'NOT BEEN DIAGNOSED', 'FAMILY MEMBER' OR 'CAREGIVER' (CODES 1-4) IN Q.6]

Thinking about [your/your family member's/the person you care for's] mental health since the start of COVID-19 pandemic in spring 2020, please indicate the extent to which you agree or disagree with each of the following:\* (2022 Stakeholders, n=594; 2022 General Population, n=446) Note: 'Don't know' is excluded from the calculation of the Mean. \*New question 2022.

\*\*[my needs/my family member's needs/the needs of the person you care for]



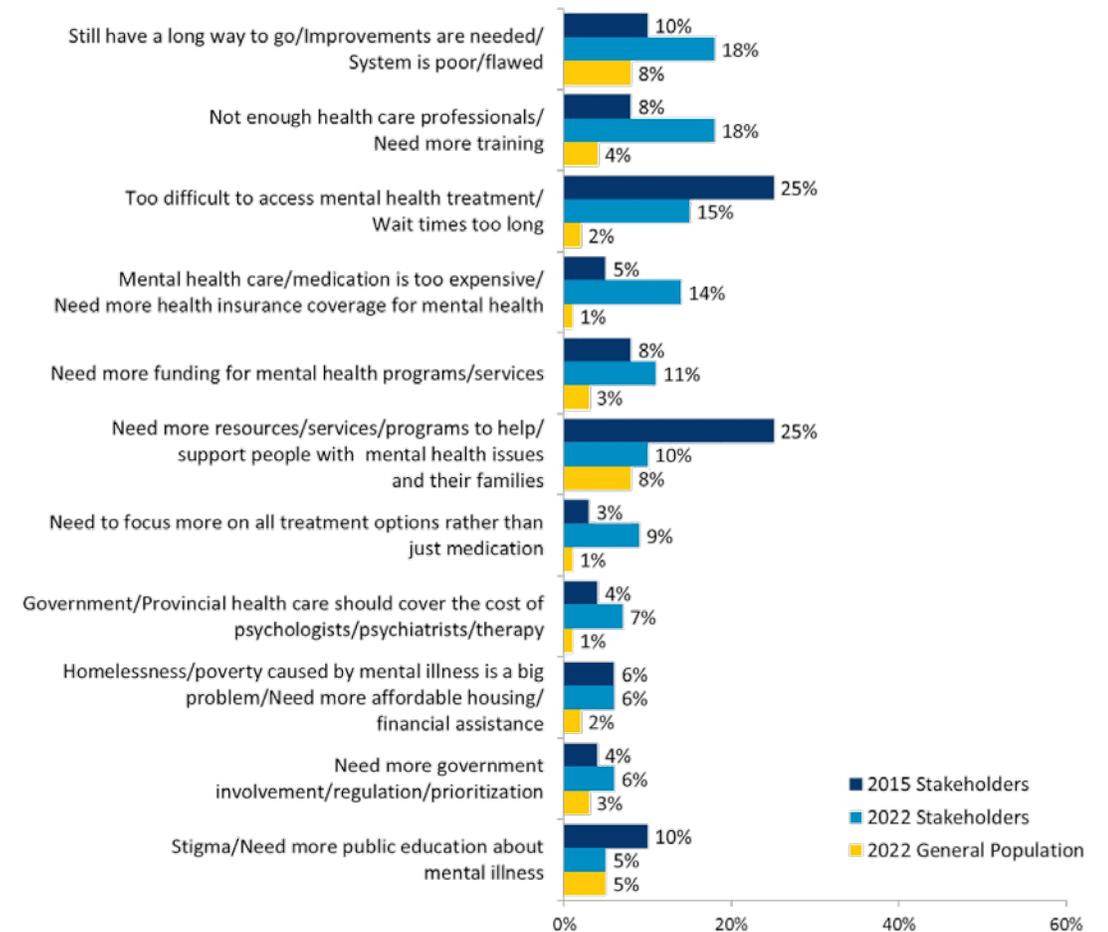
*A variety of final comments were provided, with most related to mental health care needing improvement, notably in terms of training, accessibility to treatment, affordability of medication, need for increased funding and more resources.*

Respondents gave a variety of answers when prompted for additional comments, with most common mentions attesting that the mental health care system still has a long way to go, and that more resources are needed to support people with their mental health issues. This is particularly common among 2022 stakeholders compared to the general population.

Positively, there has been a decrease in both audiences thinking that mental health care in Canada is too difficult to access/wait times are too long and that there is a need for more resources/services/programs to help, and that more support is needed for individuals and their families. (Table 44)

## Final Comments

### Unaided Key Mentions



Q.44: Do you have any additional comments you would like to make concerning the status of mental health care in Canada? (2015 Stakeholders, n=500 randomly coded responses; 2022 Stakeholders, n=358; 2022 General Population, n=642)



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Every insight tells a story.