Canadian Community Health Survey

topics

Cycle 1.2 Report 2

Social Anxiety in Nova Scotia

June 2004

The Canadian Community Health Survey (CCHS) is a new series of health surveys being conducted by Statistics Canada. Its purpose is to provide regular and timely cross-sectional estimates of health determinants, health status, and health system utilization for 136 health regions across the country. Data from the second instalment of the CCHS, Cycle 1.2, was collected between May and December of 2002, and released in November 2003. The survey collected information from about 37,000 individuals, aged15and older, in all provinces.

The CCHS 1.2 classifies respondents as meeting or failing to meet the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), criteria for Social Anxiety Disorder (see Appendix I) based upon their self-report.

This monograph summarizes information and associated factors related to the self-reported occurrence of a social anxiety disorder episode in the past 12 months, among Nova Scotia respondents. All relationships reported are correlational in nature and do not imply "cause and effect." Resolving "cause and effect" relationships pertaining to social anxiety disorder is beyond the scope of this report. It is the intent here to simply highlight these relationships where they are found.

Highlights

- The overall prevalence of self-reported social anxiety disorder in Nova Scotia is 4.2%.
- The prevalence of self-reported social anxiety disorder among women (4.6%) was not significantly different from that among men (3.8%).
- Nova Scotians with self-reported social anxiety disorder are more likely to report fair/poor mental health, but not fair/poor overall or physical health.
- Nova Scotians exhibiting high levels of self-reported stress or sleep disturbance are at higher risk for reporting social anxiety disorder.
- Nova Scotians reporting symptoms characteristic of eating disorders are more likely to report social anxiety disorder.
- Nova Scotians who report an impaired ability to handle unexpected problems or day-to-day demands are significantly more likely to self-report social anxiety disorder.
- Nova Scotians who report suffering social anxiety disorder are at a much higher risk for suicide.

NOVA SCOTIA
Department of Health

Results

Prevalence of Social Anxiety Disorder

The CCHS 1.2 estimates the overall prevalence of self-reported social anxiety disorder, in the past 12 months, among Nova Scotians 15 years or older, to be 4.2%. This estimate indicates that about 31,000 Nova Scotians suffered social anxiety disorder in the year prior to interview. The prevalence of self-reported social anxiety disorder is slightly higher among women (4.6%) than among men (3.8%), but not significantly different.

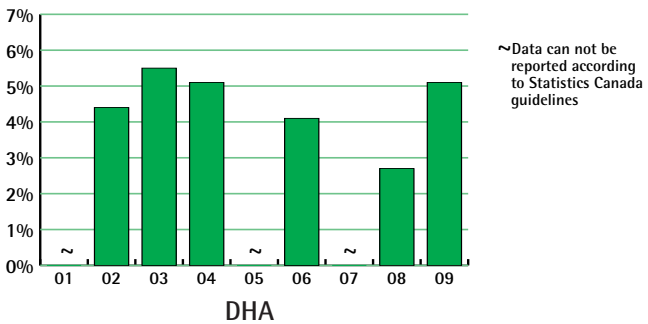
The occurrence of social anxiety disorder was greater in the age group 15–24 years (6.3%), than the age group 25–64 years (4.4%), but was not significantly different. The prevalence for the 65+ years age group could not be reported according to Statistics Canada guidelines (see Appendix II).

Social anxiety disorder, although more prevalent among those in the lower income group at 5.3% (low + low-middle quintiles), is not significantly greater than among those in the higher income group at 4.0% (middle + high-middle + highest quintiles).

Social anxiety disorder is slightly more prevalent in the lower education levels at 4.7% (less than secondary + secondary graduate) but it is not significantly different than in the higher education levels at 4.0% (some post secondary + post secondary graduate).

Geographically, social anxiety disorder ranges from a low of 2.7% in DHA8 to a high of 5.5% in DHA3, but there are no statistically significant differences among the DHAs (Fig.1).

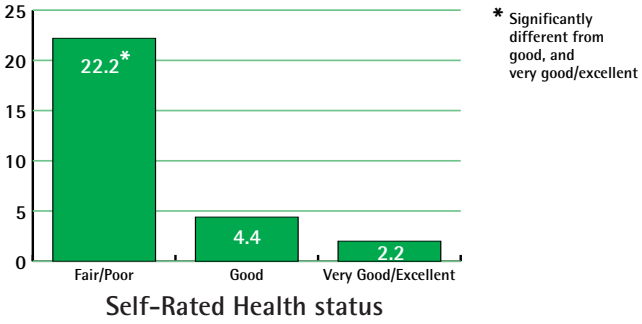
FIGURE 1 Percent self-reported social anxiety by District Health Authority, Nova Scotia, 2002



Social Anxiety Disorder and Mental Health

As one would expect, Nova Scotians who rate themselves as having "poor or fair" mental health status were significantly more likely to report having a social anxiety disorder (22.2%) than those who rate themselves as having "good" (4.4%) or "very good and excellent" (2.0%) mental health (Fig. 2). The relationship of higher occurrence of social anxiety disorder among lower health status groupings does not occur for self-rated physical or self-rated general health.

FIGURE 2 Percent self-reported social anxiety by self-rated mental health status, Nova Scotia, 2002



Social Anxiety Disorder, Life Satisfaction, and Sense of Belonging

A person's satisfaction with life in general is related to social anxiety disorder.[1-3] There is a significantly greater prevalence of self-reported social anxiety disorder among those who were "very dissatisfied or dissatisfied" with life (14.8%) compared to those who were "satisfied or very satisfied" with life (2.8%), (Fig. 3). Given this association, both conditions should be kept in mind when dealing with someone with social anxiety disorder.

A person's sense of belonging to the local community is associated with self-reported social anxiety disorder as well.[4] Nova Scotians who report a "very or somewhat weak" sense of belonging to their local community show significantly higher prevalence of self-reported social anxiety disorder (7.7%) than those who

report a "very or somewhat strong" (2.6%) sense of belonging (Fig. 4). Thus a self-report of lacking a sense of belonging to one's community puts one at greater risk of also reporting social anxiety disorder.

FIGURE 3 Percent self-reported social anxiety by life satisfaction, Nova Scotia, 2002

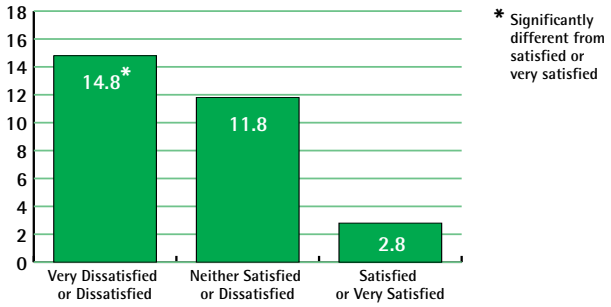
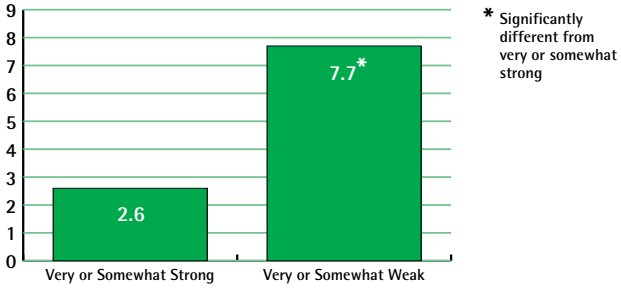


FIGURE 4 Percent self-reported social anxiety by sense of belonging, Nova Scotia, 2002

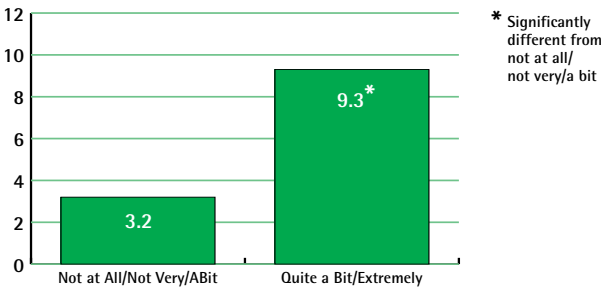


Social Anxiety Disorder and Stress

The link between stress and social anxiety disorder is well established.[5] Nova Scotians who rate themselves as being "quite a bit or extremely" stressed were significantly more likely to report having social anxiety disorder (9.3%) than those who rated themselves as being "not at all, not very, or a bit" stressed (3.2%) (Fig. 5).

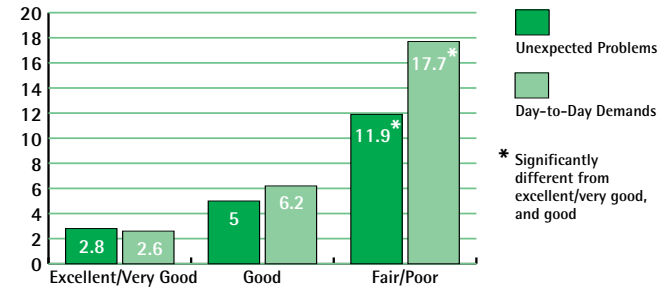
Coping skills and social anxiety disorder are also linked. Nova Scotians who rate themselves as "poor or fair" on self-perceived ability to handle unexpected problems are significantly more likely to report having social anxiety disorder (17.7 %) than those who rate themselves as "good" (5.0%) or "very good or excellent" (2.8%) at handling unexpected problems (Fig. 6).

FIGURE 5 Percent self-reported social anxiety by self-rated stress, Nova Scotia, 2002



Also, those who rate themselves as "poor or fair" on self-perceived ability to handle day-to-day demands are significantly more likely to report social anxiety disorder (11.9%) than those who rate themselves as "good" (6.2%) or "very good or excellent" (2.6%) at handling demands (Fig. 6). These findings suggests that social anxiety disorder is high among stressed people and that self-perceived coping abilities are impaired when experiencing social anxiety disorder.

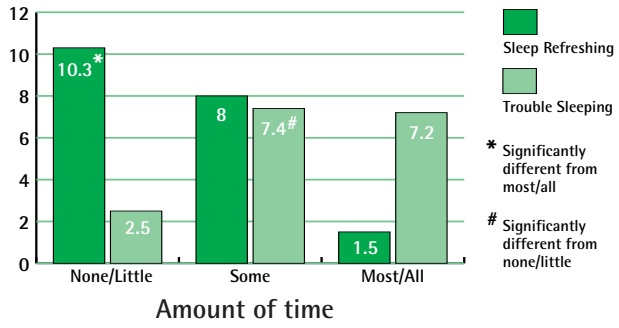
FIGURE 6 Percent self-reported social anxiety by self-rated ability to handle unexpected problems & day-to-day demands, Nova Scotia, 2002



Social Anxiety Disorder and Sleep

The relationship between social anxiety disorder and sleeping difficulty is well documented [6, 7] and is also demonstrated in this survey. Nova Scotians who rated themselves as finding sleep refreshing "none or little of the time" were significantly more likely to report having social anxiety disorder (10.3%) than those who found sleep refreshing "most or all of the time" (1.5%) (Fig. 7).

FIGURE 7 Percent self-reported social anxiety by amount of time: find sleep refreshing & have trouble sleeping



Nova Scotians who indicated they had trouble sleeping "some of the time" were significantly more likely to report having social anxiety disorder (7.4%) than those who had trouble sleeping "none or little of the time" (2.5%). This suggests that a self-report of disturbed sleep increases the likelihood of also self-reporting social anxiety disorder.

Social Anxiety Disorder and Suicide

A strong relationship exists between thinking about or attempting suicide and social anxiety disorder.[8-10] Nova Scotians who report thinking about suicide in the past 12 months were 6 times more likely to report having social anxiety disorder (22.0%) than those who did not think about suicide (3.6%), (Fig. 8).

FIGURE 8 Percent self-reported social anxiety by suicide thought & attempt

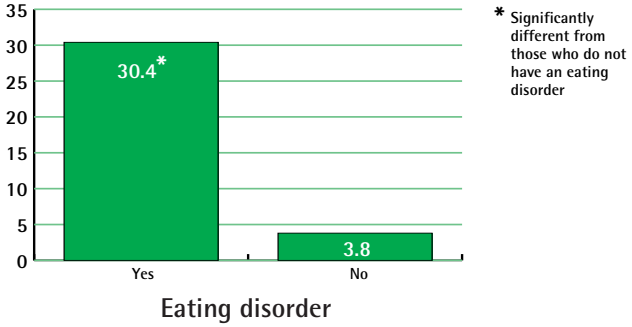
An even stronger relationship exists between suicide attempt and self-reported social anxiety disorder. Those who report attempting suicide at least once in the past 12 months were about 12 times more likely to report having social anxiety disorder (49.0%) than those who had not attempted suicide in the past 12 months (4.1%).

Clearly there is a much greater prevalence of self-reported social anxiety disorder among those who think about or attempt suicide versus those who do not. This survey and the literature support the notion that suicide ideation or attempts are highly prevalent among those with social anxiety disorder, and as such the possibility of suicide among patients with social anxiety disorder must be considered and treated with due care in these cases.

Social Anxiety Disorder, Eating Disorders, and Disability

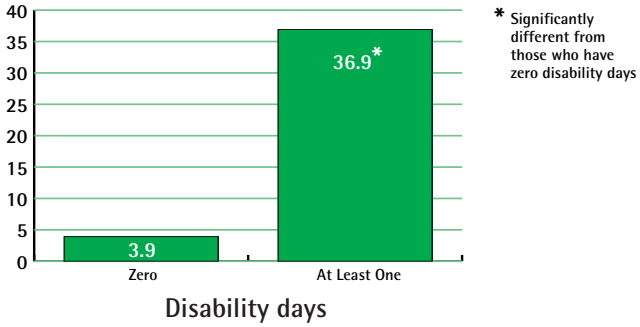
The association between eating disorders and social anxiety disorder is well established.[11-13] The prevalence of self-reported social anxiety disorder among Nova Scotians reporting an eating disorder (30.4%) is significantly greater than among those without an eating disorder (3.8%), (Fig. 9). This suggests that those who self-report an eating disorder are at greater risk of also reporting social anxiety disorder.

FIGURE 9 Percent self-reported social anxiety by eating disorder, Nova Scotia, 2002



The prevalence of self-reported social anxiety disorder was significantly greater among those who report at least one disability day in the past two weeks (36.9%) than those who report no disability days in the past two weeks (3.9%), (Fig. 10). This highlights the relationship between disability and social anxiety disorder, and suggests the need to be aware of the disabling effects of social anxiety disorder.

FIGURE 10 Percent self-reported social anxiety by disability days last two weeks, Nova Scotia, 2002



Additional Resources

Additional information on mental health in Canada is available on the Statistics Canada web site at <www.statcan.ca/Daily/English/030903/d030903a.htm>.

And in "A Report on Mental Illnesses in Canada" on the Health Canada web site at <www.hc-sc.ca/pphbdgspsp/publicat/miic/mmac/>.

This document was prepared by the Performance Measurement and Health Informatics Section, Information Management Branch, of the Nova Scotia Department of Health. For additional information on the data included in this report, please contact us at 902-424-8291.

Copies of this report are available on line at <www.gov.ns.ca/health/downloads/cchs_social anxiety disorder02_2003.pdf>.

Copies of other reports in this series form CCHS 1.1 and 1. 2 are available at <www.gov.ns.ca/health/downloads/cchs_utilization_2003.pdf>

<www.gov.ns.ca/health/downloads/cchs_smoking_2003.pdf> and

<www.gov.ns.ca/health/downloads/cchs_physical_activity_2003.pdf>.

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Social Anxiety Disorder, Life Satisfaction, and Belonging

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Appendix I

Definitions of the Five Psychological Disorders Used in the Canadian Community Health Survey (CCHS 1.2).

The Mental Health and Well-being survey uses the World Mental Health 2000 version of the Composite International Diagnostic Interview (CIDI) instrument to assess disorders based on the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) criteria. The measures are derived from a set of questions pertaining to the feelings, symptoms, severity, intensity, and impact relative to each of the measured disorders.

Population aged 15 and over were classified as meeting or failing to meet criteria for social anxiety disorder (social phobia) episode in the 12 months prior to interview.

Social anxiety disorder (social phobia) is characterised by persistent, irrational fear of social or performance situations in which the person may be closely watched and judged by others, as in public speaking, eating, or working. The fear is recognised by the person as excessive or unreasonable. The avoidance, anxious anticipation, or distress in these feared situation(s) interferes significantly with the person's everyday activities.

Appendix II

Statistics Canada Guidelines for Reporting of Estimates Based on Coefficient of Variation.

Bootstrapping techniques were used to produce the point estimate, the coefficient of variation (CV), and 95% confidence intervals (CIs). The CVs and CIs were used to decide if a point estimate could be reported.

Data with a coefficient of variation (CV) from 16.6% to 33.3% should be interpreted with caution.

Data with a coefficient of variation (CV) greater than 33.3% were suppressed due to extreme sampling variability.