

Section F

mental

health

Mental Health

H E A L T H T R E N D S

Sound mental health involves two factors: the presence of mental wellbeing in a personal, social and environmental context, and the absence of mental disorders or psychiatric impairment.

An assessment of an individual's mental health would include measures of subjective wellbeing, individual capacities, personal characteristics, the ability to set and achieve goals and the ability to establish and maintain meaningful relationships with others. Because such measures are generally not available, measures of the presence of psychiatric disorders are often used alone for surveillance purposes. This results in a bias towards reporting on mental illness in the population rather than on mental health.

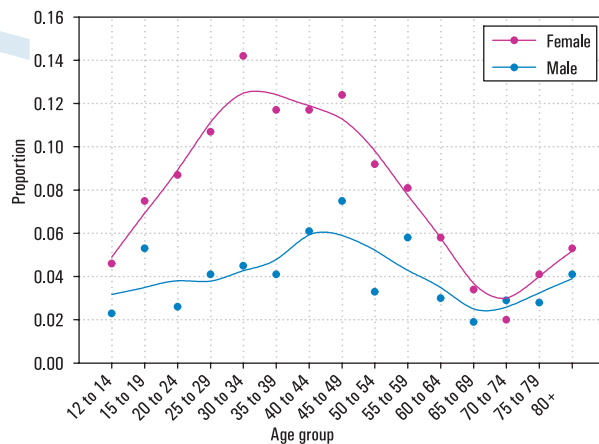
Mental illness encompasses a large number of disorders, each of which can have a significant impact on the cognitive, affective or relational abilities of an individual. Individuals may experience a variety of symptoms ranging from mild forms of anxiety or depression to extremely debilitating episodes of bizarre thought and behaviour. The presence of similar symptoms across a variety of mental illnesses or disorders poses significant challenges for accurate diagnosis and treatment. A further complication is the possible presence of a wide range of differing symptoms within a single person.

F.1 Mental Health Problems

Issues related to mental health command a significant share of overall health care expenditures. A recent Health Canada study, *The Economic Burden Of Illness In Canada* revealed that mental illness ranked fifth highest among illness categories in expenditures for physician fees, third highest in expenditures for drugs, and second highest in facility costs.

In 1996, approximately 6.9 per cent of Albertans reported consulting a medical professional for a mental health problem. Females, particularly in the adult years, are the heaviest consumers of services.

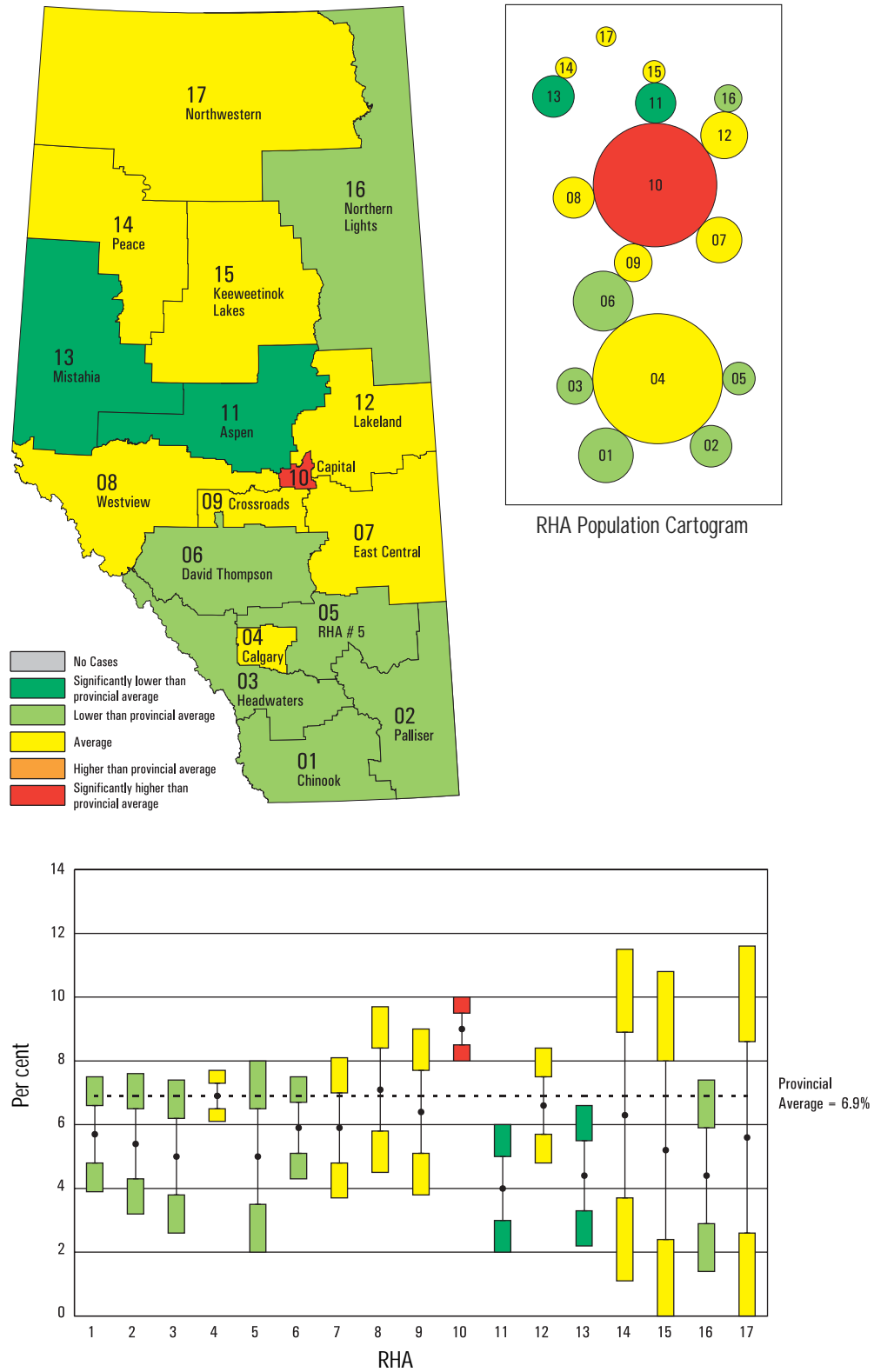
Figure F.1.1
Age- and Sex-Specific Rates of Professional Consults for a Mental Health Problem in the Previous Year, Alberta, 1996



Source: National Population Health Survey, 1996 - 1997

mental health problems

Figure F.1.2
Rates of Professional Consults Consult for a Mental Health Problem in the Previous Year, Alberta, 1996*



Source: National Population Health Survey, 1996 - 1997

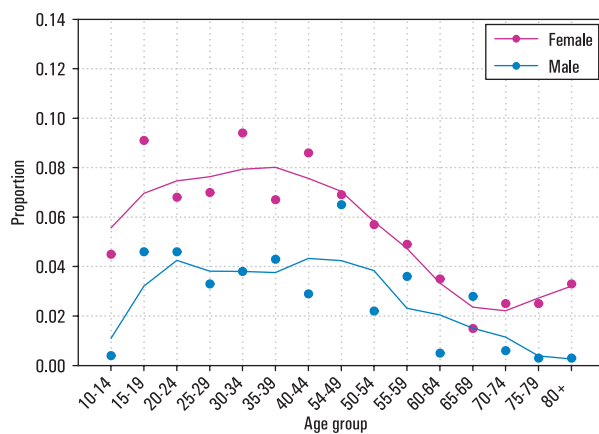
*This map is drawn on the 1996 RHA boundaries, not the current boundaries set in 1998.

F.2 Depression

The single most prevalent mental disorder world-wide is depression. Depression is characterized by an episode in which an individual experiences sadness, depressed mood or a marked inability to experience pleasure or interest in virtually any activity. This is typically accompanied by a variety of other symptoms including: changes in appetite or weight, disruption of usual sleeping patterns, variations in routine activities, a general lack of energy, decreased feeling of self-worth, difficulties in concentration or decision making and recurring thoughts of death or suicide.

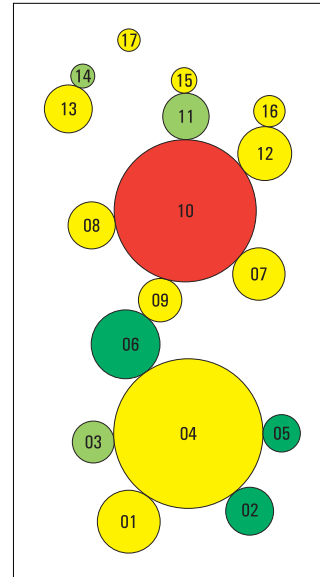
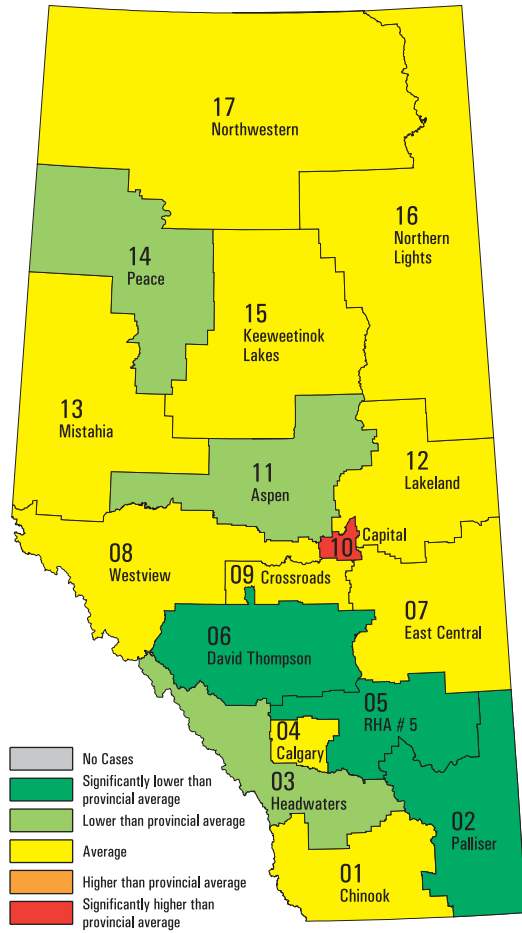
In 1996, a screening questionnaire for depression was included in the National Population Health Survey. Approximately 5.6 per cent of Albertans over age 12 scored sufficiently high enough on this scale to suggest that they were probably suffering from depression at the time of the survey. The similarity of the patterns in figures F.2.1 and F.2.2 to the patterns for self-reported consultations for a mental health problem in figures F.1.1 and F.1.2 underscore the fact that depression is the most prevalent mental illness.

Figure F.2.1
Age- and Sex-Specific Rates for Probable Depression in Alberta, 1996

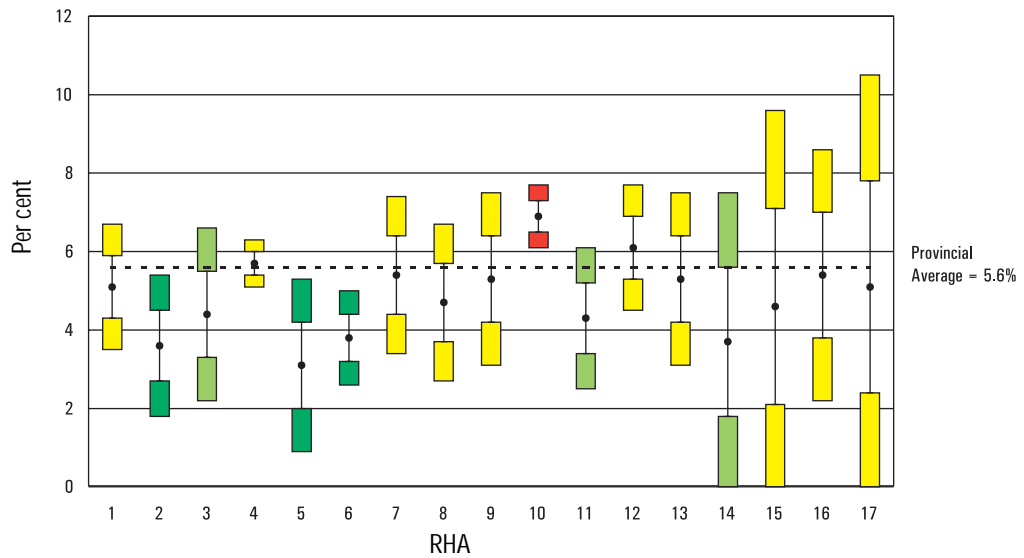


Source: National Population Health Survey, 1996 - 1997

Figure F.2.2
Rates of Probable Depression in Alberta, 1996*



RHA Population Cartogram



Source: National Population Health Survey, 1996 - 1997

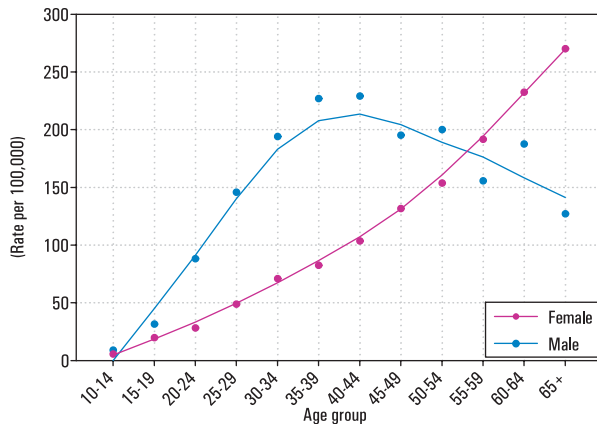
*This map is drawn on the 1996 RHA boundaries, not the current boundaries set in 1998.

F.3 Schizophrenia

Schizophrenia, although considerably less prevalent than depression, can be an extremely debilitating mental illness. This illness affects individuals in many ways and presents with a variety of symptoms. Common features of the illness include hallucinations, delusions, and thought disorders. Hallucinations can cause people to see and hear things that may not actually be present. Delusions are false perceptions of oneself as well as other people or objects. Thought disorders include irrational thoughts or thinking patterns. Schizophrenia often results in a general withdrawal from typical social and occupational activities as well as decreased intellectual functioning, communication, and motivation. While individuals who suffer from this illness may experience periods of decreased symptoms, the disease can affect a person throughout an entire lifetime.

In 1994, about 0.1 per cent of the Alberta population accessed health services with a diagnosis of schizophrenia or a closely related disorder.

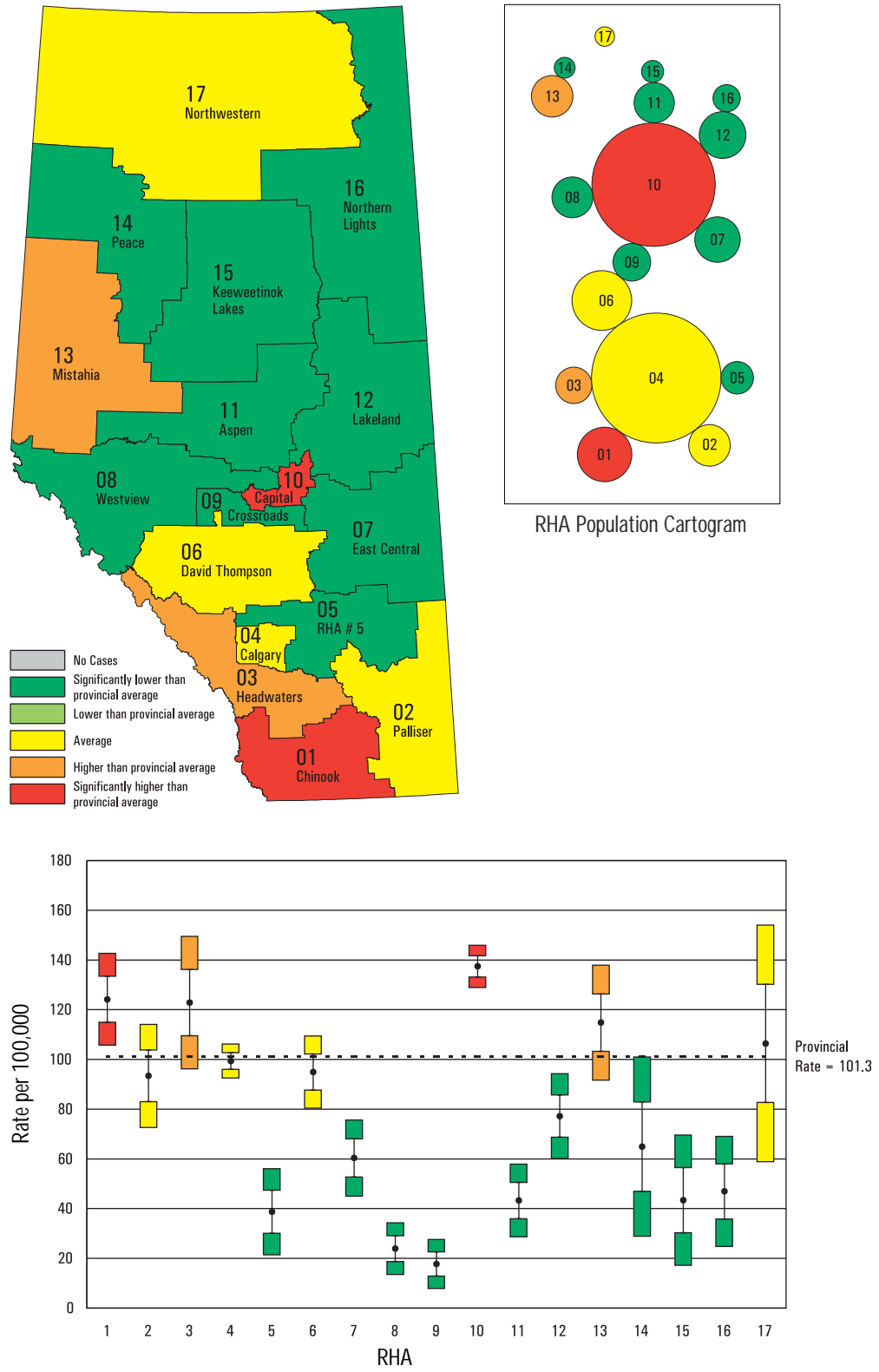
Figure F 3.1
Age- and Sex-Specific Rates of Schizophrenia and Related Disorders (for which health services were provided) in Alberta, 1994



Source: AHCIP Physician Claims Files, 1994

Schizophrenia

Figure F.3.2
Rates of Schizophrenia and Related Disorders (for which health services were provided) in Alberta, 1994



Source: AHCIP Physician Claims Files, 1994

F.4 Mental Health Service Delivery in Alberta

The delivery of mental health services in Alberta is unique within Canada, because a provincial board is mandated to coordinate the overall functioning of the mental health system. The Alberta Mental Health Board (AMHB) provides direct services (including long term care facilities and mental health clinics) and contracts with agencies to provide mental health services. The AMHB has recently been mandated to monitor mental health service delivery, advocate on behalf of the mentally ill, and coordinate services to ensure the equitable provision of care to all Albertans.

The primary target population for the AMHB is the severe or persistently mentally ill - those individuals experiencing recurrences of a particular illness or who suffer from illnesses that present a clinically challenging profile.

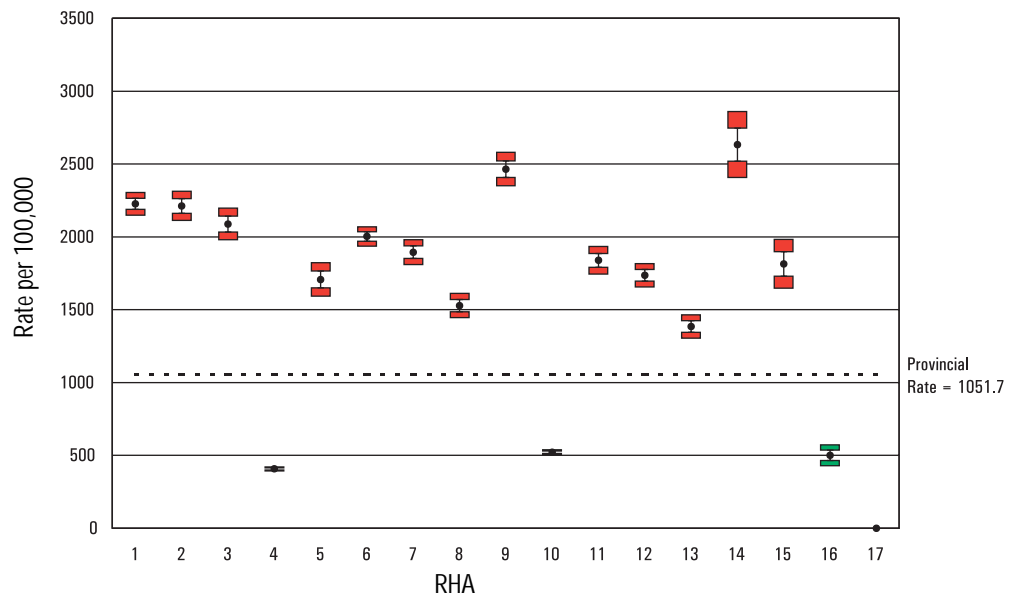
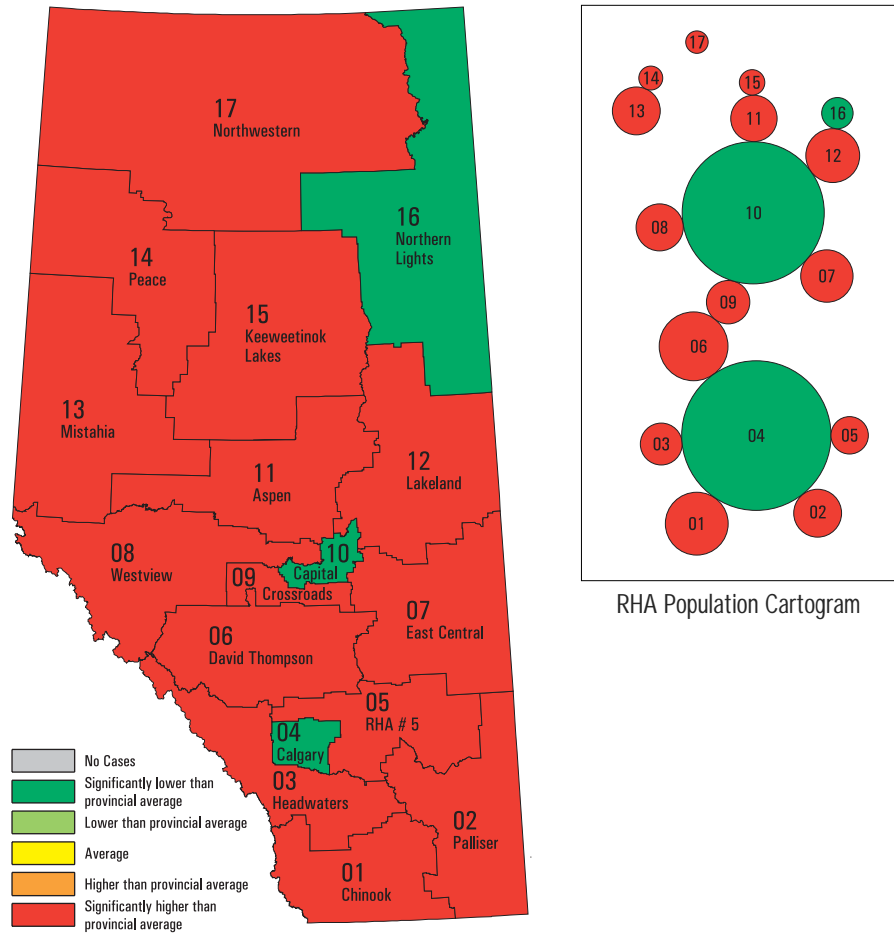
In addition to the AMHB, a variety of other agencies also provide mental health service within Alberta. The regional health authorities provide a range of services, including both acute and long-term care facilities as well as outpatient clinics and emergency rooms.

Individual physician practitioners also provide services to the mentally ill, and are often a first point of contact in the overall health care system. The Canadian Mental Health Association (CMHA) and the Alberta Alcohol and Drug Abuse Commission (AADAC) are examples of other agencies that play a role in delivering the various services required by Albertans experiencing mental health related problems and illnesses. There are also important support providers that are not part of the formal system of mental health service provision.

The patterns revealed in the maps on pages F9 and F10 very likely reflect the type of services available in various areas of the province, and how these services are delivered, rather than differences in the prevalence of mental illness across different regions in the province. Thus in urban areas, the greater availability of services provided by physicians and other funded agencies is reflected in the lower utilization rates of mental health clinics and hospitals.

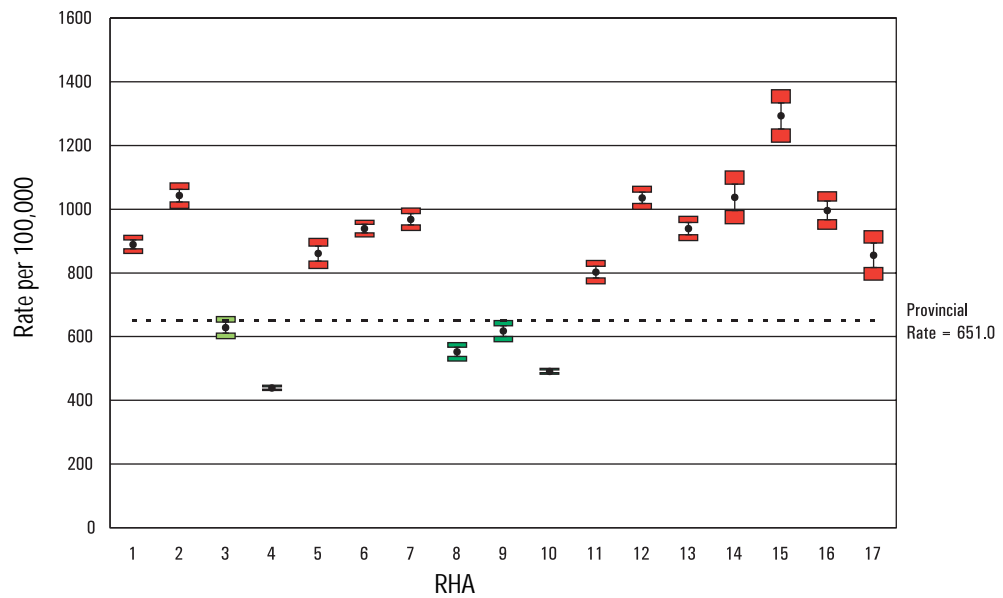
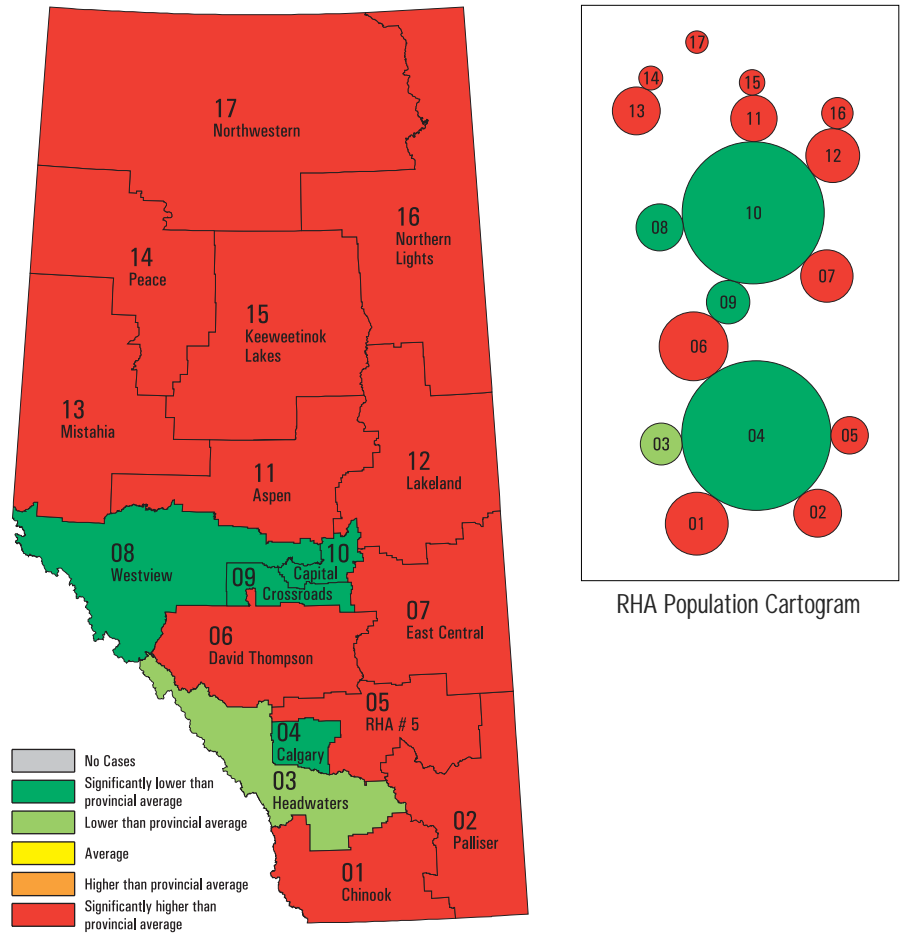
Determining accountability for the different components of mental health service delivery among various stakeholders is part of the broader challenge of overall accountability for health that lies with Alberta Health and Wellness.

Figure F.4.1
Rates of AMHB Mental Health Clinic Consultations, Alberta, 1998



Source: AMHB Information Management, 1999

Figure F.4.2
Hospital Discharges for Mental Illness, Alberta, 1994 - 1996 combined



Source: AMHB Information Management, 1999