

Mental illness accounts for a large part of the total burden of disease and disability in Alberta. The World Health Organization refers to mental health as "...a complex phenomenon which is determined by multiple social, environmental, biological and psychological factors and depends in part on public health efforts to control neuropsychiatric disorders, including depression, anxiety disorders, schizophrenia, dementia and epilepsy".<sup>48</sup>

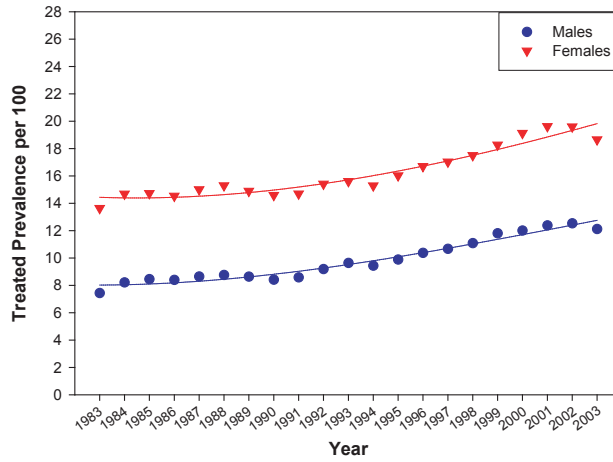
Individual mental disorders can take many different forms, and can include a vast array of diseases such as mood disorders, anxiety disorders, eating disorders, attention deficit disorders, schizophrenia, and psychotic disorders. In this section we focus on treated prevalence of all mental illness diagnoses combined, on anxiety and depression, and on substance abuse disorders.

Each year approximately one in five women has been seen by a physician for a mental health problem. For males this proportion is one in ten. The proportion of the Alberta population receiving physician services related to a mental health disorder has been rising. Between 1986 and 2003, mental health problems have increased for all ages for males and females (**Figure 46**). As well, females have consistently had higher rates than males. Of particular note is the increase among young males between five and 20 years of age and among the elderly over the age of 75 years.

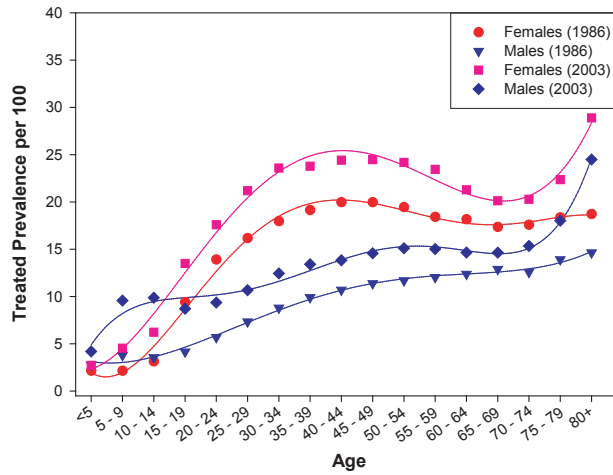


Provincial Archives of Alberta, PA2858/1  
*Oliver Mental Hospital, classroom*

**Figure 45** Age standardized treated prevalence per 100 population for mental health problems, Alberta 1983 to 2003

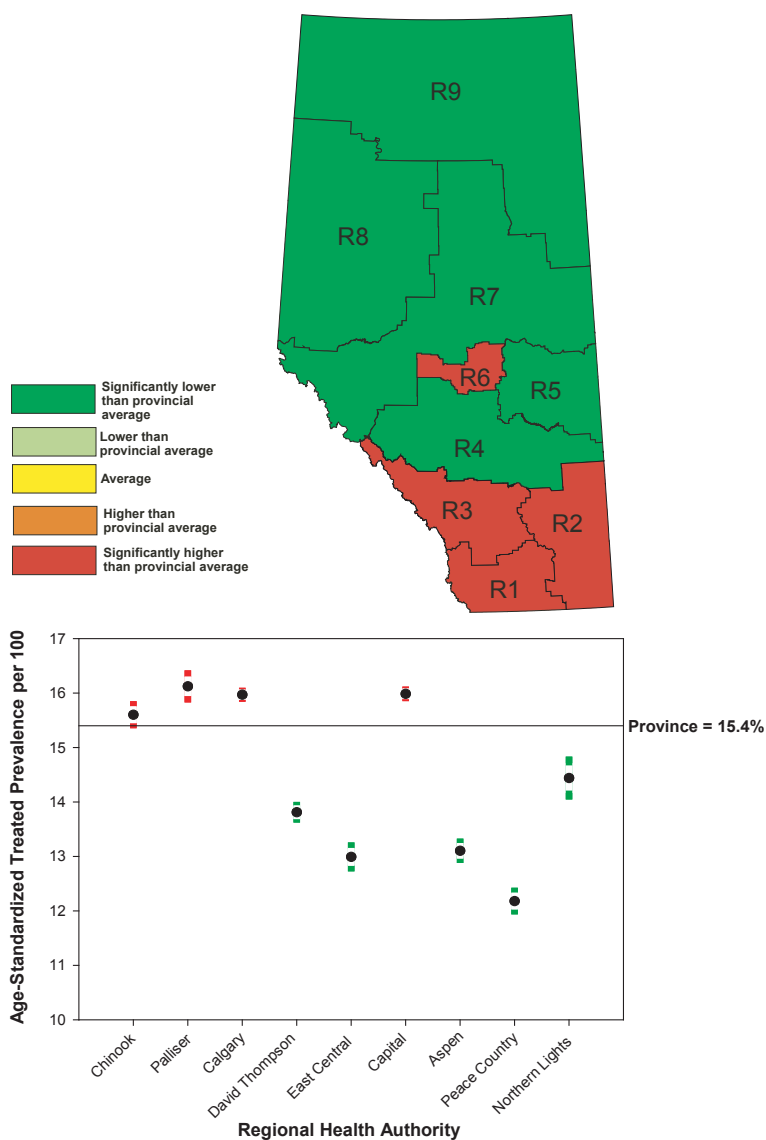


**Figure 46** Treated prevalence per 100 population for mental health disorders by age and sex, Alberta 1986 and 2003



Regional variations in the treated prevalence for mental health problems are shown in **Figure 47**. Four health regions (Chinook, Palliser, Calgary, Capital) had prevalence estimates above the provincial average and the remaining five were significantly below the provincial average.

**Figure 47** Regional differences in the treated prevalence for mental health disorders, Alberta 2003



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## Anxiety/Depression

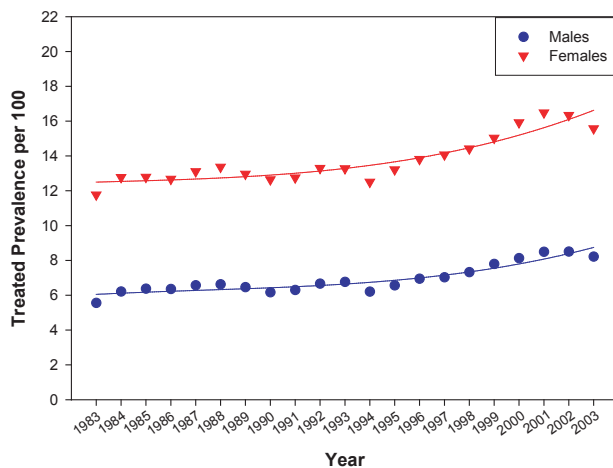
Anxiety disorders and depression are two of Canada's most common illnesses. Due in part to the social stigma surrounding all forms of mental disorders, individuals with anxiety disorders and/or depression may not always seek professional help, and may experience a worsening of symptoms, and poor functioning in even the simplest day-to-day activities. These disorders are also risk factors for disorders such as drug and alcohol dependency, which may occur when individuals with anxiety disorders or depression attempt to medicate themselves.

Of course, some forms of anxiety are normal. Many people feel some level of nervousness before public speaking, or other types of performance such as a sporting activity or an examination. If this prompts an individual to prepare more fully or to abstain from more dangerous activities, then it has served a useful purpose. Excessive anxiety that begins to hinder the abilities to function or takes over an individual's life, however, is a disorder that should be treated. Anxiety disorders affect approximately one in 10 people.<sup>49</sup> It is most prevalent among women but can affect both sexes and any age group.<sup>50</sup> Anxiety disorders can be sub-classified into more specific disorders such as panic disorders, phobias, post-traumatic stress disorder, obsessive-compulsive disorder, and generalized anxiety disorder.

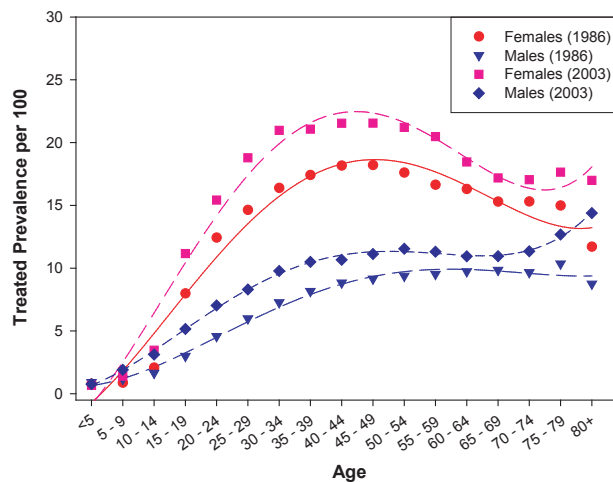
Like anxiety, sadness is a part of every life. However, prolonged or severe sadness may signal a depressive illness.<sup>51</sup> Depressive illness can dramatically change the way a person thinks and behaves and how his/her body functions. For example, other symptoms which may be present include feeling helpless or hopeless, a change in sleep patterns, eating more or less than usual, losing interest in normal activities, a decreased sex drive, feeling guilty, losing energy or feeling fatigued, having difficulty concentrating or making decisions, and thinking of suicide. The illness can last a long or short time, and depends not only on individual response to treatment but also upon factors such as the nature of support and coping networks.<sup>52</sup> Depressive illness is one of an array of mood disorders, which also includes bipolar disorder/manic depression, and seasonal affective disorder.

Females are more likely to be treated for anxiety disorders/depression than males, and this remains true in Alberta. Middle age, particularly for females, is a time of greater risk (**Figure 49**). Since 1983, the treated prevalence of anxiety disorders/depression has been increasing (**Figure 48**). The highest treated prevalence was seen in the Capital and Calgary health regions. Six regions (Chinook, David Thompson, East Central, Aspen, Peace Country, and Northern Lights) were significantly below the provincial average (**Figure 50**). Rates of hospitalization for anxiety disorders/depression have been declining for many years, due in part to the widespread use of many new and effective medications (**Figure 51**).

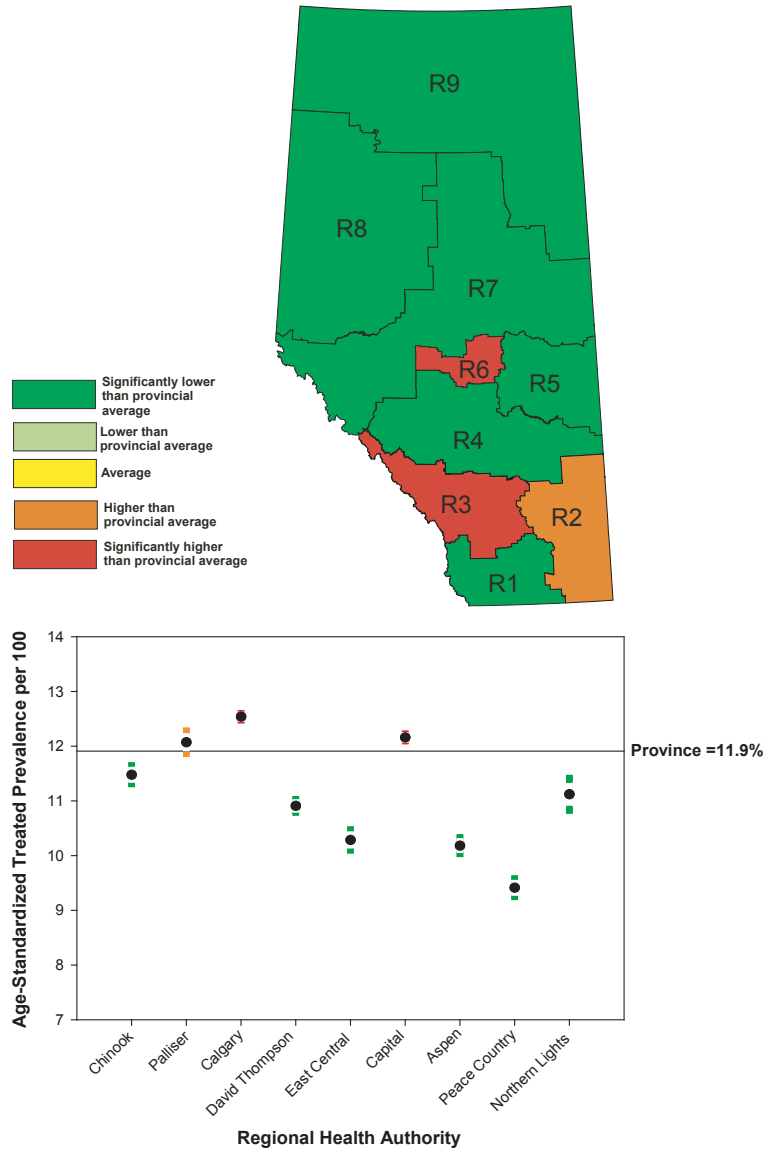
**Figure 48** Age standardized treated prevalence per 100 for anxiety disorders/depression, Alberta 1983 to 2003



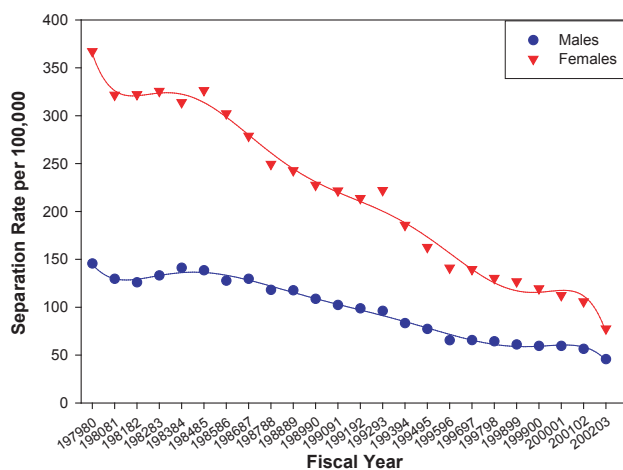
**Figure 49** Age standardized treated prevalence per 100 population for anxiety disorders/depression problems by age and sex, Alberta 1986 and 2003



**Figure 50** Regional differences in the treated prevalence for anxiety disorders/depression, Alberta 2003



**Figure 51** Age standardized hospital separation rates per 100,000 for anxiety disorders/ depression, Alberta 1979/1980 to 2002/2003



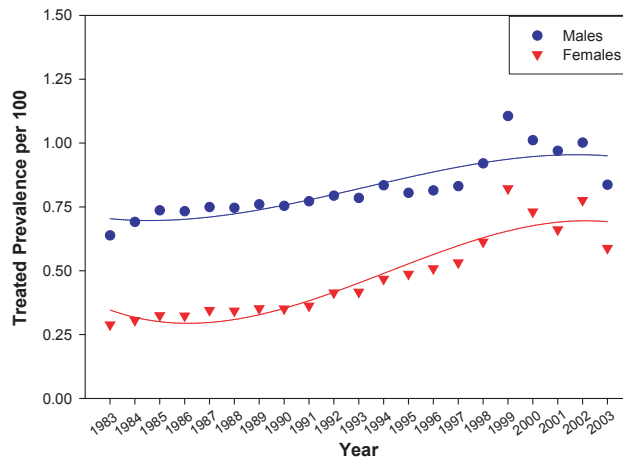
**HISTORICAL EVENTS**

- 1950** The province provides hospital care for a dollar a day.
- 1951** Alberta’s population is 939,501. Life expectancy is 70.8 years for females and 66.3 years for males.
- 1952** The most severe polio epidemic on record occurs with more than 57,800 people stricken. The images of youngsters in wheelchairs, on crutches, or in unwieldy “iron lungs” responsible for their every breath, haunted parents.
- 1955** Dr. Jonas Salk’s polio vaccine is determined to be safe and effective against polio. Following the announcement, Alberta public health officials begin immunizing 40,000 school age children.
- 1956** The first open heart surgery is performed at the University of Alberta Hospital.
- 1957** The federal government passes the *Hospital Insurance and Diagnostic Services Act* establishing necessary hospital care for virtually all Canadians. The cost was shared equally by provinces and the federal government.

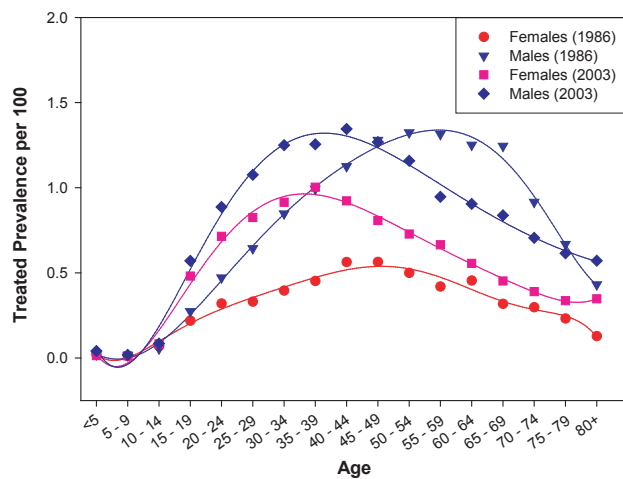
## Substance Abuse Disorders

**Figure 52** displays the treated prevalence per 100 population for physician services related to substance abuse disorders. While males have a significantly higher treated prevalence, the gap between the sexes appears to be decreasing. Both males and females have shown an increase in the treated prevalence over time. **Figure 53** compares the age-specific rates of substance abuse treated prevalence for the years 1986 and 2003. There has been a change in the age distribution to younger ages for both sexes.

**Figure 52** Age-standardized treated prevalence per 100 population for substance abuse disorders, Alberta 1983 to 2003



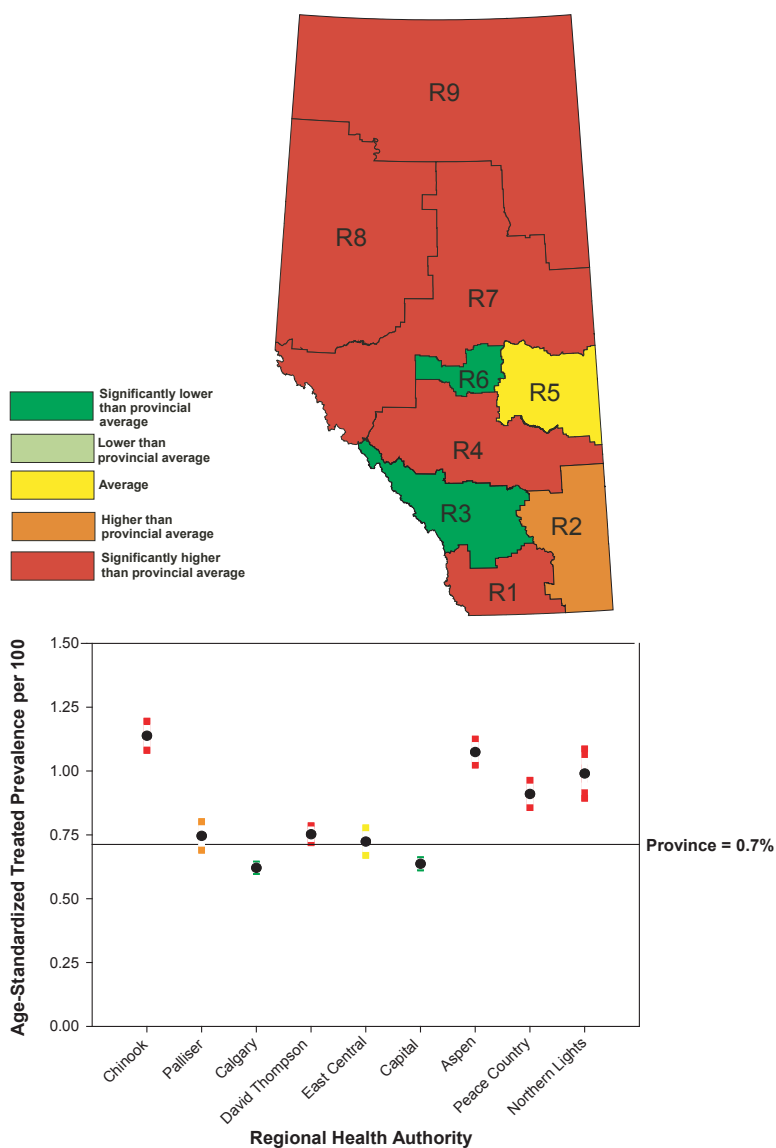
**Figure 53** Age-standardized treated prevalence per 100 population for substance abuse disorders by age and sex, Alberta 1986 and 2003





The treated prevalence for substance abuse disorders was lowest in the two largest health regions (Capital and Calgary). Five health regions were significantly above the provincial average for substance abuse disorder treatment (**Figure 54**).

**Figure 54** Regional differences in the treated prevalence of substance abuse disorders, Alberta 2003



While the overall proportion of the population consuming alcohol and being treated for substance abuse disorders has increased, hospitalizations have shown a different trend (Figure 55). Hospital separation rates for substance abuse disorders declined from 1979 to the early 1990s where they have been stable. Males are more likely to be hospitalized for substance abuse disorders.

**Figure 55** Age standardized hospital separation rates per 100,000 population for substance abuse disorders, Alberta 1979/1980 to 2002/2003

