

SUMMARY

Mental illnesses are characterized by alterations in thinking, mood or behaviour (or some combination thereof) associated with significant distress and impaired functioning. The symptoms of mental illness vary from mild to severe, depending on the type of mental illness, the individual, the family and the socio-economic environment.

A health problem of the scope and importance of mental illness requires a comprehensive surveillance system to monitor progress in achieving policy and program goals. A workshop held in September, 1999, co-sponsored by Health Canada and the Canadian Alliance on Mental Illness and Mental Health (CAMIMH), developed a comprehensive indicator framework for a Mental Illnesses and Mental Health Surveillance System. This report responds to the recommendations from the workshop to collate existing data in order to begin the process of creating a picture of mental illnesses in Canada.

Highlights Chapter 1 - Overview

- Mental illnesses indirectly affect all Canadians through illness in a family member, friend or colleague.
- Twenty percent of Canadians will personally experience a mental illness during their lifetime.
- Mental illnesses affect people of all ages, educational and income levels, and cultures.
- The onset of most mental illnesses occurs during adolescence and young adulthood.
- A complex interplay of genetic, biological, personality and environmental factors causes mental illnesses.
- Mental illnesses can be treated effectively.
- Mental illnesses are costly to the individual, the family, the health care system and the community.
- The economic cost of mental illnesses in Canada was estimated to be at least \$7.331 billion in 1993.
- Eight-six percent of hospitalizations for mental illness in Canada occur in general hospitals.
- In 1999, 3.8% of all admissions in general hospitals (1.5 million hospital days) were due to anxiety disorders, bipolar disorders, schizophrenia, major depression, personality disorders, eating disorders and suicidal behaviour.
- The stigma attached to mental illnesses presents a serious barrier not only to diagnosis and treatment but also to acceptance in the community.

Highlights Chapter 2 - Mood Disorders

- Mood disorders include major depression, bipolar disorder (combining episodes of both mania and depression) and dysthymia.
- Approximately 8% of adults will experience major depression at some time in their lives. Approximately 1% will experience bipolar disorder.
- The onset of mood disorders usually occurs during adolescence.
- Worldwide, major depression is the leading cause of years lived with disability, and the fourth cause of disability-adjusted life years (DALYs).
- Mood disorders have a major economic impact through associated health care costs as well as lost work productivity.
- Most individuals with a mood disorder can be treated effectively in the community. Unfortunately, many individuals delay seeking treatment.
- Hospitalizations for mood disorders in general hospitals are approximately one and a half times higher among women than men.
- The wide disparity among age groups in hospitalization rates for depression in general hospitals has narrowed in recent years, because of a greater decrease in hospitalization rates in older age groups.
- Hospitalization rates for bipolar disorder in general hospitals are increasing among women and men between 15 and 24 years of age.
- Individuals with mood disorders are at high risk of suicide.

Highlights Chapter 3 - Schizophrenia

- Schizophrenia affects 1% of the Canadian population.
- Onset is usually in early adulthood.
- Schizophrenia can be treated effectively with a combination of medication, education, primary care services, hospital-based services and community support, such as housing and employment.
- Fifty-two percent of hospitalizations for schizophrenia in general hospitals are among adults 25-44 years of age.
- Hospitalization rates for schizophrenia in general hospitals are increasing among young and middle-aged men.

Highlights Chapter 4 - Anxiety Disorders

- Anxiety disorders affect 12% of the population, causing mild to severe impairment.
- For a variety of reasons, many individuals may not seek treatment for their anxiety; they may consider the symptoms mild or normal, or the symptoms themselves may interfere with help-seeking.
- Anxiety disorders can be effectively treated in the community setting.
- Hospitalization rates for anxiety disorders in general hospitals are twice as high among women as men.
- The highest rates of hospitalization for anxiety disorders in general hospitals are among those aged 65 years and over.
- Since 1987, hospitalization rates for anxiety disorders in general hospitals have decreased by 49%.

Highlights Chapter 5 - Personality Disorders

- Based on US data, about 6% to 9% of the population has a personality disorder.
- Personality disorders exist in several forms. Their influence on interpersonal functioning varies from mild to serious.
- Onset usually occurs during adolescence or in early adulthood.
- Anti-social personality disorder is frequently found among prisoners (up to 50%).
- Of hospitalizations for personality disorders in general hospitals, 78% are among young adults between 15 and 44 years of age.

Highlights Chapter 6 - Eating Disorders

- Approximately 3% of women will be affected by an eating disorder during their lifetime.
- Eating disorders affect girls and women more than boys and men.
- Factors believed to contribute to eating disorders include biological and personal factors as well as society's promotion of the thin body image.
- Eating disorders carry with them a high risk of other mental and physical illnesses that can lead to death.
- Since 1987, hospitalizations for eating disorders in general hospitals have increased by 34% among young women under the age of 15 and by 29% among 15-24 year olds.

Highlights Chapter 7 - Suicidal Behaviour

- In 1998, 3,699 Canadians died as a result of suicide.
- Suicide accounts for 24% of all deaths among 15-24 year olds and 16% among 25-44 year olds.
- The mortality rate due to suicide among men is 4 times the rate among women.
- Individuals between 15-44 years of age account for 73% of hospital admissions for attempted suicide.
- Women are hospitalized in general hospitals for attempted suicide at 1.5 times the rate of men.

Future Surveillance Needs

Existing data provide a very limited profile of mental illnesses in Canada. The available hospitalization data need to be complemented with additional data to fully monitor these illnesses.

Priority data needs include:

- Incidence and prevalence of each of the mental illnesses by age, sex and other key variables (for example, socio-economic status, education, and ethnicity)
- Co-morbidity of mental illnesses with other mental illnesses and/or with physical disorders
- Exposure to known or suspected risk and protective factors
- Impact of mental illnesses on the quality of life of the individual and family
- Access to and use of primary and specialist health care services
- Impact of mental illnesses on the workplace and the economy
- Stigma associated with mental illnesses
- Impact of mental illnesses on the legal and penal systems
- Access to and use of public and private mental health services
- Access to and use of mental health services in other systems, such as schools, criminal justice programs and facilities, and employee assistance programs
- Treatment outcomes