



**Mood Disorders** Society of Canada

La Société Pour **Les Troubles de L'Humeur** du Canada

**Quick Facts: Mental illness and addiction in Canada  
November 2009, 3<sup>rd</sup> Edition**

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## DEFINITIONS

***Mental health*** (or well being) is an ideal we all strive for. It is a balance of mental, emotional, physical and spiritual health. Caring relationships, a place to call home, a supportive community, and work and leisure all contribute to mental health. However, no one's life is perfect, so mental health is also about learning the coping skills to deal with life's ups and downs the best we can.

***Mental illness*** is a serious disturbance in thoughts, feelings and perceptions that is severe enough to affect day-to-day functioning. Some names for mental illness include:

- schizophrenia - seeing, smelling or hearing things that are not there – or holding firm beliefs that make no sense to anyone else but you,
- depression - intense feelings of sadness and worthlessness – so bad that you have lost interest in life,
- bipolar disorder - cycles of feeling intensely happy and invincible followed by depression,
- anxiety disorders - panic attacks, phobias, obsessions or post traumatic stress disorder,
- eating disorders – anorexia (not eating), or bulimia (eating too much and then vomiting), and
- borderline personality disorder - severe difficulty with relationships, placing yourself in danger, making decisions that turn out to be very bad for you – most often as a result of a history of child abuse, abandonment or neglect.

Source: Working together towards recovery: Consumers, families, caregivers and providers (2005). A toolkit project led by the Mood Disorders Society of Canada and funded by the Canadian Collaborative Mental Health Initiative

## **NATIONAL AND INTERNATIONAL FACTS ABOUT MENTAL ILLNESS**

### **Facts from Canada**

Chances of having a mental illness in your lifetime in Canada: One in five

At any given time, percentage of Canadians who have a mental illness: 10.4%

Percentage of adolescents (aged 15 – 24) who report a mental illness or substance abuse problem: 18%

Percentage of people who commit suicide who have a diagnosable mental illness: 90%

Source: Kirby, M. & Keon, W. (2004). Report 1, Mental health, mental illness and addiction: Overview of policies and programs in Canada (Chapter 5). Interim report of the Standing Senate Committee on Social Affairs, Science and Technology.

Percentage of Canadians who will experience a major depression in their lifetime: 8%

Percentage of Canadians who will experience bipolar disorder in their lifetime: 1%

Percentage of Canadians who will experience schizophrenia in their lifetime: 1%

Percentage of Canadians who will experience an anxiety disorder in their lifetime: 12%

Group with the highest rate of hospitalization for anxiety disorders: People 65 and over

Percentage of Canadians affected by eating disorders in their lifetime: 3% of women and 0.3% of men

Number of suicides in Canada every year: Approximately 4000

Suicide accounts for 24% of all deaths among Canadians aged 15 – 24 and 16% of all deaths for the age group 25 – 44.

Source: Report on mental illness in Canada (2002). Available at: <http://www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html>

Age with the highest rate of depression symptoms: Under 20 years of age

Age with the highest rate of anxiety symptoms: 20 – 29 years of age

Source: Workplace mental health indicators: An EAP's perspective (2005 Series, Vol 1, Issue1):  
Available at: <http://www.warrenshepell.com/research/iresearch.asp>

Unemployment rate among people with serious mental illness: 70 – 90%

Source: Employment and mental illness fact sheet, Canadian Mental Health Association.  
Available at: [http://www.cmha.ca/bins/content\\_page.asp?cid=3-109&lang=1](http://www.cmha.ca/bins/content_page.asp?cid=3-109&lang=1)

Likelihood that people with mental illness will commit violent acts: No greater than the general population

Likelihood that people with mental illness will be victims of crime: 2.5 times that of the general population.

Predictors of violent behaviour for anyone (including people with mental illness): Excessive alcohol and drug use, a history of violent behaviour

Source: Violence and mental illness fact sheet, Canadian Mental Health Association. Available at: [http://www.cmha.ca/bins/content\\_page.asp?cid=3-108&lang=1](http://www.cmha.ca/bins/content_page.asp?cid=3-108&lang=1)

The cost of supporting someone with serious mental illness to live in the community: \$34,418 per year (all costs)

The cost of keeping someone with serious mental illness in the hospital: \$170,820 per year

Source: Fact Sheet: Mental health in numbers. Available at: [www.ontario.cmha.ca](http://www.ontario.cmha.ca)

Number of Canadians who meet the criteria for a moderate risk of problem gambling or who were problem gamblers: 1 in 50

Number of Canadians who meet the criteria for substance dependence (alcohol or drugs): 1 in 30

Source: The human face of mental health and mental illness in Canada (2006). A publication of the Government of Canada available at: <http://www.phac-aspc.gc.ca/publicat/human-humain06/index.html>

## **Facts from the world**

Percentage of the world's population affected by serious mental illness: 2%

Source: World Health Organization (2000). Mental health and work: Impact, issues and good practices. Available at: [www.who.int/mental\\_health/media/en/712.pdf](http://www.who.int/mental_health/media/en/712.pdf)

Leading cause of years lived with disability in the world: Depression

Source: WHO (2000) fact sheet on depression. Available at: [http://www.who.int/mental\\_health/management/depression/definition/en/](http://www.who.int/mental_health/management/depression/definition/en/)

Fourth leading cause of disability and premature death in the world: Depression

Source: Report on mental illness in Canada (2002). Available at: <http://www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html>

Percentage of the global burden of disease attributed to schizophrenia: 3%

Source: Report on mental illness in Canada (2002). Available at: <http://www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html>

The year it is predicted that depression will become the second leading cause of disability in the world (next to heart disease): 2020

Source: Gender and women's health, A WHO publication available at: [http://www.who.int/mental\\_health/prevention/genderwomen/en/](http://www.who.int/mental_health/prevention/genderwomen/en/)

The group of illnesses that contributes more to the global burden of disease than all cancers combined: Mental disorders

Source: Stewart, D. et al (undated). Women's Health Surveillance report: depression. Available at: [www.phac-aspc.gc.ca/publicat/whsr-rssf/pdf/WHSR\\_Chap\\_18\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/whsr-rssf/pdf/WHSR_Chap_18_e.pdf)

Most common cause of violent death in the world: Suicide

Suicide: 49.1%  
Homicide: 31.3%  
War-related: 18.6%

Source: Kirby, M. & Keon, W. (2004). Report 1, Mental health, mental illness and addiction: Overview of policies and programs in Canada (Chapter 5). Interim report of the Standing Senate Committee on Social Affairs, Science and Technology.

Rate of suicide all over the world: Someone commits suicide every 40 seconds.

Source: Fact Sheet, Suicide statistics. Available at: [www.ontario.cmha.ca](http://www.ontario.cmha.ca)

Number of people worldwide with mental or neurological disorders: 450 million

The impact of mental and neurological disorders on levels of disability: Five of the 10 leading causes of disability worldwide are mental or nervous disorders.

Source: World Health Organization. Mental health policy fact sheet. Available at: [www.who.int/mental\\_health/policy/MHpolicy\\_factsheet](http://www.who.int/mental_health/policy/MHpolicy_factsheet).

Number of deaths, world wide, linked to alcohol consumption: 1 in 25

Source: Every door is the right door (2009). Discussion paper from the Ontario Ministry of Health and Long term Care. Available at: [http://www.health.gov.on.ca/english/public/program/mentalhealth/minister\\_advisgroup/minister\\_advisgroup.html](http://www.health.gov.on.ca/english/public/program/mentalhealth/minister_advisgroup/minister_advisgroup.html)

Percentage of all those with mental illness in the world who never receive any treatment at all: 75%

Source: As reported in GAMIAN – Europe Newsletter, 10(31), Winter edition 2008/09.

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act: On October 3<sup>rd</sup>, 2008, this Act (as part of the Economic Stabilization Act) was signed into law in the United States (after a decade of resistance from Congress). Under its provisions, health benefit carriers can no longer treat people with mental illness or addiction differently than people with physical illnesses. Previously, they were allowed to impose higher co-payments or deductibles and limit the length of treatment. The Act comes into effect in 2010.

For further information, see: <http://www.govtrack.us/congress/bill.xpd?bill=h110-6983>

## FACTS ABOUT THE DIFFERENT TYPES OF MENTAL ILLNESS

### Depression

Percentage of Canadians who will experience depression in their lifetime: 7.9 – 8.6%

Percentage of Canadians at any one point in time who are depressed: 4 – 5%

Likelihood of women experiencing depression: 2 times that of men

Likelihood of women with depression being hospitalized: 1 ½ times more than men

Age of onset for depression: Adolescence

Source: Report on mental illness in Canada (2002). Available at: <http://www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html>

Age with the highest rate of depression symptoms: Under 20 years of age

Source: Workplace mental health indicators: An EAP's perspective (2005 Series, Vol 1, Issue1): Available at: <http://www.warrenshepell.com/research/iresearch.asp>

Percentage of people who are depressed who respond well to treatment: 80%

Percentage of people who are depressed who never seek treatment: 90%

Source: Fact sheet: Depression in the elderly. Available at: <http://www.mooddisorderscanada.ca/depression/elderly/index.htm>

Predictor of early death: Depression is on a par with smoking as a predictor of mortality.

Source: Mykletun, A. (2009). Levels of anxiety and depression as predictors of mortality: The HUNT study. *British Journal of Psychiatry*, Vol 195, p. 118 – 125. Summary available at: <http://bjp.rcpsych.org/cgi/content/short/195/2/118>

Most common symptoms of depression experienced by Canadians (and those which have the most impact on their daily functioning):

Lack of motivation: 90%

Loss of ability to enjoy favourite activities: 80%

Difficulty concentrating: 77%

Feeling of isolation: 74%

Percentage of Canadians with children who say that their depression often or sometimes interferes with family life: 91%. 47% say that their depression interferes with their relationship with their spouse or partner.

Percentage of Canadians who see a family physician for their depression: 64%. Of those, 87% say they are either comfortable or somewhat comfortable talking with their family doctor about their depression.

The medications psychiatrists most associate with helping reduce the functional impairment of depression among their patients:

Serotonin-norepinephrine Reuptake Inhibitors: 95%  
Selective Serotonin Reuptake Inhibitors: 94%

Percentage of Canadians who say they always take their depression medication as prescribed: 72% - but their physicians think only 3% of their patients are always compliant.

The reasons for not always taking medication: 65% of patients say they forget but physicians have other ideas. Physicians report that patients do not take their medications because they believe they don't need to take them (86%), or they do not like the side effects (87%) or they dislike taking them at all (86%).

Percentage of Canadians who agree that they are getting the best treatment possible for their depression: 28%. Another 45% somewhat agree that they are getting the best treatment.

Percentage of Canadians who actively look for information to manage their depression: 64%

Source: Edelman Wyeth Canadian depression study (June, 2009). A press release summarizing findings is available at: <http://www.mooddisorderscanada.ca/page/related-links-3>

Percentage of Canadians without a family physician: 15.6%

Source: Statistics Canada as reported at [http://www.healthsystemfacts.com/Client/OHA/HSF\\_LP4W\\_LND\\_WebStation.nsf/page/System+Performance](http://www.healthsystemfacts.com/Client/OHA/HSF_LP4W_LND_WebStation.nsf/page/System+Performance)

## **Bipolar Disorder**

Percentage of Canadians who will experience bipolar disorder in their lifetime: 1%

Mortality rate, including suicide, among people with bipolar disorder: 2 – 3 times higher than the general population

Rates of bipolar disorder among men and women: Roughly equal.

Source: Report on mental illnesses in Canada (2002). Available at: <http://www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html>

Number of doctors a person will see, on average, before obtaining the correct diagnosis of bipolar disorder: 4

Number of years a person with bipolar disorder will spend seeking help, on average, before they are successful: 8

Source: Brochure: What is bipolar disorder? Available at: <http://www.mooddisorderscanada.ca/bipolar/index.htm>

### **Seasonal Affective Disorder (SAD)**

Percentage of Canadians who experience the winter blues: 15%

Percentage of Canadians who have symptoms severe enough to be diagnosed with SAD: 2 – 3%

SAD is more common in northern countries and among women. Incidence decreases with age.

Source: Seasonal affective disorder fact sheet, Canadian Mental Health Association. Available at: [http://www.cmha.ca/bins/content\\_page.asp?cid=3-86-93&lang=1](http://www.cmha.ca/bins/content_page.asp?cid=3-86-93&lang=1)

### **Anxiety Disorders**

Most common mental illness in Canada: Anxiety disorders

Percentage of the population affected in any given year: 9% men and 16% women

Types of anxiety disorders and the percentage of Canadians affected:

Generalized Anxiety	1.1%
Specific Phobia	6.2 – 8.0%
PTSD	data unavailable
Social Phobia	6.7%
Obsessive Compulsive Disorder	1.8%
Panic Disorder	0.7%

Source: Report on mental illness in Canada (2002). Available at: <http://www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html>

## Schizophrenia

Percentage of people in Canada with schizophrenia: 1%

Percentage of people in the world with schizophrenia: 1%

Chance of developing schizophrenia if a sibling or one parent has the disease: 10 – 15%

Chances of developing schizophrenia if both parents have the disease: 50%

Chances of developing schizophrenia if an identical twin has the disease: 50%

Age of onset for schizophrenia: 15 – 25 years of age

Source: Learning about schizophrenia: Rays of hope (2003). Available at: <http://www.schizophrenia.ca/english/support.php>

Highest percentage of hospitalizations for people with schizophrenia: 52% for those aged 25 – 44

Percentage of people with schizophrenia who attempt suicide: 40 – 60%

Likelihood of people with schizophrenia dying by suicide: 15 – 20 times greater than the general population

Percentage of people with schizophrenia who die by suicide: 10%

Percentage of the global burden of disease attributed to schizophrenia: 3%

Source: Report on mental illness in Canada (2002). Available at: <http://www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html>

The most common cause of death for people with schizophrenia: Suicide

Source: Fact Sheet, Suicide statistics. Available at: [www.ontario.cmha.ca](http://www.ontario.cmha.ca)

Cost of schizophrenia to the Canadian economy: \$2.02 billion in direct and indirect costs; \$4.83 billion for lost of productivity and suicide for a total of \$6.85 billion

Source: Goeree, R. et al (2005). Economic burden of schizophrenia in Canada in 2004, Current Medical research and Opinion, Vol 21(12), p. 2017-2028.

The top five measures of quality of life for people living with schizophrenia (as reported by 1086 Canadian consumers and family members): Being seen as capable 96%, acceptance from family 96%, belief in recovery 96%, peace and contentment 94%, and support and information 94%

The number one recommendation from consumers and families to health professionals who work with people with schizophrenia: Foster hope, learn about and promote recovery principles.

Source: Martin, N. (January 2009). Quality of life as defined by people living with schizophrenia and their families. Schizophrenia Society of Canada. Available at: [www.schizophrenia.ca](http://www.schizophrenia.ca)

## **Eating Disorders**

Percentage of Canadians dieting at any given time: 70% women and 35% men

The disorder with the highest mortality rate of all mental illnesses: 10 – 20% of people with eating disorders eventually die from the effects.

Source: Eating disorders fact sheet, Canadian Mental Health Association. Available at: [http://www.cmha.ca/bins/content\\_page.asp?cid=3-98&lang=1](http://www.cmha.ca/bins/content_page.asp?cid=3-98&lang=1)

Types of eating disorders:

- Anorexia (depriving one's self of food)
- Bulimia (eating and then vomiting, taking laxatives or engaging in excessive exercise)
- Binge Eating Disorder (BED) (binge eating leading to obesity)

Percentage of Canadians affected by eating disorders in their lifetime: 3% of women and 0.3% of men

Women: 0.5 – 4% experience anorexia, 1 – 4% experience bulimia and 2% experience binge eating disorder

Age at which there is the highest rate of hospitalizations for eating disorders: 15 – 19

Rate of increase of hospitalizations since 1987 for Canadian girls under 15 with an eating disorder: 34%

Rate of increase of hospitalizations since 1987 for women aged 15 – 24: 29%

Source: Report on mental illness in Canada (2002). Available at: <http://www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html>

## Personality Disorders

Types of personality disorders:

- Borderline (volatile interpersonal relationships and extreme impulsiveness)
- Antisocial (disregard for, and violation of the rights of others and the laws of society)
- Histrionic (highly emotional and in need of constant attention from others)
- Narcissistic (focused on self and own needs, lack of empathy for others)
- Avoidant (social isolation and extreme sensitivity to opinions of others)
- Dependent (submissive and clinging)
- Schizoid (detachment from others and limited range of emotional expressions)
- Paranoid (distrustful, suspicious, negative interpretation of others' intentions)
- Obsessive-Compulsive (ritual behaviours, preoccupation with orderliness and cleanliness)
- Schizoidal (cognitive or perceptual distortions, eccentric behaviour)

Percentage of Canadians with a personality disorder: This group of mental disorders is not well studied in Canada. US figures report prevalence rates of 6% - 9%.

Hospitalization rate for young Canadian women with personality disorders as opposed to young men: 3 times the rate

Source: The human face of mental health and mental illness in Canada (2006). A publication of the Government of Canada available at: <http://www.phac-aspc.gc.ca/publicat/human-humain06/index.html>

## FACTS ABOUT HOW MENTAL ILLNESS AFFECTS DIFFERENT GROUPS

### Children and Youth

Number of Canadian children and youth affected by mental illness at any given point in time: 15% or 1.2 million

The most common problem among children and youth: Anxiety (6.5%)

The least common problem: Substance abuse (0.8%)

Percentage of young adults aged 15 – 24 with a mental illness or substance abuse problem: 18%

Source: Kirby, M. & Keon, W. (2004). Report 1, Mental health, mental illness and addiction: Overview of policies and programs in Canada (Chapter 5). Interim report of the Standing Senate Committee on Social Affairs, Science and Technology.

Child maltreatment:

Percentage increase in child maltreatment in Canada over the last 8 years: 125%

Number of suspected cases of maltreatment investigated in 2003: 235,315

Number of cases confirmed: One-half were substantiated for an incidence level of 18.67 cases per 1000 children.

Forms the maltreatment took:

Neglect	30%	30,366
Exposure to domestic violence	28%	29,370
Physical abuse	24%	25,257
Emotional abuse	15%	15,369
Sexual abuse	3%	2,935

Source: Trocme, N., et al. (2005) Canadian incidence study of reported child abuse and neglect 2003: Major findings. Available at [www.phac.aspc.gc.ca](http://www.phac.aspc.gc.ca).

Proportion of all sexual assaults involving youth under 18: 20%

Age a person is most likely to be murdered In Canada: Under one year of age

Percentage of all physical assaults in Canada involving children and youth as victims: 21%

Percentage of murders of children and youth committed by a family member: Two-thirds. Of those, over 50% were committed by the father and 32% by the mother – with 9% by another family member.

Source: Juristat: Children and youth as victims of violent crime (April 20, 2005). Statistics Canada. Available at: <http://www.statcan.ca/Daily/English/050420/d050420a.htm>

Percentage of Ontario Crown wards (children and youth) on psychotropic medications: 50%

Source: Behaviour drugs top child-advocates agenda, The Globe and Mail, Saturday, June 9<sup>th</sup>, 2007

Age where most first psychotic episodes occur: 15 – 34

Source: Every door is the right door (2009). Discussion paper from the Ontario Ministry of Health and Long term Care. Available at: [http://www.health.gov.on.ca/english/public/program/mentalhealth/minister\\_advisgroup/minister\\_advisgroup.html](http://www.health.gov.on.ca/english/public/program/mentalhealth/minister_advisgroup/minister_advisgroup.html)

Percentage of adults with mental illness who developed their symptoms in childhood or youth: 70%

Source: Mental Health Commission of Canada. Anti-stigma initiative page. Available at: <http://www.mentalhealthcommission.ca/English/Pages/AntiStigmaCampaign.aspx>

Proportion of homeless shelter users in Canada who are children: 1 in 7.

Percentage of homeless who are youth and young adults: 33% of homeless Canadians are between the ages of 16 – 24.

Source: Kirby, M. (April 28<sup>th</sup>, 2008). The homeless and mental illness: Solving the challenge. Text of the speech available at: <http://www.mentalhealthcommission.ca/English/Pages/homelessness.aspx>

Percentage of preschoolers with significant levels of depression: 15%. These children were also more likely to have mothers who had depression.

Source: Cote, S. M. (June, 2009). Depression and anxiety symptoms: Onset, developmental course and risk factors during early childhood. *Journal of Child Psychology and Psychiatry*. Abstract available at: <http://www.ncbi.nlm.nih.gov/pubmed/19519755>

## Women

Likelihood women will develop depression in their lifetime: Twice as likely as men.

Source: Stewart, D. et al (undated). Women's Health Surveillance report: depression. Available at: [www.phac-aspc.gc.ca/publicat/whsr-rssf/pdf/WHSR\\_Chap\\_18\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/whsr-rssf/pdf/WHSR_Chap_18_e.pdf)

Percentage of women who will develop depression during pregnancy: 10%

Percentage of women in the general population who will develop postpartum depression: 15 – 20%

Percentage of women with a history of depression that will experience postpartum depression: 30%

Percentage of women who have experienced a postpartum depression who are likely to re-experience it in a subsequent pregnancy: 50%

Percentage of women who develop postpartum psychosis (depression accompanied by delusions and disordered thinking): 0.1 – 0.2%

Percentage of women with bipolar disorder who develop postpartum psychosis: 50%

Source: Women's mental health fact sheet, Canadian Mental Health Association, Ontario. Available at: [http://www.ontario.cmha.ca/content/about\\_mental\\_illness/women.asp?CID=3974](http://www.ontario.cmha.ca/content/about_mental_illness/women.asp?CID=3974)

In the world, those most affected by violent conflict, war, disaster and displacement: 80% are women and children.

Percentage of women in the world who experience rape or attempted rape in their lifetime: 20%

Source: Gender and women's health, A WHO publication available at: [http://www.who.int/mental\\_health/prevention/genderwomen/en/](http://www.who.int/mental_health/prevention/genderwomen/en/)

The country that ranks the highest in the world for gender equality: Canada

Source: Women's mental health: An evidence-based review (2000). Available at: <http://www.who.int/mediacentre/factsheets/fs248/en/>

## Seniors

Percentage of seniors in long-term care facilities who are depressed or psychotic: From 80 to 90% (depression), from 12 – 21% (psychosis)

Group with the highest suicide rate in Canada: Men over 80 years of age (31 per 100,000)

Percentage of seniors affected by Alzheimer Disease: 1 in 13 over 65 and 1 in 3 over 85

Percentage of seniors who experienced symptoms of a mental illness or substance abuse problems: 3%

Percentage of seniors who reported suicidal thoughts in the last 12 months: 2%

Source: Kirby, M. & Keon, W. (2004). Report 1, Mental health, mental illness and addiction: Overview of policies and programs in Canada (Chapter 5). Interim report of the Standing Senate Committee on Social Affairs, Science and Technology.

## Offenders

Percentage increase in mental illness among all offenders in the last decade: More than 100%

Training available on mental illness and addiction for front line correction staff: None

Source: Annual report 2004 – 2005 of the Correctional Investigator of Canada. Available at: [http://www.oci-bec.gc.ca/reports/AR200405\\_e.asp#1](http://www.oci-bec.gc.ca/reports/AR200405_e.asp#1)

Amount of money Correction Services Canada has pledged for community services for released federal offenders: \$29.5 million over five years

Source: Commissioner's statement, Correctional Services of Canada. Available at: [www.csc-scc.gc.ca/text/releases/05-11-04b\\_e.shtml](http://www.csc-scc.gc.ca/text/releases/05-11-04b_e.shtml)

Percentage of inmates under psychiatric treatment prior to incarceration: 14%

Percentage of inmates who had attempted suicide in the preceding five years: Women (21%), men (14%)

Source: Boe, R. & Vuong, B. (2002). Mental health trends among federal inmates. FORUM on Corrections Research, 14(2).

Percentage of women offenders with a substance abuse problem: 43%

Percentage of women offenders who say alcohol or drugs played a role in their crime: 69%

Percentage of women offenders who self-harm (cutting, burning or otherwise violating the body): 59%

Number of federally sentenced women who have children: Two thirds

Number of women offenders with histories of physical and/or sexual abuse: 72% of provincially sentenced women, 82% of federally sentenced women and 90% of federally sentenced Aboriginal women

Source: Human and fiscal costs of prison. Elizabeth Fry Fact Sheet. Available at: [www.elizabethfry.ca/eweek00/factsheet.htm](http://www.elizabethfry.ca/eweek00/factsheet.htm)

Percentage of offenders in Calgary Remand Centre with mental illness:

Women: 50%  
Men: 56%

Percentage lifetime diagnosis of mental illness among Edmonton offenders: 92% and of those 87% also had a substance abuse disorder

Source: Diversion, mental health courts and Schizophrenia (June 2005). Available at: [http://www.schizophrenia.ca/english/position\\_papers.php](http://www.schizophrenia.ca/english/position_papers.php)

Percentage increase in police time spent responding to calls about the mentally ill in London Ontario: 100%

Source: Fact sheet – Having mental illness is not a crime. Available at: [http://www.ontario.cmha.ca/content/reading\\_room/factsheets.asp?cID=4125](http://www.ontario.cmha.ca/content/reading_room/factsheets.asp?cID=4125)

Percentage increase in mental illness among male offenders upon admission to federal prisons in the last decade: 71%

Percentage increase in mental illness among female offenders upon admission to federal prisons in the last decade: 61%

Percentage of offenders currently identified with a mental illness upon intake into federal prisons:

Women: 26%  
Men: 12%

Number of new community mental health positions created by Correctional Services Canada in 2008: 50.

Source: Correctional Services of Canada. Quick facts about community mental health services. See: <http://www.csc-scc.gc.ca/text/pblct/qr/17-eng.shtml>

Percentage of offenders who arrive in federal prisons with a serious substance abuse problem: 80%, with 1 out of 2 having committed their crime while under the influence

Source: A roadmap to strengthening public safety: Executive summary. Presented at May 2008 Correctional Services of Canada symposium.

### **First Nations, Inuit and Métis**

A note on terminology: “Aboriginal” or “indigenous” peoples are terms that are viewed as misleading because of the diversity among the many First Nations, Inuit and Métis groups. That said, most research does not differentiate among groups and refers to the population under study most commonly as “aboriginal.” Research into the mental health needs of Métis people is lacking although a partnership among the Métis Nation Organization, Providence Care and Queens University (2007) has been formed specifically to pursue research grants on this subject.

Rate of suicide among Aboriginal youth in Canada as compared to non-Aboriginal: Five to six times higher

Source: Acting on what we know: Preventing youth suicide in First Nations. Available at: [http://www.hc-sc.gc.ca/fnih-spni/pubs/suicide/prev\\_youth-jeunes/reference4\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/pubs/suicide/prev_youth-jeunes/reference4_e.html)

Aboriginal people account for 3% of the Canadian population but represent 18% of federal inmates.

Percentage of residential school survivors with a mental illness: 98% (British Columbia study)

Percentage with substance abuse problems: 26.3%  
Percentage with Post Traumatic Stress Disorder: 64.2%  
Percentage that have experienced a major depression: 30.4%  
Percentage with chronic depression: 26.1%

Likelihood of off-reserve Aboriginal people experiencing depression: 1.5 times the general population

Source: Kirby, M. & Keon, W. (2004). Report 1, Mental health, mental illness and addiction: Overview of policies and programs in Canada (Chapter 9). Interim report of the Standing Senate Committee on Social affairs, Science and Technology.

Percentage of death due to injury and poisoning among First Nations peoples (includes suicide, motor vehicle accidents, suffocation, drowning, homicide and fire): 67.6 per 100,000 for women and 146 per 100,000 for men

Percentage of all deaths among Aboriginal men attributed to injury or poisoning: 40%

Leading cause of death of Aboriginal people between the ages of 1 and 44: suicide

Ages 10 – 19 - 38% of all deaths

Ages 20 – 44 - 23% of all deaths

Rate of injury and poisoning among Aboriginal peoples as opposed to other Canadians: 3 times higher

Overall suicide rate as compared to the rest of Canada: 2.1 times higher

Years of life lost to suicide among Aboriginal peoples: Greater than all cancers combined

Suicide rate among Aboriginal men aged 15 - 34: From 4 – 5 times greater than the general population

Suicide rate among Aboriginal women aged 15 - 34: From 5 – 8 times greater than the general population

Area in Canada where the suicide rate is 50 times that of the general population: Aboriginal peoples in the Sioux Lookout Region

The most important factor in reducing suicide in Aboriginal communities: Community self-government

Other protective factors:

- Control over land
- Band-controlled schools
- Community control over health services
- Presence of cultural facilities
- Community control over fire and police services

Rate of suicide in Aboriginal communities where none of these factors are present: 137.5 per 100,000 (noting that the national average is 14 per 100,000)

Rate of suicide in Aboriginal communities where all of these factors are present: Zero

Percentage of Aboriginal youth who use solvents: 20%

Percentage of Aboriginal youth under age of 15 who use solvents: 33%

Age at which solvent use is most likely to begin: before 11 years of age

Source: A statistical profile on the health of First Nations in Canada (2003). Available at: [http://www.hc-sc.gc.ca/fnih-spni/pubs/gen/2003\\_stat\\_profil/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/pubs/gen/2003_stat_profil/index_e.html)

Rate of violent victimization for Aboriginals aged 15 – 34: 2 ½ times higher than older Aboriginals

Rate of on-reserve crime: 3 times higher than elsewhere in Canada

Rate of spousal violence among Aboriginals: 3 ½ times higher than other Canadians

Rate Aboriginals are accused of homicide where drugs and alcohol are a factor: 10 times that of other Canadians

Source: Findings of the Canadian Correctional Services Review Panel (2007). Highlights available at: [http://www.publicsafety.gc.ca/csc-scc/report-rapport/the\\_current\\_environment\\_3-eng.aspx](http://www.publicsafety.gc.ca/csc-scc/report-rapport/the_current_environment_3-eng.aspx)

Overall rate of alcohol consumption for Aboriginals: Lower than the general population

Rate of heavy drinking for Aboriginals: Double that of the general population – 16% versus 7.9%

Source: Health Canada (February, 2009). A statistical profile on the health of First Nations in Canada: Determinants of health 1999 – 2003. Available at: <http://www.hc-sc.gc.ca/fnih-spnia/pubs/aborig-autoch/2009-stats-profil/index-eng.php#tab-cont-mat>

## **Developmentally Disabled**

In Canada, people with both a developmental disability and a mental illness are said to have a *dual diagnosis*.

A conservative estimate of the percentage of people with a developmental disability who also have a mental health problem: 38%

Overall number of people in Canada with a developmental disability and a mental illness: 247,000

Source: Griffiths, D. Taillon-Wasmund, P. & Smith, D. (2002). Offenders who have a developmental disability. In *Dual diagnosis: An introduction to the mental health needs of persons with developmental disabilities*. Editors: D. Griffiths, C. Stavrakaki, and J. Summers. Sudbury, ON: Habilitative Mental Health Resource Network. Available online at: <http://www.naddontario.org/pdf/EnglishPublication/Chapter12.pdf>

The percentage of people in tertiary care psychiatric hospitals who have a developmental disability and a mental illness: 12.5% or 1 in 8

Source: Lunsky, Y. (2006). The clinical profile and service needs of adults with mental retardation and a psychiatric diagnosis. Psychiatric Services. Vol 7(1), p. 77 – 83.

## **Homeless**

Percentage of homeless people who had had either a mental illness or a substance abuse diagnosis: 86%

Percentage of homeless people with mental illness who also have a substance abuse problem: 75%

Percentage that said that their illness was the reason they became homeless: 22%

Percentage of homeless people with schizophrenia: 5.7%

Percentage of homeless people with mood disorders: 38%

In the year prior to being homeless:

- 30% had been in jail
- 6% had been in a psychiatric hospital
- 25% had been clients of a mental health clinic
- 20% had received addiction services

Source: Mental Health Policy Research Group (1998). Mental illness and pathways into homelessness: Proceedings and recommendations. Available through: The Centre for Addiction and Mental Health

Percentage of homeless people with mental illness: 30 – 35%

Percentage of homeless women with a mental illness: 75%

Source: Fact Sheet: What happens if people with mental illness can't get help? Available at: [www.ontario.cmha.ca](http://www.ontario.cmha.ca).

Percentage of formerly homeless people, who were helped to find housing, who remained in their home 9 months later: 91%

Source: Fact Sheet, Investment in community programs pays off. Available at: [www.ontario.cmha.ca](http://www.ontario.cmha.ca)

Percentage rise in homeless population in Vancouver from 1994 – 2006: 235% or an average of 20% per year

Percentage rise in homeless population in Calgary from 1994 – 2006: 740%

Percentage rise in admissions to homeless shelters in Toronto from 1988 – 1998: 75%

Percentage of homeless who are Aboriginal: In Winnipeg, 70% of the homeless are Aboriginal. In British Columbia, 41% of those at risk of homelessness are Aboriginal while 23% of those who are on the streets are Aboriginal.

In Toronto, the percentage of homeless women who are mentally ill: 75%. Of the homeless population in this city, men are 8 times and women 10 times more likely to die prematurely than the general population.

Source: Kirby, M. (April 28<sup>th</sup>, 2008). The homeless and mental illness: Solving the challenge. Text of the speech available at: <http://www.mentalhealthcommission.ca/English/Pages/homelessness.aspx>

Percentage of Torontonians with mental illness who face discrimination from landlords when trying to rent an apartment: 35%, the highest of the five groups studied. The other four groups were lone parents, black lone parents, South Asians and those on social assistance.

Source: Centre for Equality Rights in Accommodation (2000). Sorry, it's rented: Measuring discrimination in Toronto's housing market. Available at: <http://www.equalityrights.org/cera/>

## **Immigrants**

Percentage of people living in Canada who were born elsewhere: 18%

Percentage of those who are refugees: 10%

Health status of immigrants: Surveys have found that immigrants have lower rates of depression and substance abuse than people born in Canada, however, their positive health status erodes over time.

Immigrants with the highest risk of developing a mental disorder: Those who experienced pre-immigration trauma (war, famine, torture, incarceration, witnessing violence, for example).

People who under-utilize mental health services: Immigrants

Source: The human face of mental health and mental illness in Canada (2006). A publication of the Government of Canada available at: <http://www.phac-aspc.gc.ca/publicat/human-humain06/index.html>

Percentage of Toronto's population who are either first or second generation immigrants: 80%

Source: Mental Health Commission of Canada's Task Group on Diversity (2009). Understanding the issues, best practice and options for service development to meet the needs of ethno-cultural groups, immigrants, refugees and racialized groups. Full report available at: <http://www.mentalhealthcommission.ca/English/Pages/ServiceSystem.aspx>

## **FACTS ABOUT SUICIDE**

Number of suicides in Canada every year: Approximately 4000

Suicide accounts for 24% of all deaths among Canadians 15 – 24 and 16% of all deaths for the age group 25 – 44.

Source: Report on mental illness in Canada (2002). Available at: <http://www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html>

Percentage of all deaths in Canada attributed to suicide: 2%

Likelihood men will commit suicide: 4 times that of women

Age range with the highest suicide rate: 35 – 44

Province with the highest suicide rate: Quebec

Group with the highest suicide rate in Canada: Men over 80 years of age (31 per 100,000)

National average: 14 suicides per 100,000 population

Canada's rate in comparison to 12 industrialized countries: Canada ranks 9<sup>th</sup>. The lowest suicide rate is in the UK and the highest is in Finland.

Source: Kirby, M. & Keon, W. (2004). Report 1, Mental health, mental illness and addiction: Overview of policies and programs in Canada (Chapter 5). Interim report of the Standing Senate Committee on Social Affairs, Science and Technology.

Percentage of young people thinking about or attempting suicide:

According to a British Columbia study of 15,000 Grade 7 – 12 students:

Those who knew of someone who had attempted or died of suicide: 34%

Had, themselves, seriously contemplated suicide: 16%

Had made a suicide plan: 14%

Had attempted suicide: 7%

Had to have medical attention due to an attempt: 2%

Number of people who attempt suicide and hint about it to family or friends beforehand: 8 out of 10 people

Source: Youth and suicide fact sheet, Canadian Mental Health Association. Available at: [http://www.cmha.ca/bins/content\\_page.asp?cid=3-101-104&lang=1](http://www.cmha.ca/bins/content_page.asp?cid=3-101-104&lang=1)

Rate of suicide in the world: Someone commits suicide every 40 seconds.

In Ontario, rate of suicide for men versus those who died in car crashes: More men committed suicide than died in car crashes.

Likelihood of men completing suicide: Four times that of women

Hospitalization for suicide attempts for women: 1.5 times as likely as men

Age at which suicide attempts result in hospitalization: 73% of hospitalizations for suicide attempts are for people aged 15 – 44.

Months where there is the highest rate of suicide in Canada: Late July and all of August.

The most common cause of death for people with schizophrenia: Suicide

Source: Fact Sheet, Suicide statistics. Available at: [www.ontario.cmha.ca](http://www.ontario.cmha.ca)

Percentage of people with chronic depression who commit suicide: 15%

Source: Fact Sheet: What happens if people with mental illness can't get help? Available at: [www.ontario.cmha.ca](http://www.ontario.cmha.ca).

Suicide rate for people with mental illness in Nova Scotia: 133/100,000 as opposed to 5/100,000 for the general population

Percentage of Nova Scotians who had contact with the health system prior to dying by suicide: 27% had contact with the health system one month prior while 55% had contact one year before.

Source: Suicide and attempted suicide in Nova Scotia (February 2009). A report by the Population Health Research Unit of the Ministry of Health Promotion and Protection. Available at: [http://www.gov.ns.ca/hpp/publications/Suicide\\_Report.pdf](http://www.gov.ns.ca/hpp/publications/Suicide_Report.pdf)

Rate of suicide in the United Kingdom in 2007: At an all time low – 7.5/100,000. The drop is attributed to investment in mental health services and early intervention.

Source: Mental Health News Today. Available at: <http://www.medicalnewstoday.com/articles/157252.php>

## FACTS ABOUT THE LINK BETWEEN MENTAL ILLNESS AND PHYSICAL ILLNESS

Medical diagnosis	Prevalence rates of depression as shown through research
Cardiac Disease	17 – 27%
Stroke	14 – 19%
Alzheimer Disease	20 – 50%
Parkinson’s Disease	4 - 75%
Epilepsy	20 – 55%
Diabetes	26%
Cancer	22 – 29%
HIV/AIDS	5 – 20%
Chronic pain	30 – 54%
Obesity	20 – 30%

### Heightened risk of medical illness for people with depression

Stroke	2.6 times the rate for the general population
Epilepsy	4 to 6 times the rate for the general population
Alzheimer	1.71 to 2.67 times the rate for the general population
Diabetes (type 2)	Depression is an independent risk factor.
Cancer	1.35 to 1.88 times the rate for the general population
Obesity	Childhood or adolescent depression is a predictor of obesity.

Source: Mood disorders in the medically ill: Scientific review and recommendations (2005).  
Biological Psychiatry, Vol 58, p. 175-189.

### Some more facts:

Likelihood of suffering a depression if you are diabetic: 2 times that of the general population

Source: Canadian Diabetes Association. Available at:  
<http://www.diabetes.ca/cpg2003/chapters.aspx?depression.htm>

A risk factor for developing breast cancer: Depression

Source: Jacobs, J.R., & Bovasso, G.B. (2000, May). Early and chronic stress and their relation to breast cancer. Psychological Medicine, 30(3), 669-678.

Predictor of poor outcome or even death for people with cardiac disease:  
Depression

Increased likelihood of cardiac disease for people with depression: 1.64 times

Increased risk of death after a heart attack: 4 times greater for people with depression

Source: Mood disorders in the medically ill: Scientific review and recommendations (2005).  
Biological Psychiatry, Vol 58, p. 175-189.

Percentage of post-menopausal women who become depressed who are likely to develop heart disease: 50%

Source: Heart and Stroke Foundation: Is depression a heart breaker? Available at:  
<http://ww2.heartandstroke.ca/Page.asp?PageID=1562&ArticleID=3733&Src=&From=SubCategory>

Percentage of adults who suffer poor health because of stress: 43%

Percentage of physician visits due to stress-related ailments: 75 – 90%

Strongest predictor of physician visits and hospitalization: Depression and psychological stress among people with a physical illness

Increased rate of death among heart patients who are also depressed: These patients are four times more likely to die in the next six months after a heart attack.

Likelihood of people who are depressed suffering a heart attack: 4 times more likely

Predictor of early menopause: Depression

Likelihood people with both a physical illness and depression will not follow through on their treatment plans: 3 times more likely

Effect of group therapy:

Women with breast cancer live longer.

People with heart attacks have an improved survival rate.

Effect of individual counseling on re-hospitalization for heart patients: Those who receive two hours of counseling per week are 60% less likely to have to return to hospital.

Source: Fact Sheet: The connection between mental health and physical health. Available at:  
[www.ontario.cmha.ca](http://www.ontario.cmha.ca)

Percentage of women with depression at risk for heart disease: 70%. This finding does not hold for men.

Source: Gilmour, H. (2008). Depression and risk of heart disease. Statistics Canada Catalogue of health reports.

## FACTS ABOUT MEDICATIONS

What are some of the concerns regarding the drug approval process in Canada:

- Ninety percent of drug trials are designed and funded by the same pharmaceutical companies that intend to market them. The concern of bias is so great that peer reviewed journals now refuse to publish these sorts of studies.
- A limited number of people are studied for brief periods of time during a clinical trial. Adverse reactions may appear only after Health Canada approval and widespread marketing. A recent example is the drug Vioxx.
- There is an increase in off-label prescribing, meaning that physicians prescribe drugs for uses other than approved by Health Canada.
- If a pharmaceutical company applies for and is refused permission to market their drug for a new use, this fact is not made public.

Source: Silversides, A. (2006). Women and health protection policy brief. Available at: [http://www.whp-apsf.ca/en/documents/trans\\_policy.html](http://www.whp-apsf.ca/en/documents/trans_policy.html)

Highest per capita users of psychiatric medications in the world: Canadians

Second highest users of sedatives and the fourth highest users of prescription narcotics in the world: Canadians

Source: Rehm, J., and Weeks, J. (2005) Abuse of controlled prescription drugs. In Substance abuse in Canada: Current challenges and choices. Ottawa: Canadian Centre on Substance Abuse. Available at: [www.ccsa.ca](http://www.ccsa.ca).

Rate at which the costs for anti-depressant medications have risen in Canada:

1981 (\$31.4 million)  
2000 (\$543.4 million)  
Estimated costs for 2005 (\$1.2 billion)

Source: Hemels, M. Koren, G. & Einarson, T. (2002). Increased use of antidepressants in Canada. *Annals of Pharmacotherapy*, 36(9), p 1375 – 9.

Number of prescriptions for psychotropic (psychiatric) medications dispensed by pharmacies to Canadians in 2006: 51 million

Percentage increase in usage over a four year period: 32%

Source: Behaviour drugs top child-advocates' agenda, The Globe and Mail, Saturday, June 9<sup>th</sup>, 2007

Rate of increase in prescribing atypical anti-psychotics (Respirdone for example) for children under 14 experiencing severe behavioural problems: 10 times the

rate in recent years. Special note: Health Canada has not approved these drugs for use in children.

Source CBC report (July 2<sup>nd</sup> 2009). Antipsychotic drug use spiraling in kids, research says. A University of British Columbia study by epidemiologist Colin Dormuth. Available at: <http://www.cbc.ca/health/story/2009/07/02/health-drugs.html?ref=rss>

### ***Anti-depressants***

Amount spent for anti-depressants in Canada in 2007: \$35.00 per capita equaling \$1.16 billion overall

Amount spent for ages 45 – 64: \$57.00 per capita

Amount spent for ages 20 – 44: \$30.00 per capita

The province where the least was spent: Saskatchewan at \$34.00 per capita

The provinces where the highest was spent: Ontario and Prince Edward Island at \$75.00 per capita

The growth rate of anti-depressant use in Canada from 1998 – 2007: 4.6% year over year

### ***Anti-psychotics***

Amount spent for anti-psychotics in Canada in 2007: \$19.10 per capita equaling \$629 million overall

Amount spent for Canadians 19 years and under: \$4.00 per capita

Amount spent for those aged 20 – 44: \$18.00 per capita. This group accounts for 33% of overall spending on anti-psychotics in 2007.

Province where the least was spent: Quebec at \$2.30 per capita

Province where the highest was spent on anti-psychotic medication: Manitoba at \$6.40 per capita

The growth rate of anti-psychotics use in Canada from 1998 – 2007: Spending has grown 208% in this time period.

### ***Benzodiazepines (tranquilizers or anti-anxiety medication)***

Amount spent for anti-anxiety medications in Canada in 2007: \$7.50 per capita equaling \$247 million overall

Amount spent for those aged 45 – 64: \$12.00 per capita

Province with the highest use in 2007: New Brunswick spent 7.7% above the national average.

Province with the lowest use: Alberta spent 11.9% below the national average.

The growth rate of anti-psychotic use in Canada from 1998 – 2007: Spending has grown 11% in that time period.

Source: Morgan, S. Raymond, C. Mooney, D. & Martin, D. (December 2008). The Canadian Rx Atlas 2<sup>nd</sup> edition. University of British Columbia. Online copy available at: <http://www.chspr.ubc.ca/rxatlas/canada>

In 2008, the second highest class of drugs dispensed in Canada (next to cardiovascular medications): Psychopharmaceuticals (all psychiatric medications). 57,198,000 prescriptions were filled, constituting an increase of 7.8% over 2007.

The 4<sup>th</sup> most common diagnosis for Canadians in 2008: Depression accounted for 8529 visits to doctors' offices. Of those, 32% were men and 68% were women. 82% of these visits resulted in a prescription for medication.

The 5<sup>th</sup> most common diagnosis for Canadians in 2008: Anxiety accounted for 6292 visits to doctors' offices. Of those, 33% were men and 67% were women. 57% of these visits resulted in a prescription for medication.

Where anti-psychotics and anti-depressants rank among the top 10 classes of drugs sold in the world: Anti-psychotics represented the 7<sup>th</sup> most common prescription accounting for \$22.9 billion US in sales worldwide (3.2% of all drug sales, up 8% from the previous year). Anti-depressants were the 8<sup>th</sup> most common prescription accounting for \$20.3 billion US in sales (2.8% of all sales, up 0.6% from 2007).

Source: IMS Health Canada. Available at [www.imshealthcanada.com](http://www.imshealthcanada.com)

## FACTS ABOUT EMERGENCY ROOM USE

What consumers and families say about wait times in Emergency Departments: They typically report that wait times are excessive. Anecdotally, they point to common experiences of wait times of at least 5 hours, but often 10 hours or even longer.

What the Canadian Institute of Health Information says: In its review of Emergency Department wait times across the country, CIHI reported that the median wait time for all patients was two hours with only 10% of patients spending over six hours. The variation in wait times was attributed to the severity of the illness, the age of the patient, the time of day and how busy the Emergency Department was.

Source: Understanding Emergency Department wait times (2005). Canadian Institute of Health Information. Available at: [http://secure.cihi.ca/cihiweb/products/Wait\\_times\\_e.pdf](http://secure.cihi.ca/cihiweb/products/Wait_times_e.pdf)

What consumers and families believe the reasons for long wait times for people with mental illness are: They argue that it is stigma that causes people with mental illness to drop to the bottom of the list when they present in Emergency Departments.

What is the Canadian Triage and Acuity Scale?

The Canadian Triage and Acuity Scale (CTAS) groups patients presenting to Emergency Departments into five categories:

1. CTAS I: Requires resuscitation or there is imminent threat of death
2. CTAS II: Presenting condition is a potential threat to life or limb function – head injury, chest pain, GI bleeding etc.
3. CTAS III: Conditions that could potentially progress to a serious problem – asthma, moderate trauma, vomiting and diarrhea in patients under two years of age etc.
4. CTAS IV: Conditions related to patient's age, urinary symptoms, earache, mild abdominal pain, etc.
5. CTAS V: Non urgent conditions such as sore throats, those that can be referred to other areas of the health care system, *or psychiatric complaints that do not involve suicidal ideation or threats.*

Source: Understanding Emergency Department wait times: Analysis in brief (January 2007).

Available at [www.cihi.ca](http://www.cihi.ca)

## FACTS ABOUT HOSPITALIZATION

Number of discharges from Canadian hospitals in 2002 – 2003 attributed to mental illness: 190,000

Number of days spent in hospital due to mental illness: 7.7 million

Rate of hospitalization per disorder:

Mood disorders: 34%

Schizophrenia and other psychotic disorders: 21%

Substance abuse: 14%

Percentage of discharges from general hospitals attributed to mental illness: 6%

Source: Hospital mental health services in Canada 2002 – 2003 (published in 2005). Available at: [http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=AR\\_364\\_E](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=AR_364_E)

Percentage of all hospitalizations in Canada due to mental illness as either a primary or secondary diagnosis: 33%

Time spent in hospital for people with mental illness relative to other diagnoses: Twice as long

Source: Press release: CIHI reports hospitalization rates in Canada are declining. Mood Disorders Society of Canada. Available at: <http://www.newswire.ca/en/releases/archive/October2005/13/c0659.html>

Percentage of patients with mental illness readmitted within one year of discharge: 37% (This figure lowers to 27.3% for patients with other types of illnesses.)

Percentage of patients with mental illness readmitted *more than once* within one year of discharge: 15%

Source: Nawaf, M. Zhao, H & Fang Li, J (2007). Hospital readmissions for patients with mental illness in Canada. Healthcare Quarterly. Vol 10(2). A report from CIHI.

The average length of stay in 2005/06 in general hospitals for people with mental illness: 16.7 days down from 36.2 days in 2000/01

The average length of stay in 2005/06 in psychiatric hospitals (outside of Quebec) for people with mental illness: 100.3 days down from 160 days in 2000/01.

Percentage of hospital admissions for mental illness: 86% of all admissions for people with mental illness occur in general hospitals but psychiatric hospitals account for 50.6% days spent in hospital.

Degree of change over time (as reported in 2005 figures): Drop in admission rate of 55% - representing an historical low for hospitalizations for people with mental illness since figures have been kept (1982/83)

Most common psychiatric diagnosis for admission to general hospitals: Mood disorders

Most common diagnosis for admission to psychiatric hospitals: Schizophrenia and other psychotic disorders. People with these disorders also have the longest lengths of stay in hospital.

Source: Hospital mental health services in Canada 2005 – 2006. Published by the Canadian Institute for Health Information (CIHI) in 2008. Available at [www.cihi.ca](http://www.cihi.ca)

## **FACTS ABOUT MENTAL ILLNESS IN THE WORKPLACE**

Percentage of Canadian employers who consider the continuous rise in employees' mental health claims to be a top concern: 56%

Percentage of short term disability claims related to mental illness in Canada: 75%. 2007 figures report 72%.

Percentage of long term disability claims related to mental illness in Canada: 79%. 2007 figures report 82%.

Percentage increase in long term disability costs: 27%

Percentage of employers who track disability claims costs as a percentage of payroll: 28%

Percentage of employers who have plans to address mental health and mental illness in the workplace: 31%

Source: Mental health claims on the rise in Canada: Watson Wyatt's Staying @ Work Survey (Sept 2005 and 2007). Available at: [www.watsonwyatt.com/canada](http://www.watsonwyatt.com/canada)

Fastest growing category of disability costs to Canadian employers: Depression

Annual losses to the Canadian economy due to mental illness in the workplace: \$33 billion

Amount employer will save, per employee per year, for those who get treatment: From \$5000 - \$10,000 in average wage replacement, sick leave and prescription drug costs

Source: Mental Health Works, Mental health facts. Available at: <http://www.mentalhealthworks.ca/facts/index.asp>

Percentage of people with serious mental illness who are unemployed: 70 – 90%

Source: Fact Sheet, Employment and mental illness. Available at: [www.ontario.cmha.ca](http://www.ontario.cmha.ca)

Percentage of people with serious mental illness who want to work: 80%

Source: World Health Organization (2000). Mental health and work: Impact, issues and good practices. Available at: [www.who.int/mental\\_health/media/en/712.pdf](http://www.who.int/mental_health/media/en/712.pdf)

Percentage of Canadian organizations that have no structured process for supervisors to support employees' return to work after *any* illness or disability: 64%

Percentage of organizations that have no process to address significant changes in employee productivity or behaviour: 84%

Source: Shepell-fgi ( Summer 2009) . T he missing link: S upervisors' r ole i n em ployee health management. Available at:

<http://www.shepellfgi.com/EN-CA/AboutUs/News/Research%20Report/index.asp>

Percentage of organizations that identify addressing the stigma associated with mental illness as a priority: 20%

Source: Watson Wyatt Staying @ Work Survey (December 2007). Workers' mental health and stress affecting business results in Canada. Press release available at:

<http://www.watsonwyatt.com/canada-english/news/press.asp?ID=18422>

Level at which Canadians with depression report that they function at work: 62% of capacity

Percentage of Canadians with depression who have had to leave their work for short-term, long-term disability or permanently: 70%

Percentage of Canadians who have quit a job because of depression: 35% with 25% reporting they lost a job because of depression

Percentage of Canadians who are concerned that they will lose their job because of their depression: 78%

Source: Edelman Wyeth Canadian depression study (June, 2009). Available at:

Proportion of Canadian employees who report they work in environments that are not psychologically safe or healthy: 3 in 10

Source: G reat West Life press r elease ( Apr 2 0, 2009). T he dat a i s f r om an I PSOS Reid poll available at: <http://www.ipsos-na.com/news/>

Percentage increase in court awarded settlements due to mental injury in Canadian workplaces over the last 5 years: 700%

Source: Shain, M. (2009). Stress at work, mental injury and the law in Canada: A discussion paper for the Mental Health Commission of Canada. Available at:

<http://www.mentalhealthcommission.ca/English/Pages/Workplace.aspx>

## FACTS ABOUT SUBSTANCE ABUSE AND ADDICTION

### Some definitions

**Substance use:** In the broadest sense, a substance can be defined as prescription medication, over-the-counter preparations, alcohol, illegal drugs (for example, cannabis, cocaine, opiates, ecstasy, amphetamines, and hallucinogens), steroids or inhalants. Not all substances are harmful and moderate use can, in fact, be healthy or even necessary, in the case of medication.

**Substance abuse:** Substance abuse is defined in behavioural terms – the effect it is having on an individual's life i.e. poor attendance at work or school, problems in relationships (violence, neglect of children, marital breakdown), dangerous use of substance (for example, while driving) and continued use of substance despite obvious negative consequences (job loss, trouble with the law).

**Addiction:** Addiction is defined in two ways: psychological dependence (the individual believes the substance is necessary for social functioning) and physiological dependence (increased consumption over longer periods of time, increased tolerance, withdrawal symptoms and health problems related to substance intake).

Source: American Psychiatric Association, (2004). Practice guidelines for the treatment of patients with substance abuse disorders: Alcohol, cocaine, opioids. [www.psych.org](http://www.psych.org).

**Problem gambling** (sometimes called pathological gambling in its severest forms): Problem gambling is characterized by preoccupation with gambling and impaired control (the individual is unable to cut back or quit despite serious negative consequences). It is thought there are three types of problem gambler – gambling in relation to a neurological disorder (Attention Deficit Hyperactivity Disorder, for example), in relation to a mood disorder (the use of gambling to modulate emotions), and as a dependence disorder (the perceived benefits are such that the person feels high levels of distress when not gambling).

Source: Simpson, R., CEO of the Ontario Problem Gambling Research Centre. Presentation to the Senate Committee on Social Affairs, Science and Technology.

### Alcohol

Percentage of Canadians who are high risk drinkers: 13.6%

Percentage of current Canadian drinkers (of all ages and drinking levels) report some form of harm in the past year due to alcohol intake:

To themselves: 20%

Harmed by some else's drinking: 33%

A common health consequence of heavy drinking: Depression

Source: National survey of Canadians' use of alcohol and other drugs: Prevalence of use and related harms (June, 2005). Available at: [www.ccsa.ca](http://www.ccsa.ca)

Percentage of hospitalizations directly attributable to substance abuse: 8%

Percentage of days spent in hospital directly attributable to substance abuse: 10%

Source: Single, E., Robson, L., Xiaodi, X., and Rehm, J. (1996) The costs of substance abuse in Canada. Available at: [www.ccsa.ca](http://www.ccsa.ca).

The leading cause of preventable birth defects in North America: Drinking alcohol during pregnancy

Number of babies born in Canada annually with fetal Alcohol Syndrome: 365 – one per day

Source: CCSA Literature Review: Evaluation strategies in Aboriginal Substance Abuse Programs: A discussion. (2004) Available at: [www.ccsa.ca](http://www.ccsa.ca).

Number of Canadians who died in alcohol-related vehicle accidents in the year 2000: 981

Source: Canada Safety Council. (2005) Alcohol-Crash Stats. Available at: [www.safety-council.org/info/traffic/impaired/stats.html](http://www.safety-council.org/info/traffic/impaired/stats.html).

Percentage of seniors who are hospitalized because of heavy drinking: 18%

Source: Alcohol and seniors – Problem gambling links, programs, research and resources. (June 2005) Available at: [www.agingincanada.ca](http://www.agingincanada.ca).

Annual productivity losses in Canada due to abuse of legal substances (including tobacco): \$11.8 billion or 1.7% of the gross national product (GNP), or \$414 for every man, woman and child

Source: Canadian Centre on Substance Abuse, and Centre for Addiction and Mental Health. (1999) Canadian Profile 1999. Available at: [www.ccsa.ca](http://www.ccsa.ca).

## Drugs

Percentage of youth prostitutes who do **not** use alcohol or drugs: 8%

Percentage of youth prostitutes who become prostitutes to earn money for drugs: 44%

Source: John Howard Society of Alberta. (2001) Prostitution. Available at: <http://www.johnhoward.ab.ca/PUB/prostitu.htm#sa>

## **Gambling**

Percentage of gambling Canadians who are problem gamblers: 5%

Profit to governments at all levels from gambling and gaming in Canada in 2004: \$6.2 billion - more than the net profit to government of tobacco and alcohol combined (\$5.9 billion)

Source: Skinner, W. (September 2005) Submission to the Standing Senate Committee on Social Affairs, Science and Technology.

In what little research is available, number of suicides linked to problem gambling:

Alberta	10%
Nova Scotia	6.3%
Quebec	2.6%

Source: Bailey, S & Elliott, L. (Feb 23, 2003). New numbers link gambling, suicide. The Toronto Star.

Rate at which high school students gamble: 2 to 4 times greater than the general public

Source: Youth Gambling International. (2004) Youth problem gambling. Available at: [www.education.mcgill.ca](http://www.education.mcgill.ca)

Problem gamblers most likely to also have psychiatric problems and use tranquillizers: Women

Problem gamblers most likely to also have substance abuse problems: Men

Source: Westphal, J & Joyce Johnson, L (May 2003). Gender differences in psychiatric comorbidity and treatment-seeking among gamblers in treatment. The Electronic Journal of Gambling Issues (Issue 8). Available at: <http://www.camh.net/egambling/issue8/research/westphal-johnson/index.html>

Percentage of problem gamblers who say they use gambling to modulate their moods: 80%

Percentage of problem gamblers who have experienced thoughts of suicide: 50 - 80%

Of those, the percentage who have made lethal attempts on their lives: 12 - 16%

Sources: McCormick, R. Russo, A. Ramirez, L. & Taber, J. (1984). Affective disorders among pathological gamblers seeking treatment. *American Journal of Psychiatry* 141(2), pg. 215 -218. Beaudoin, C. & Cox, B. (1999). Characteristics of problem gambling in a Canadian context: A

preliminary study using a DSM-IV-based questionnaire. Canadian Journal of Psychiatry 44(5), pg. 487 – 487.

Estimated number of suicides per year in Canada attributed to problem gambling:  
Over 200

Source: Canada Safety Council. See: <http://www.safety-council.org/info/community/gambling.html>

The greater source of revenue for Alberta between gaming and oil: In 2009/10, the Alberta government is expected to net about \$1.5 billion from gaming while it will receive only \$1 billion from oil sands royalties.

The province with the highest per capita gambling: Alberta at \$871.00 per adult.  
The national average is \$547.00.

Source: Alberta gambling revenue expected to outstrip oil sands royalties. CBC News, April 2009.  
Available at: <http://www.cbc.ca/canada/calgary/story/2009/04/27/cgy-alberta-gambling-revenues.html>

## **FACTS ABOUT THE LINK BETWEEN MENTAL ILLNESS AND SUBSTANCE ABUSE**

Note: In Canada, people with both a mental illness and a substance abuse problem are said to have a *concurrent disorder*. In the US, the combination of these problems is called a *dual diagnosis*.

Percentage of people diagnosed with a mental illness who also have a substance abuse problem: 30%

Percentage of people with a substance abuse problem who also have a mental illness: 37% of people who abuse alcohol and 53% who abuse drugs

Source: Skinner, W., O'Grady, C., Bartha, C., and Parker, C. (2004) Concurrent substance use and mental health disorders: An information guide. Toronto: Centre for Addiction and Mental Health.

Percentage of seniors with a substance abuse problem who also have a mental illness: 25 – 50%

Source: Kirby, M. & Keon, W. (2004). Report 1, Mental health, mental illness and addiction: Overview of policies and programs in Canada (Chapter 5). Interim report of the Standing Senate Committee on Social Affairs, Science and Technology.

Percentage of people with schizophrenia who will experience a substance abuse problem in their lifetime: 80%

Source: Report on mental illness in Canada (2002). Available at: <http://www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html>

## FACTS ABOUT STIGMA

The prototypical image of disability recognized by most Canadians: The wheel chair

Percentage of Canadians that agree chronic depression is a disability: 67%

Canadians' judgment regarding capacity to fulfill roles such as community volunteer, teacher, parent, police officer;

Physical disability: Likely

Chronic depression: Unlikely

Attitude toward people with disabilities:

Physical disability: Most comfortable

Depression: Least comfortable

Source: Canadian Attitudes towards disability issues: 2004 benchmark survey. Social Development Council of Canada: Available at:

<http://www.sdc.gc.ca/asp/gateway.asp?hr=en/hip/odi/documents/attitudesPoll/index.shtml&hs=py>

The percentage of 556 United Kingdom respondents who reported that either they or a family member had experienced stigma as a result of mental illness: 70%

Of those, the percentage who experienced stigma

- within their own family: 56%
- from friends: 52%
- from their primary care physician: 44%
- from other health care professionals: 32%
- within their workplace: 30%

Source: Pull yourself together: A survey of peoples' experience of stigma and discrimination as a result of mental distress (2000). Mental Health Foundation, London, UK. Available at:

<http://www.mentalhealth.org.uk/page.cfm?pagecode=PBUP0204>

Number of people with mental illness either turned down for a job for which they were qualified or, if employed, dismissed or forced to resign once it was known that they had a mental illness: 1/3 – 1/2

Source: Discrimination against people with mental illness and their families: Changing attitudes, opening minds: A report of the BC Minister of Health's Advisory Council on Mental Health (April 2002). Available at: [www.health.gov.bc.ca/mhd/advisory/discrim\\_report\\_mar\\_apr\\_02.pdf](http://www.health.gov.bc.ca/mhd/advisory/discrim_report_mar_apr_02.pdf)

Percentage of psychiatrists surveyed by the Michigan Psychiatric Society who said that they would treat themselves in secrecy rather than have mental illness recorded on their medical chart: 50%

Source: Myers, M. (2001). Presidential address to the Canadian Psychiatric Association. New century: Overcoming stigma, respecting differences. Available at: <http://www.cpa-apc.org/publications/archives/CJP/2001/December/president.asp>

The impact of stigma on research into mental illness: Annual budget for the Institute for Neurosciences, Mental Health and Addiction 2004/05: \$54 million or 6.65% of the overall CIHR budget

Source: Press conference remarks, Minister Ujjal Dosanjh, November 23<sup>rd</sup>, 2005.

## **FACTS ABOUT THE CANADA PENSION PLAN DISABILITY PROGRAM (CPPD)**

The maximum benefit for CPPD in 2009: The flat rate is \$424.43/month with up to \$1105.99 allowable depending on contributions made during the recipient's working life.

The maximum amount a person can earn and *not* have to declare it to CPPD: \$4600.00 in 2009/10

The maximum amount of time a recipient can retain benefits after return to work: 3 months

Percentage of recipients who leave the program due to return to work: 7.5% in 2008/09 figures

In 2007/08, the amount of CPPD benefits paid to Canadians: \$3.1 billion to 306,000 beneficiaries and their 89,000 children

The largest category of beneficiaries: People with mental disorders at 28%. The next largest category is for those with musculoskeletal disorders at 25%.

The rise in claims for people with mental disorders: In 2000, the proportion was 22.5% and this has risen to 28% in 2008/09.

The age groups for people claiming CPPD for mental disorders: 75% are between the ages of 50 – 64. 25% are below 50.

Source: Overview of Canada Pension Plan Disability Program (June 2009). A background paper prepared for the Mental Health Commission of Canada

## **FACTS ABOUT THE COST OF MENTAL ILLNESS AND SUBSTANCE ABUSE TO THE CANADIAN ECONOMY**

The fast growing cost sector for occupational disability in Canada: Psychiatric disorders

The psychiatric disorder that accounts for 60% of these costs and most days lost on the job: Depression

Number of workers considered depressed at any given time: 1 in 20

The amount the Canadian economy loses per year due to mental illness in the workplace: 14.4 billion

The amount the Canadian economy loses per year due to substance abuse in the workplace: 18.6 billion

The additional amount, per year, Canadians pay in fees to psychologists and social workers in private practice: \$278 million

Source: Stephens, T & Joubert, N. (2001). The economic burden of mental health problems in Canada. In Chronic Diseases in Canada, 22 (1). Available at: [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)

Percentage of Canadian workers who experience a stress related illness per year: 20%

Source: The gloom boom (1997). Benefits Canada Newsletter. Available at [www.benefitscanada.com](http://www.benefitscanada.com)

Estimated amount of money Canada spends, overall, on mental health services per year: \$5.5 billion

Estimated per capita funding for mental health in Canada: \$172.00 per person for publicly funded services rising to \$206.00 per person if public and private sources are considered

Provinces with the lowest per capita spending: Saskatchewan: \$138/person, Newfoundland & Labrador: \$143/person, Ontario \$152/person

Provinces with the highest per capita spending: British Columbia: \$230/person, Alberta: \$207/person, New Brunswick: \$204/person

Source: Jacobs, P. et al (2008). Expenditures on mental health and addictions for Canadian provinces. Canadian Journal of Psychiatry. Vol 53(5). Available at: <http://74.125.95.132/search?q=cache:5wRpzY6-6gkJ:publications.cpa-apc.org/media.php%3Fmid%3D624%26xwm%3Dtrue+Expenditures+on+mental+health+and+addictions+for+canadian+provinces&cd=1&hl=en&ct=clnk&gl=ca>

Percentage of overall healthcare expenditures attributed to mental illness: 15%

Of the estimated \$33 billion annual cost attributed to mental illness in Canada, the percentage born by the private sector: 66% - costs are in short and long-term disabilities claims and lost productivity. The other 33% is born by the public healthcare sector.

The estimated future costs to business of mental illness: It is predicted that, in the next five years, disability claims for Canadian employers for mental illness will rise to 50% overall, exceeding cardiac disease as the most common reason for disability claims.

Source: Guarding Minds @ Work. The health case. Available at:

<http://www.guardingmindsatwork.ca/HealthCase.aspx>

Savings for every dollar spent in mental health and addiction treatment: Every \$1 spent saves \$7 in further health costs and \$30 in lost productivity.

Source: Every door is the right door (2009). Discussion paper from the Ontario Ministry of Health and Long term Care. Available at:

[http://www.health.gov.on.ca/english/public/program/mentalhealth/minister\\_advisgroup/minister\\_advisgroup.html](http://www.health.gov.on.ca/english/public/program/mentalhealth/minister_advisgroup/minister_advisgroup.html)

## FACTS ABOUT MENTAL HEALTH LITERACY

Mental health literacy is defined as the knowledge and skills that enable people to access, understand and apply information to mental health.

Source: National integrated framework for enhancing mental health literacy in Canada (2008). A report from the Canadian Alliance for Mental Illness and Mental Health (CAMIMH). Available at: [http://www.camimh.ca/mental\\_health\\_literacy.html](http://www.camimh.ca/mental_health_literacy.html)

Percentage of Albertans who believe depression is caused by a weakness of character. 43.3%

Source: Wang, Jian Li et al (2007). Depression literacy in Alberta: Findings from a general population sample. *Canadian Journal of Psychiatry*, Vol 52, p 442 – 449.

Percentage of Canadians who:

- believe mental illness is a common disorder: 66%
- think depression is most common: 58%
- recognize the symptoms of depression: 79%
- think mental health problems are rare: 33%
- are able to recognize the symptoms of schizophrenia: 45%. 39% could recognize anxiety.
- think the causes of mental illness are related to biology and genetics: depends on diagnosis:
  - Schizophrenia: 48%
  - Depression: 27%
  - Anxiety: 21%
- would recommend seeing a doctor for the symptoms of mental illness: 58%
- would recommend non-medical solutions: 33%
- think psychiatric medications are harmful: 55%
- believe people can recovery from mental illness: 59%
- say they would be uncomfortable revealing that they had a mental illness: 42%
- say a person with mental illness would have a hard time holding a job: 44%
- think having a mental illness is potentially dangerous: depends on diagnosis:
  - Schizophrenia: 29%
  - Depression: 16%
  - Anxiety: 19%

Source: National integrated framework for enhancing mental health literacy in Canada (2008). A report from the Canadian Alliance for Mental Illness and Mental Health (CAMIMH). Available at: [http://www.camimh.ca/mental\\_health\\_literacy.html](http://www.camimh.ca/mental_health_literacy.html)

## FACTS ABOUT POSITIVE MENTAL HEALTH

Nearly 7 out of 10 Canadians report that their mental health is excellent or very good.

Canadian young women aged 15 to 24 were 1.5 times more likely than young men to report fair to poor mental health.

Factors related to good mental health:

- The ability to handle day-to-day demands
- The ability to handle unexpected problems
- In youth – integration with peers and positive feelings about appearance
- In seniors – retaining life satisfaction through maintaining value systems, roles, activities and relationships

Approximately ½ of Canadian seniors over the age of 80 report feeling lonely.

Source: The human face of mental health and mental illness in Canada (2006). A publication of the Government of Canada available at: <http://www.phac-aspc.gc.ca/publicat/human-humain06/index.html>

The factor that has more to do with Canadians' health status than medical care or individual behaviours such as smoking: Social economic status

Source: The social determinants of health: An overview of the implications for policy and the role of the health sector (2004). Proceedings of a conference entitled The Social Determinants of Health across the Life Span held at York University in 2002. Available at: [http://www.phac-aspc.gc.ca/ph-sp/phdd/overview\\_implications/01\\_overview.html](http://www.phac-aspc.gc.ca/ph-sp/phdd/overview_implications/01_overview.html)

What lowers the levels of the stress hormone cortisol in humans: Happiness defined as leisure time, positive family relationships, social networks and a sense of belonging

Source: Steptoe, A et al (2005). Positive affect and health-related neuroendocrine, cardiovascular and inflammatory disease. Proceedings of the National Academy of Science of the United States. May, Vol 102(180), p. 6508-6512. Available at: [www.canadian-health-network.ca](http://www.canadian-health-network.ca)

The activity known to reduce the symptoms of anxiety, depression and panic disorder: Exercise

Source: Be active for body and mind: Part one. Available at: [www.canadian-health-network.ca](http://www.canadian-health-network.ca)

The amount of exercise required to reduce symptoms: Moderate.

Source: Daley, A. (2002). Advances in psychiatric treatment. The Royal College of Psychiatrists. Vol 8, p. 262-270.

The five psychological aspects of work that promote mental health: Time structure (known and reasonable deadlines), social contact, collective effort and purpose (team work), social identity, regular activity (organization of work)

Source: World Health Organization (2000). Mental health and work: Impact, issues and good practices. Available at: [www.who.int/mental\\_health/media/en/712.pdf](http://www.who.int/mental_health/media/en/712.pdf)

What group shows the lowest rate of mental and physical illness, and the lowest rate of alcoholism: People who are married

Source: Stanton, G. (1997). Only a piece of paper: How marriage improves mental health. Available at: [www.divorcereform.org/mel/abetterhealth.html](http://www.divorcereform.org/mel/abetterhealth.html)

Percentage of people in Canada who feel strongly connected to their community and who also report positive mental health: 78%

Source: Community belonging and self-perceived health: Early CCHS findings (January to June 2005). Available at: [www.statcan.ca](http://www.statcan.ca)

## **FACTS ABOUT THE MENTAL HEALTH COMMISSION OF CANADA**

The Commission was founded in 2007 as a result of a federal grant in response to *Out of the shadows at last* (2006), a report on mental health and mental illness in Canada by the Standing Senate Committee on Social Affairs, Science and Technology. Former Senator Michael Kirby (Chair of the Standing Senate Committee) was named as Chair of the Board of Directors for the Commission. Its mandate includes developing both a national Canadian strategy for mental health and knowledge exchange centre, as well as implementing a multi-year anti-stigma campaign. The Commission has eight Advisory Committees: Mental health and the law, service systems, child and youth, family and caregivers, First Nations, Inuit and Métis, science, seniors and the workforce. In February 2008, the federal government committed \$110 million for the Commission to undertake a five year study of mental illness and homelessness in five cities: Vancouver, Winnipeg, Toronto, Montreal and Moncton. For further information about the Commission, visit its website at [www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca).

## **FACTS ABOUT THE MOOD DISORDERS SOCIETY OF CANADA**

The Mood Disorders Society of Canada (MDSC) is a national, not-for-profit, registered charity that is volunteer-driven and committed to improving the quality of life for Canadians and their families living with mood disorders. The website ([www.moooddisorderscanada.ca](http://www.moooddisorderscanada.ca)) contains more information on depression, bipolar disorder, and other mood disorders, contact information for finding mental health services and links to provincial Mood Disorders Associations. If you need further assistance contact us directly.

Tel: 1 519 824 5565

Fax: 1 519 824 9569

Email: [info@moooddisorderscanada.ca](mailto:info@moooddisorderscanada.ca)

Website: [www.moooddisorderscanada.ca](http://www.moooddisorderscanada.ca)

## FACTS ABOUT THE ELEPHANT IN THE ROOM ANTI-STIGMA CAMPAIGN

Visit our website at [www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca) and click on CanadaHelps to direct your donation to fighting stigma – the elephant in the room campaign.

### ELEPHANT SYMBOL

There is an overwhelming presence in the lives of people with mental illness. It affects all that they do, yet no one talks about it.

The Mood Disorders Society of Canada calls this the ***elephant in the room***.

Its real name is stigma.

Stigma is harmful. It prevents people from asking for help because they are ashamed of what others will think of them. Their fears are justified as people with mental illness often face discrimination at work, where they live, and sometimes from family and friends.

It is time to face the elephant in the room.

The members of MDSC have named stigma as their number one issue. In response, MDSC launched the ***elephant in the room campaign*** where people can go to our website, click on CanadaHelps.org and, for a small donation directed to fighting stigma, receive their own elephant in the room.

The small blue elephant is a powerful symbol. People can place it on their desks at work or carry it in their car. They can put it anywhere they want to signal that, *here*, is a stigma free zone. *Here*, you can talk about mental illness.

Teachers use the little blue elephant to tell students it's OK, *here*. So do employers. Wherever the little blue elephant is, people with mental illness feel a little more at ease – a little more free of the burden of stigma.

The little blue elephant cuts stigma down to size.

For a fully referenced version, visit [www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)