



## Definitions



The World Health Organization defines **mental health** as “a state of complete physical, mental and social well-being and not merely the absence

of disease or infirmity.” The ability to deal with the rigours of everyday life, to think, feel, and behave in ways which are appropriate for his or her age, relationships, and responsibilities are all parts of a person’s mental well-being.<sup>1</sup>

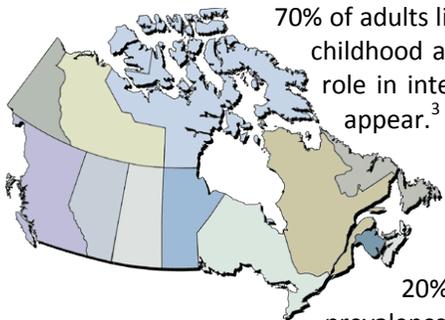
**Mental illnesses** (also called **mental disorders**) can be defined as a variety of psychiatric conditions which usually show thought, behavioral or emotional impairments as a result of genetic, environmental, biological and

psychosocial factors. Mental disorders can cause distress and interfere with an individual’s ability to manage with their work, social and family life. Individuals experiencing a mental disorder may have problems with behavioral and emotional control, communication and their sense of reality may become distorted.<sup>2</sup>

Mental illnesses:

- involve a number of different conditions that vary in nature and intensity;
- are typically identified (diagnosed) by a collection of symptoms;
- usually co-exist with other health problems;
- tend to affect mood, thought and behavior;
- range in impact from mild to moderate distress to seriously impaired functioning, loss of freedom and even death.

## Canada Statistics and Facts



70% of adults living with mental health problems and illnesses report that their illnesses began in childhood and adolescence, which means that parents and guardians can also play a critical role in intervening early when the first symptoms of mental health problems and illnesses appear.<sup>3</sup>

One in five people experience a mental illness in their lifetime. The remaining four have a friend, family member or colleague who has been or will be affected.<sup>4</sup>

20% cent of Canadian seniors currently have some form of mental illness. The prevalence of dementia in Canada is expected to double by 2038. In Alberta that means almost 102,000 Albertans would have some form of dementia by 2038.<sup>5</sup>

Around 44% of Canadian seniors living in residential care homes are diagnosed with or have symptoms of depression.<sup>6</sup>

In Canada, the average age of onset of depression is 23. The average age of onset is 12 for anxiety disorders and 18 for substance abuse. Canada's rate of suicide among adolescents is the third highest in the world. Suicide is among the leading causes of death in 15-24 year old Canadians, second only to accidents. 4,000 people die through suicide per year.<sup>6</sup>

The economic burden of mental illness constitutes more than 15% of the burden of disease in Canada. However, these illnesses only receive 5.5 to 7.3% of the health care dollars.<sup>7</sup>

Individuals with serious mental illness frequently identify income and housing as the most important factors in achieving and maintaining their health.<sup>8</sup>

The consequences of homelessness tend to be more severe when coupled with mental illness. People with mental illnesses remain homeless for longer periods of time and have less contact with family and friends. They encounter more barriers to employment and tend to be in poorer health than other homeless people.<sup>9</sup>

## Alberta Stats and Facts<sup>10</sup>

Each year, over 500,000 Albertans (approximately 16% of the population) receive at least one mental health service from a physician. The count is based on billings for physician services for psychiatric disorders.

Mental health problems are common. In a three-year period, one in three Albertans receive at least one mental health service from a physician.

Approximately 16% of Albertans visited a physician for mental health services in a single year.

There has been a 24% increase between 2001 and 2004 in the provision of mental health services in Alberta's Health Regions.

In 2004/2005, more than 40,000 Albertans visited emergency rooms for mental health problems.

There was a 15% increase in the number of patient days generated for people with mental health problems in Alberta between 2001 and 2004.

Over 100 additional beds were used across Alberta for mental health in 2004 as compared to 2001. Most of these additional beds were "off service" or general/medical beds.

The use of *Telehealth* (the delivery of health-related services and information via videoconferencing) for mental health clinical consultations increased by 38 % in the three year period between 2002 to 2004.

Schizophrenia and other psychotic disorders accounted for 15% of inpatient mental health diagnoses at regional acute and psychiatric facilities, and 7% of outpatients and community services diagnoses in 2004/2005.

More individuals accessed physicians for anxiety disorders than for any of the other mental health diagnoses.

Individuals diagnosed with mood disorders generated higher number of consultations to physicians than any other mental health disorder.

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### Footnotes

- <sup>1</sup> Üstün B. and Jakob R. 2005. "Re-defining Health" World Health Organization. Available at [http://www.who.int/bulletin/bulletin\\_board/83/ustun11051/en\\_](http://www.who.int/bulletin/bulletin_board/83/ustun11051/en_)
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- <sup>3</sup> Government of Canada. 2006. *The Human Face of Mental Health and Mental Illness in Canada*. Available at [http://www.phac-aspc.gc.ca/publicat/humanhumain06/pdf/human\\_face\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/humanhumain06/pdf/human_face_e.pdf).
- <sup>4</sup> Health Canada. 2002. *A Report on Mental Illness In Canada*. Available at [http://www.phac-aspc.gc.ca/publicat/miic-mmacc/pdf/men\\_ill\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/miic-mmacc/pdf/men_ill_e.pdf).
- <sup>5</sup> Health Canada. 2011. *Creating Connections*. Available at <http://www.health.alberta.ca/documents/Creating-Connections-2011-Strategy.pdf>.
- <sup>6</sup> Canadian Institute for Health Information. "Depression Among Seniors in Residential Care." Available at [http://secure.cihi.ca/cihiweb/products/ccrs\\_depression\\_among\\_seniors\\_e.pdf](http://secure.cihi.ca/cihiweb/products/ccrs_depression_among_seniors_e.pdf).
- <sup>7</sup> Wilderson, B. 2005. *Guidelines for working parents to promote and protect the mental health of their child. Special Report to the Premiers of Canada*. Global Business and Economic Roundtable on Addictions and Mental Health, September 2005, Toronto, Ontario.
- <sup>8</sup> Institute of Health Economics. 2008. *How much should we spend on mental health?* Available at <http://www.ihe.ca/documents/Spending%20on%20Mental%20Health%20Final.pdf>.
- <sup>9</sup> Trainor, J., Pomeroy E., and Pape, B.. (eds). 1999. *Building a Framework for Support: A Community Development Approach to Mental Health Policy*. Toronto: Canadian Mental Health Association.
- <sup>10</sup> Bengner, R. and Cameron, B. 2000. "Asylum: Falling through the Cracks." *Witness*. Canadian Broadcasting Corporation, retrieved January 31, 2003, from <http://www.tv.cbc.ca>.
- <sup>11</sup> Alberta Health Services. 2010. "Statistics and Quick Facts". Available at <http://www.albertahealthservices.ca/2774.asp>.

