
Report Summary

Mental Illness in Canada, 2015

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Purpose of this report

This report, *Mental Illness in Canada, 2015* is the first publication to include administrative health data from the Canadian Chronic Disease Surveillance System (CCDSS) for the national surveillance of mental illness. It features the most recent CCDSS data available (fiscal year 2009/10), as well as trend data spanning over a decade (1996/97 to 2009/10). It is also the first national report to include children and adolescents under the age of 15 years. The data presented within this report and subsequent updates can be accessed via the Public Health Agency of Canada's Chronic Disease Infobase Data Cubes at www.infobase.phac-aspc.gc.ca. Data Cubes are interactive databases that allow users to create tables and graphs quickly using their Web browser.

Mental illness

Mental illnesses are characterized by alterations in thinking, mood or behaviour associated with significant distress and impaired functioning. They result from complex interactions of biological, psychosocial, economic and genetic factors. Mental illnesses can affect individuals of any age; however, they often appear by adolescence or early adulthood. There are many different types of mental illnesses, and they can range from single, short-lived episodes to chronic disorders.

Canadian Chronic Disease Surveillance System

The CCDSS is a collaborative network of provincial and territorial chronic disease surveillance systems, supported by the Public Health Agency of Canada. It identifies chronic disease cases from provincial and territorial administrative health databases, including physician billing claims and hospital

discharge abstract records, linked to provincial and territorial health insurance registry. Data on all residents who are eligible for provincial or territorial health insurance (about 97% of the Canadian population) are captured in the health insurance registry; thus, the CCDSS coverage is near-universal. Case definitions are applied to these linked databases and data are then aggregated at the provincial and territorial level before being submitted to the Public Health Agency of Canada for reporting at the provincial, territorial and national levels.

In 2010, the Public Health Agency of Canada expanded the CCDSS to track information on mental illness in the Canadian population. The CCDSS identified individuals as having used health services for a mental illness case if they met a minimum requirement of at least one physician claim or one hospital discharge abstract in a given year, using the mental illness codes in the 9th or 10th edition of the International Classification of Diseases.

The CCDSS may capture individuals who do not meet all standard diagnostic criteria for a mental illness but were assigned a diagnostic code based on clinical assessment. Conversely, the CCDSS does not capture individuals meeting all standard diagnostic criteria for a mental illness who did not receive a relevant diagnostic code (includes those who sought care but were not captured in provincial and territorial administrative health databases and those who have not sought care at all). For these reasons, the CCDSS estimates represent the prevalence of health service use for mental illness rather than the prevalence of diagnosed mental illness.

Key findings

Approximately five million Canadians (or about one in seven people) use health

services for a mental illness annually. Although high, the age-standardized proportion of people using health services for that purpose remained stable between 1996/97 and 2009/10 (13.2%-14.2%).

Canadian adults, particularly the elderly, are more likely than children and adolescents to use health services for a mental illness; however, the largest relative increase during the 14-year surveillance period occurred among young adolescents (aged 10 to 14). It should be noted that almost one in four people aged 80 and over use health services for a mental illness, though this trend is likely driven by the inclusion of dementias in the International Classification of Diseases under mental disorders.

Women are more likely than men to use health services for a mental illness, especially those between the ages of 25 to 39 years. A combination of genetic, biological, behavioural and sociocultural factors may explain this difference. On the other hand, boys (under 15 years of age) are more likely to use health services for a mental illness than girls; this is likely driven by certain disturbance of conduct disorders and attention deficit disorder which are known to occur more frequently among boys.

In 2009/10, the age-standardized prevalence of the use of health services for mental illness among those one year of age and older was highest in Nova Scotia (16.8%) and British Columbia (15.1%), and lowest in Newfoundland and Labrador (10.5%), Quebec (11.0%) and the Northwest Territories (11.0%). These jurisdictional variations may reflect differences in the distribution of factors known to affect mental health (from individual to society). However, differences in detection and

treatment practices as well as, differences in data coding, database submissions, remuneration models and shadow billing practices may also play a role.

A higher prevalence of asthma and chronic obstructive pulmonary disease (COPD), and to a lesser degree ischemic heart disease, diabetes and hypertension, was observed among people using health services for a mental illness than among those using services for other diseases or conditions. While the relationship between mental illness and other chronic diseases and conditions remains poorly understood, it is well recognized that people with a mental illness such as depression or anxiety are more likely to have a comorbid chronic disease or condition such as cardiovascular disease, asthma or COPD, and that people affected by a chronic disease or condition, are more likely to experience depression and anxiety.

Future plans

Future CCDSS mental illness work includes but is not limited to: the ongoing collection and reporting of data on mental illness and mood and/or anxiety disorders; exploring the feasibility of developing case definitions for other mental illnesses, such as psychotic disorders; and the development of indicators of mortality.

The full report is available online at <http://healthycanadians.gc.ca/publications/diseases-conditions-maladies-affections/disease-maladie/mental-mentale/mental-illness-2015-maladies-mentales/index-eng.php>