

# QUICK FACTS:

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Percentage of Canadians who will experience a 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%

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Mood Disorders Society of Canada

La Société Pour Les Troubles de L'Humeur du Canada

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**QUICK FACTS ON MENTAL ILLNESS AND ADDICTION IN CANADA**

**O**n behalf of the Mood Disorders Society of Canada (MDSOC), I am pleased to present the second edition of “Quick Facts on Mental Illness and Addiction in Canada”. The incredible demand for copies of the first two printings of the first edition was beyond our wildest expectation. There is now no doubt that there is a need in Canada to bring together, in a comprehensive, evidence-based document, important statistics relating not only to mental illnesses and addictions as they impact individuals and their families but also as they impact the healthcare system, the workplace, and the economy in general. There is also a need to develop a common understanding of the relationship between mental illnesses, addictions, and physical illnesses such as cancer, diabetes, and heart disease.

I am sure that you will find this second edition useful and informative. We have added new, current information about the Mental Health Commission of Canada and about the Senate Report “*Out of the Shadows at Last*” which preceded it. We have written it in a style that will facilitate the uptake of the information by all members of the Canadian public. All facts provided in this handbook are evidence-based and fully sourced citations are provided on the Mood Disorders Society of Canada web-site including where reference documents can be accessed. You will also find on the website additional facts which have not been included in this document.

We ask that in using this document as a resource you provide credit to the MDSOC. We trust that “*Quick Facts on Mental Illness and Addiction in Canada*” will encourage public understanding and discussion of a subject that has been taboo for far too long.

Your comments and questions are invited.

Please go to [www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca) and click on “contact us”.

Finally, this second edition would not have been printed and distributed without the unconditional financial support of our educational activities by AstraZeneca Canada, GlaxoSmithKline and Eli Lilly Canada for which we say a heartfelt “Thank you”. Thanks are also due to Dr. Barbara Everett for providing additional research for this second edition booklet, and to all those who have contributed their time and efforts on this project. We thank everyone for their support and encouragement.



*Phil Upsball, National Executive Director  
The Mood Disorders Society of Canada  
September, 2007*

### QUICK FACTS ON MENTAL ILLNESS IN CANADA

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- 🍁 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 illnesses are:

- **schizophrenia** - seeing, smelling or hearing things that aren't 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,
- **bi-polar 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.

### FACTS FROM CANADA

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- 🍁 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%**
- 🍁 Percentage of Canadians who experience a major depression in their lifetime: **8%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- Percentage of Canadians who will experience bi-polar 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.
- 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**
- Unemployment rate among people with serious mental illness: **70 – 90%**
- Likelihood people with mental illness will commit violent acts:  
**No greater than the general population.**
- Likelihood 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.**
- 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.**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- 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**

### FACTS FROM THE WORLD

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- Percentage of the world's population affected by serious mental illness: **2%**
- Leading cause of years lived with disability in the world: **Depression**
- Fourth leading cause of disability and premature death in the world: **Depression**
- Percentage of the global burden of disease attributed to schizophrenia: **3%**

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

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

- Most common cause of violent death in the world: **Suicide**
  - Suicide: **49.1%**
  - Homicide: **31.3%**
  - War-related: **18.6%**
- Rate of suicide all over the world: **Someone commits suicide every 40 seconds.**
- 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.**

### FACTS ABOUT THE 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**
- Age with the highest rate of depression symptoms: **Under 20 years of age**
- Percentage of people who are depressed who respond well to treatment: **80%**
- Percentage of people who are depression who never seek treatment: **90%**

#### *Bipolar Disorder*

- Percentage of Canadians who will experience bi-polar 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.**
- 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**

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

- Percentage of Canadians who experience the winter blues: **15%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- 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.

### ***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%**
  - Post Traumatic Stress Disorder: data unavailable
  - Social phobia: **6.7%**
  - Obsessive Compulsive Disorder: **1.8%**
  - Panic Disorder: **0.7%**

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

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- Percentage of people with schizophrenia that 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%**
- Annual costs to Canadian society (both direct and indirect) due to schizophrenia: **\$4.35 billion**

### 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: **Form 10 – 20% of people with eating disorders eventually die from the effects.**
- 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 hospitalization 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%**

### *Personality disorders*

- ✦ Types of personality disorders:
  - **Borderline** (volatile interpersonal relationships and extreme impulsivity)
  - **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 expression)
  - **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.**

### **FACTS ABOUT VULNERABLE 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%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

### 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:

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

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

### Women

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

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- 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 bi-polar disorder who develop postpartum psychosis: **50%**
- 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%**
- The country that ranks the highest in the world for gender equality: **Canada**

### 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%**

### Offenders

- Percentage increase in mental illness among offenders in the last decade: **More than 100%**
- Training available on mental illness and addiction for front line correction staff: **None**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ✿ Amount of money Correction Services Canada has pledged for community services for released federal offenders: **\$29.5 million over five years.**
- ✿ 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%).**
- ✿ 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.**
- ✿ 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**
- ✿ Percentage increase in police time spent responding to calls about the mentally ill in London Ontario: **100%**

### ***Aboriginal peoples:***

- ✿ Rate of suicide among Aboriginal youth in Canada as compared to non-Aboriginal: **Five to six times higher.**
- ✿ Aboriginal people account for **3%** of the Canadian population but represent **18%** of federal inmates.

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- Percentage of residential school survivors with a mental illness: **98%** (BC study)
  - Percentage with substance abuse problems: **26.3%**
  - Percentage with Post Traumatic Stress Disorder: **64.2%**
  - Percentage who 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.**
- 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.**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ✿ 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.**

### *Homeless:*

- ✿ Percentage of homeless people who have had either a mental illness or a substance abuse diagnosis: **86%**
  
- ✿ Percentage of homeless people with mental illness that also had 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
  
- ✿ Percentage of homeless people with mental illness: **30 – 35%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- Percentage of homeless women with a mental illness: **75%**
- Percentage of formerly homeless people who were helped to find housing who remained in their home 9 months later: **91%**

### 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**

### 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%**
- Percentage of long term disability claims related to mental illness in Canada: **79%**
- 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%**
- Fastest growing category of disability costs to Canadian employers: **Depression**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ✿ Annual losses to the Canadian economy due to mental illness and substance abuse 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.**
- ✿ Percentage of people with serious mental illness who are unemployed: **70 – 90%**
- ✿ Percentage of people with serious mental illness who want to work: **80%**

### FACTS ABOUT SUICIDE

- ✿ Suicide accounts for **24%** of all deaths among Canadians 15 – 24 and **16%** of all deaths for the age group 25 – 44.
- ✿ Number of suicides in Canada every year: **Approximately 4000**
- ✿ Percentage of all deaths in Canada attributed to suicide: **2%**  
Likelihood men will die by 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 9th.** (The lowest suicide rate is in the UK and the highest is in Finland.)
- ✿ 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%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ☘ Number of people who attempt suicide and hint about it to family or friends beforehand: **8 out of 10 people**
- ☘ Rate of suicide in the world: **Someone dies by suicide every 40 seconds.**
- ☘ In Ontario, rate of suicide for men versus those who died in car crashes: **More men died from 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 a 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**
- ☘ Percentage of people with chronic depression who die from suicide: **15%**

## FACTS ABOUT LIVING A MENTALLY HEALTHY LIFE

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- ☘ Nearly seven 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.

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

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

### FACTS ABOUT PSYCHIATRIC MEDICATION USE

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- ✿ 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.**

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

- 1981 (**\$31.4 million**)
  - 2000 (**\$543.4 million**)
  - estimated costs for 2005 (**\$1.2 billion**)
- ✿ 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%**

### FACTS ABOUT THE MEDICATION APPROVAL PROCESS IN CANADA

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- ✿ 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 applied – and was refused – permission to market their drug for a new use, this fact is not made public.

### *Canadian drug approval bodies*

✿ Who are the players in the Canadian drug review process?

✿ **The Canadian Agency of Drugs and Technologies in Health (CADTH):** CADTH, formerly called the Canadian Coordinating Office for Health Technologies Assessment, is “an independent, not-for-profit agency funded by Canadian federal, provincial, and territorial governments to provide credible, impartial advice and evidence-based information about the effectiveness of drugs and other health technologies to Canadian health care decision makers.”

### *CADTH programs:*

✿ **The Health Technology Assessment (HTA):** HTA provides “high-quality information about the clinical effectiveness, cost-effectiveness, and broader impact of drugs, medical technologies, and health systems.” This group looks at broader health questions such as how will a product affect the health of Canadians, is it cost-effective, are there alternatives that do a better job, and are there other health services implications to take into account?

✿ **The Canadian Optimal Medication Prescribing and Utilization Service (COMPUS):** COMPUS is a program of CADTH and it “identifies evidence-based best practices in drug prescribing and use. Strategies, tools, and services are provided to encourage best practices among health care providers and consumers.” The stated mandate of COMPUS is to influence prescribing practices in Canada so that people receive the most effective medication and achieve the most positive health outcome – at the best price.

✿ **The Common Drug Review (CDR):** Established in 2003, CDR was intended to replace the individual provincial, territorial and federal drug review bodies charged with the responsibility of evaluating drugs for potential listing on their respective public formularies (after approval by Health Canada). CDR was designed to speed up the drug review process and recommendations to formularies but critics claim that this goal has not been met.

✿ **The Canadian Expert Drug Advisory Committee (CEDAC):** CEDAC is part of the Common Drug Review and is responsible for providing scientific evidence and advice to provincial, federal and territorial formularies. Its advice can affect what drugs are, or are not listed. Its members are appointed by the CADTH Board of Directors. CEDAC has 13 members, two of whom are appointed as representatives of the “general public.”

### FACTS ABOUT HOSPITALIZATION

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- ✿ 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%**
- ✿ 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**

### FACTS ABOUT EMERGENCY ROOM USE

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- ✿ 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.
- ✿ 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?*

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 The Canadian Triage and Acuity Scale (CTAS) groups patients presenting to Emergency Departments into five categories:
  - **CTAS I:** Requires resuscitation or there is imminent threat of death
  - **CTAS II:** Presenting condition is a potential threat to life or limb function – head injury, chest pain, GI bleeding etc.
  - **CTAS III:** Conditions that could potential progress to a serious problem – asthma, moderate trauma, vomiting and diarrhea in children under two years of age etc.
  - **CTAS IV:** Conditions related to patient’s age, urinary symptoms, earache, mild abdominal pain, etc.
  - **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.

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

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

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

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

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ✿ Likelihood of suffering a depression if you are diabetic: **2 times that of the general population**
- ✿ A risk factor for developing breast cancer: **Depression**
- ✿ Predictor of poor outcome or even death for people with cardiac disease: **Depression**
- ✿ Increased in likelihood of cardiac disease for people with depression: **1.64-fold**
- ✿ Increased risk of death after a heart attack: **4 times greater for people with depression**
- ✿ Percentage of post-menopausal women who become depressed who are likely to develop heart disease: **50%**
- ✿ 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: **Four 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**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

### FACTS ABOUT STIGMA

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- ❁ 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**
- ❁ The percentage of 556 UK 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%**
- ❁ 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**
- ❁ 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%**

### FACTS ABOUT SUBSTANCE ABUSE

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#### *Some definitions*

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- ❁ **Substance use:** In the broadest sense, a substance can be defined as prescription medication, over-the-counter preparations, alcohol, illegal drugs (cannabis, cocaine, opiates, 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.

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ✿ **Substance abuse:** Substance abuse is defined in behavioural terms – the effect it is having on an individual’s life – 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).
- ✿ **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).

### 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 someone else’s drinking: 33%.**
- ✿ A common health consequence of heavy drinking: **Depression**  
Percentage of hospitalizations directly attributable to substance abuse: **8%**
- ✿ Percentage of days spent in hospital directly attributable to substance abuse: **10%**
- ✿ 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.**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ☀ Number of Canadians who died in alcohol-related vehicle accidents in the year 2000: **981**
- ☀ Percentage of seniors who are hospitalized because of heavy drinking: **18%**
- ☀ 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.**

### *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%**

### *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).**
- ☀ In what little research is available, number of suicides linked to problem gambling:
  - Alberta **10%**
  - Nova Scotia **6.3%**
  - Quebec **2.6%**
- ☀ Rate at which high school students gamble: **Two to four times greater than the general public.**
- ☀ Problem gamblers most likely to also have psychiatric problems and use tranquilizers: **Women**
- ☀ Problem gamblers most likely to also have substance abuse problems: **Men**
- ☀ Percentage of problem gamblers who say they use gambling to modulate their moods: **80%**

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- 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%**

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

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- 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: **One 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**
- Who pays for this? The business sector pays 2/3 of all costs related to mental illness and substance abuse in the workplace in the form of lost productivity, disability, group insurance premiums and drug benefits.
- The additional amount, per year, Canadians pay in fees to psychologists and social workers in private practice: **\$278 million**
- Percentage of Canadian workers who experience a stress related illness per year: **20%**

### FACTS ABOUT GOOD MENTAL HEALTH

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

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- ✿ The amount of exercise required to reduce symptoms: **Moderate.**
- ✿ 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).**
- ✿ What group shows the lowest rate of mental and physical illness, and the lowest rate of alcoholism: **People who are married.**
- ✿ Percentage of people in Canada who feel strongly connected to their community and who also report positive mental health: **78%**

### FACTS ABOUT RESEARCH

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- ✿ Annual budget of the Canadian Institutes of Health Research 2005/06: **\$808.9 million.**
- ✿ Annual budget for mental health and addiction research 2004/05: **\$54 million or 6.67% of the overall CIHR budget.**

### MENTAL HEALTH POLICIES

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- ✿ Percentage of countries with a national mental health policy: **62.1 %**
- ✿ Name of Canada's mental health policy: **Mental Health for Canadians: Striking a Balance (1988).**
- ✿ Percentage of countries with a national mental health strategy: **69.6 %**
- ✿ Canada's mental health strategy: **None.**
- ✿ A motion was passed in the House of Commons in June 2005 to create a strategy but work has not begun.
- ✿ Percentage of countries with a network of community mental health services: **68.1%**
- ✿ Canada's provinces and territories fund community mental health services but these services are criticized for being inaccessible and fragmented.

## QUICK FACTS: MENTAL ILLNESS AND ADDICTION IN CANADA

- Percentage of countries that have mental health laws: **69.1%**
- In Canada, mental health laws are provincial or territorial. The federal government deals with mental health in the Criminal Code.
- Percentage of countries with a substance abuse policy: **68.8%**
- Canada has a National Drug Strategy renewed in May 2003
- Percentage of countries with a therapeutic drug policy: **89.3%**

### **Canada has no national therapeutic drug policy.**

- Percentage of countries with a national disability benefits plan: **77.8%**
- Canada has a national disability plan under the Canadian Pension Plan (CPP).
- Percentage of countries that spend less than 1% of their health budget on mental health: **20.9%**
- Percentage of countries that have no specified budget for mental health: **30.8%**
- Canada has no national mental health budget although a federal announcement from the Public Health Agency of Canada on October 2005 allocated \$45 million in one-time monies over five years and \$1 million annually to mental health.
- Percentage of countries with a mental health reporting system: **60.5%**
- Canada has no national surveillance system for mental health but can report annually on hospital admissions and discharge data, and number of suicides.
- A national survey on the mental health of Canadians was published in 2003 (Canadian Community Health Survey: Mental Health and Well-being).
- Private insurance in Canada shoulders considerable burden due to mental health benefits claims through employers.

### FACTS ABOUT RECENT FEDERAL FUNDING ANNOUNCEMENTS

- The investment the federal government has made in health promotion and disease prevention (October, 2005): **\$300 million over five years and \$74.4 million ongoing allocations.**

Where that money goes:

- The percentage of Canadians who have a mental illness in any given year: **10.4%**
- The percentage of the \$300 million (over five years) dedicated to mental health: **1.5%**
- The percentage of the \$74.4 million ongoing money allocated for mental health: **1.3%**

As compared to:

- The percentage of Canadians who have diabetes in any given year: **4.8%**
- The percentage of the \$300 million (over five years) dedicated to the diabetes strategy: **30%**
- The percentage of the \$74.4 million ongoing money allocated for the diabetes strategy: **24.2%**

As compared to

- The percentage of Canadians who have cancer in any given year: **2.5%**
- The percentage of the \$300 million (over five years) dedicated to cancer control: **19.8%**
- The percentage of the \$74.4 million ongoing money allocated for cancer control: **23.5%**

#### *In summary:*

Illness	Prevalence in Canada (% of pop per year)	% one time federal allocation (Oct 2005) \$300M	% ongoing federal allocation (Oct 2005) \$74.4M
Mental illness	<b>10.4%</b>	<b>1.5%</b>	<b>1.3%</b>
Diabetes	<b>4.8%</b>	<b>30.0%</b>	<b>24.2%</b>
Cancer	<b>2.5%</b>	<b>19.8%</b>	<b>23.5%</b>

### OUT OF THE SHADOWS AT LAST

Over a two year period, Senator Michael Kirby, along with co-chair Senator Wilbur Keon and fourteen additional Senators, toured the country to hear first-hand testimony from people with mental illness, their families, providers, researchers and others. Their work culminated with their final report, *Out of the Shadows at Last*, released in May 2006. Among the 118 recommendations, five were related to a requested 5.36 billion 10-year transition allocation aimed at funding the report's priorities:

Priority	Annual allocation
Mental Health Commission	<b>17 million</b>
Affordable housing	<b>224 million</b>
Community services	<b>215 million</b>
Concurrent disorders (mental illness and addiction)	<b>50 million</b>
Telementalhealth (for rural and remote communities)	<b>2.5 million</b>
Peer support and self-help	<b>2.5 million</b>
Research	<b>25 million</b>

The report represents the most comprehensive examination of the Canadian mental health and addiction systems ever. The Committee heard over two thousand personal stories of suffering. "It was difficult emotionally for Committee members to hear these stories. Listening to them, and reading them, had a profound effect on every one of us. As the months passed, they began to tear at our souls." The Senators go on to say that the politicians, service providers, and civil servants they met over their two-year journey gave them hope that transformative change could occur.

**Executive summary available at:**

<http://www.parl.gc.ca/39/1/parlbus/commbus/senate/com-e/soci-e/rep-e/rep02may06high-e.htm>

**Full report available at:**

<http://www.parl.gc.ca/39/1/parlbus/commbus/senate/com-e/soci-e/rep-e/pdf/rep02may06part1-e.pdf>

**Background interim reports available at:**

<http://www.parl.gc.ca/38/1/parlbus/commbus/senate/com-e/soci-e/rep-e/repintnov04-e.htm>



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

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- ❁ On March 19th, 2007, the Conservative government announced the Mental Health Commission of Canada
- ❁ Budget 2007 established “the Canadian Mental Health Commission, with \$10 million over the next two years and \$15 million per year starting in 2009–10. This Commission will lead the development of a national mental health strategy.”
- ❁ Former Senator, Michael Kirby, is appointed as the Chair of the new Commission.
- ❁ “The Commission, while funded by the Government of Canada, is a national body, not a federal one. It has been endorsed by all levels of government, although the Commission operates at arms length from them.”
- ❁ The Commission will have 19 Board Members, including the Chair. One-third of the Board will be appointed from federal, provincial or territorial governments. One director will be from Atlantic Canada, one from Quebec, one from Ontario and two from the Western provinces. Another will be nominated by the federal government and one will be chosen jointly by the three territorial governments.
- ❁ The other 11 appointees will have no government affiliations and will be chosen by an application process.
- ❁ The Commission will have eight advisory committees.



### THE MENTAL HEALTH COMMISSION OF CANADA

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- ✿ Chair - Michael Kirby  
Vice Chairs - Two of the non-government directors: David Goldbloom, Senior Medical Advisor at the Centre for Addiction and Mental Health in Toronto and Madeleine Dion Stout, an Aboriginal health development consultant and a member of the Kehewin Band in Northern Alberta
  
- ✿ Executive Director: Dr. John Service  
Special Advisor to the Board Chair and CEO on Stakeholder Relations: Phil Upshall
  
- ✿ fax: **1-866-902-7657**  
email: **info@mentalhealthcommission.ca**  
web: **www.mentalhealthcommission.ca**
  
- ✿ The Board will guide the overall development of the Commission as it undertakes three key initiatives:
  1. Facilitating development of the national mental health strategy
  2. Conducting a 10-year anti-stigma campaign
  3. Building a knowledge exchange centre
  
- ✿ The 11 non-government directors are:
  1. Joan Edwards Karmazyn, Grand Bank, Newfoundland and Labrador
  2. Andy Cox, Milford Station, Nova Scotia
  3. Jeannette LeBlanc, Moncton, New Brunswick
  4. Louise de Bellefeuille, Montreal, Quebec
  5. Tony Boeckh, Montreal, Quebec
  6. Mary May Simon, Nunavik, Quebec
  7. David Goldbloom, Toronto, Ontario
  8. Chris Summerville, Winnipeg, Manitoba
  9. Fern Stockdale-Winder, Saskatoon, Saskatchewan
  10. Lorraine Breault, Edmonton, Alberta
  11. Madeleine Dion Stout, Delta, British Columbia



### THE MENTAL HEALTH COMMISSION OF CANADA

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✿ The six government appointed directors are:

1. **Greg Cummings**, Assistant Deputy Minister Operational Support, NWT Health & Social Services, Government of Northwest Territories
2. **Patrick Dion**, Vice-President – Consulting, Summa Strategies Canada Inc.
3. **Nora Kelly**, Deputy Minister of Health, Government of New Brunswick
4. **Paddy Meade**, Deputy Minister of Health and Wellness, Government of Alberta
5. **Morris Rosenberg**, Deputy Minister of Health, Health Canada
6. **John Wright**, Deputy Minister of Health, Government of Saskatchewan

✿ Advisory Committees have been established to provide advice to the Board, as well as to support the Commission in remaining engaged with the broader stakeholder community.

The Advisory Committee Chairs are:

1. Children and Youth: **Dr. Simon Davidson**
2. Mental Health and the Law: **Justice Edward (Ted) Ormston**
3. Seniors: **Dr. Marie-France Tourigny Rivard**
4. Aboriginal: **William (Bill) Mussell**
5. Workplace : **Bill Willkerson**
6. Family Caregivers: **Ella Amir**
7. Service Systems: **Steve Lurie**
8. Science: **Elliot Goldner**

## ABOUT THE MDSC

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MDSC is a primarily virtual not-for-profit organization with a small cost-effective infrastructure allowing it to bring concerns, issues and understanding forward in public education, the setting of research priorities, the development of treatment strategies, and the creation of government programs and policies related to mental illness. It has a demonstrated track-record of project management and of working collaboratively across sectors to meet the needs of Canadians.

The MDSC maintains an informative, user friendly web-site which includes discussion boards and a chat room, information on diagnosis, treatment, medications, accessing community supports and services, useful links and a diverse array of self-help resources.

### Reference Sources:

All facts provided in this handbook are evidence-based. Fully sourced citations are provided on the Mood Disorders Society of Canada web-site including where reference documents can be accessed. You will also find on the website additional facts which have not been included in this document.

For more information you can write, call or fax us at:

The Mood Disorders Society of Canada  
3-304 Stone Road West, Suite 736  
Guelph, ON N1G 4W4  
Phone: 1 519 824 5565  
Fax: 1 519 824 9569  
web: [www.mooodisorderscanada.ca](http://www.mooodisorderscanada.ca)  
Email: [info@mooodisorderscanada.ca](mailto:info@mooodisorderscanada.ca)

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

Percentage of Canadians who will experience bi-polar 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

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Mood Disorders Society of Canada

La Société Pour Les Troubles de L'Humour du Canada