Mental Health Commission of Canada

Commission de la santé mentale du Canada

Informing the Future: Mental Health Indicators for Canada

Informing the Future: Mental Health Indicators for Canada

Our objective is to paint a more complete picture of mental health in Canada. This information will help answer important questions such as:

- How many Canadians experience positive mental health?
- How many suffer from common mental health conditions?
- What are the rates of suicide in Canada and how are these different for certain groups?

The answers to these questions are referred to as "indicators" because they indicate the mental health status of Canadians and how the system responds to mental illness.

This means that across Canada, health care professionals, planners and government workers will have better information to make informed decisions, and direct efforts to those areas where we need to make improvements, or there is a greater need.

The Mental Health Commission of Canada (MHCC) will report on 63 indicators that reflect mental health across the lifespan for children and youth, adults, and seniors, that look at mental health in different settings, and report on aspects of services and supports used by people with mental illness.

The Commission is pleased to present the results of 13 indicators at this time. The information has been gathered from a variety of sources (government services, research institutions, public health agencies). We hope these indicators will be used to focus attention on strategies designed to improve our nation's mental health and to correct disparities in mental health experienced by distinct groups.

The completed and full report will be released in April 2015.

Production of this report has been made possible through a financial contribution from Health Canada.
The views expressed herein represent the views of the Mental Health Commission of Canada.

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Executive Summary

STATUS

In 2012, the Mental Health Commission of Canada (MHCC) released *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. In order to build Canada's capacity to promote mental health and improve the lives of people living with mental health problems and mental illnesses, the *Strategy* identified the need for better data collection through "agreement on a comprehensive set of indicators would allow each jurisdiction to measure its progress in transforming the system and improving outcomes over time." To help accomplish this goal, the MHCC launched *Informing the Future: Mental Health Indicators for Canada* in partnership with the Centre for Applied Research in Mental Health and Addiction (CARMHA) at Simon Fraser University.

The objective of *Informing the Future: Mental Health Indicators for Canada* is to create a national set of mental health and mental illness indicators. These indicators will identify gaps in service, allow stakeholders to gauge progress, and strengthen efforts to address the recommendations outlined in the *Strategy*. *Informing the Future: Mental Health Indicators for Canada* represents a critical step in a larger conversation in Canada about the effective collection and use of data to support efforts in mental health and recovery.

Indicators in *Informing the Future: Mental Health Indicators for Canada* were drawn from a wide variety of sources, including national surveys and administrative databases. The indicators are national in scope and were selected with consideration of the following criteria:

- **Meaningfulness – Relevant to the strategy**
- **Validity – Scientifically sound**
- **Feasibility – Readily available data**
- **Replicability – Data may continue to be available over time**
- **Actionability – Amenable to improvement**

The indicator selection and evaluation process involved research and extensive collaboration. Considerable effort was made to introduce several non-traditional indicators that broaden the scope of measurement and monitoring. Stakeholder consultations included members of the Mental Health and Addictions Information Collaborative, leaders in First Nations, Inuit, and Métis mental health, experts in school-based mental health promotion, and members of the International Initiative for Mental Health Leadership.

The MHCC is pleased to present the results of thirteen of *Informing the Future: Mental Health Indicators for Canada*'s 63 indicators. The thirteen indicators were selected to represent the broad range of mental health-related issues in Canada and draw from a variety of data sources used in the data collection process. The terminology used throughout the project is consistent with the data source and defined accordingly (for example, the terms "mental disorder," "mental illness," and "common mental health conditions" are not always synonymous).

Indicators have been colour-coded to reflect how well Canada is performing. The colour-coding system communicates the overall performance in a way that is immediate and user-friendly.

- **Green indicates good performance and/or the indicator is moving in the desired direction**
- **Yellow indicates some concerns, mixed or uncertain results (for example, an increase in the diagnosis rate of a mental health condition could mean that the prevalence of the condition is increasing or that health professionals are better at detecting it)**
- **Red indicates significant concerns, and/or the indicator is moving in an undesirable direction**

For more information about the indicators and the *Informing the Future: Mental Health Indicators for Canada*, visit http://www.mentalhealthcommission.ca/indicators

Mental Health Indicators for Canada: Dashboard

ACCESS AND TREATMENT

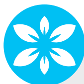
	STRATEGIC DIRECTION*	% OR RATE	STATUS
MENTAL ILLNESS HOSPITAL RE-ADMISSIONS WITHIN 30 DAYS	ACCESS TO SERVICES	11.5	●
UNMET NEED FOR MENTAL HEALTH CARE AMONG PEOPLE WITH MENTAL DISORDERS	ACCESS TO SERVICES	26.3	●

CAREGIVING

	STRATEGIC DIRECTION*	% OR RATE	STATUS
EXPERIENCED VERY HIGH STRESS ASSOCIATED WITH FAMILY CAREGIVING	PROMOTION AND PREVENTION	16.5	●

CHILDREN AND YOUTH

	STRATEGIC DIRECTION*	% OR RATE	STATUS
ANXIETY AND/OR MOOD DISORDERS – YOUTH	PROMOTION AND PREVENTION	7.0	●
INTENTIONAL SELF-HARM AMONG COLLEGE STUDENTS	PROMOTION AND PREVENTION	6.6	●
SCHOOLS WITH MENTAL HEALTH PROMOTION MODULES	PROMOTION AND PREVENTION	7.0	●



DIVERSITY

	STRATEGIC DIRECTION*	% OR RATE	STATUS
EXPERIENCED DISCRIMINATION – GENERAL POPULATION	DISPARITIES AND DIVERSITY	15.4	●
SENSE OF BELONGING AMONG IMMIGRANTS	DISPARITIES AND DIVERSITY	66.9	●

ECONOMIC PROSPERITY

	STRATEGIC DIRECTION*	% OR RATE	STATUS
EXPERIENCED HIGH STRESS AT WORK	PROMOTION AND PREVENTION	28.4	●
MENTAL ILLNESS-RELATED DISABILITY CLAIMS	PROMOTION AND PREVENTION	30.4	●

RECOVERY

	STRATEGIC DIRECTION*	% OR RATE	STATUS
SELF-RATED MENTAL HEALTH IN PEOPLE WITH COMMON MENTAL HEALTH CONDITIONS	RECOVERY AND RIGHTS	33.5	●

SENIORS

	STRATEGIC DIRECTION*	% OR RATE	STATUS
ANXIETY AND/OR MOOD DISORDERS – SENIORS	PROMOTION AND PREVENTION	8.5	●

SUICIDE

	STRATEGIC DIRECTION*	% OR RATE	STATUS
SUICIDE RATES - GENERAL POPULATION	PROMOTION AND PREVENTION	10.8 PER 100,000	●

* As outlined in the MHCC's Mental Health Strategy for Canada

Indicator Overview

STATUS

INDICATOR	Data Summary

Focus Area: Access and Treatment

MENTAL ILLNESS HOSPITAL READMISSIONS WITHIN 30 DAYS

Readmission shortly after hospitalization might be due to a lack of stabilization during the previous visit, poor discharge planning or not enough community support. Just over 10% of Canadians aged 15 and older who were discharged after a mental illness–related hospitalization are readmitted within 30 days. This rate has been consistent over the last four years and is similar to the rate for many physical health conditions.

UNMET NEED FOR MENTAL HEALTH CARE AMONG PEOPLE WITH MENTAL DISORDERS

Receiving mental health care when needed can support recovery and prevent mental health problems from getting worse. In 2012, 26.3% of Canadians aged 15 and older who reported having mental disorders said they didn't receive care they needed for their emotions, mental health or use of alcohol or drugs. When asked why, many said they preferred to manage themselves, a preference which may reflect concerns about stigma associated with receiving mental health care.

Focus Area: Caregiving

EXPERIENCED VERY HIGH STRESS ASSOCIATED WITH FAMILY CAREGIVING

Of Canadians aged 15 and over who provided care to an immediate family member with a long-term health condition, 16.5% reported very high levels of stress. Canada's aging population means we expect more people with dementia and other chronic illnesses will need family care. Consequently, a rise in the number of family caregivers experiencing excessive stress can be expected.

Focus Area: Children and Youth

ANXIETY AND/OR MOOD DISORDERS–YOUTH

Anxiety and mood disorders are among the most common mental health conditions in children and youth. In 2012, 7.0% of Canadians aged 12–19 reported receiving a diagnosis of an anxiety and/or mood disorder, an increase from 4.7% in 2005. The increase may mean that these disorders are on the rise in youth, but may also reflect better detection by health care professionals.

INTENTIONAL SELF-HARM AMONG COLLEGE STUDENTS

Intentional self-harm is a sign of emotional distress, and those who engage in self-harm are at higher risk for suicide. In the last 12 months, 6.6% of Canadian college students reported intentional self-harm. Eighty percent said they have never harmed themselves on purpose, suggesting that close to 20%—a substantial number—had engaged in self-harm at some point in the past.

SCHOOLS WITH MENTAL HEALTH PROMOTION MODULES

School engagement in health programs may promote emotional well-being and offer protection against mental health problems. Only 7.0% of schools have accessed the Joint Consortium on School Health's Healthy School Planner- foundational module, but because this module was only launched in November 2012, this figure is preliminary.

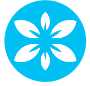
Focus Area: Diversity

EXPERIENCED DISCRIMINATION–GENERAL POPULATION

Over the past five years, about one in seven Canadians aged 15 and older reported experiencing discrimination, which can increase the likelihood of both physical and mental health problems. This rate represents a substantial proportion of the population, but it is lower than the rates reported in the United States and hasn't changed much from the rate in 2004.

Indicator Overview

INDICATOR	Data Summary



Focus Area: Diversity, cont.

SENSE OF BELONGING AMONG IMMIGRANTS	Research has shown a positive relationship between community belonging and good self-reported health (both physical and mental). About two-thirds of immigrants in Canada report a strong sense of community belonging. This figure has grown consistently since 2003 and is higher than in non-immigrant populations.

Focus Area: Economic Prosperity

EXPERIENCED HIGH STRESS AT WORK	Work-related stress lowers productivity, increases short- and long-term absences and contributes to mental health problems. Among Canadian workers aged 15–75, 28.4% reported high work-related stress. This rate has gone down slightly since 2005, but a substantial proportion of workers are highly stressed most of their working days.
MENTAL ILLNESS-RELATED DISABILITY CLAIMS	Mental health problems can interfere with the ability to work and function in other areas of life. In 2013, 99,203 Canadians received Canada Pension Plan disability benefits for mental health reasons, representing 30.4% of all claims. This figure has steadily increased since 2004 and is higher than disability benefits claimed for other health reasons.

Focus Area: Recovery

SELF-RATED MENTAL HEALTH IN PEOPLE WITH COMMON MENTAL HEALTH CONDITIONS	Self-rated mental health reflects a person's capacity for enjoyment, sense of well-being and coping abilities. Among those with mental health conditions, good mental health is a focus of recovery efforts. Only a third of Canadians, aged 12 and older, with common mental health conditions report very positive mental health. This proportion hasn't changed much from previous years, but it's dramatically lower than the 72% of Canadians without a mental disorder who report very positive mental health.

Focus Area: Seniors

ANXIETY AND/OR MOOD DISORDERS–SENIORS	Among Canadians aged 65 and over, 8.5% reported having ever been diagnosed with an anxiety and/or mood disorder. While this rate may be considered low, seniors may be less likely to report psychiatric concerns to their doctor, and it is higher than the rate of 6.5% in 2005. The increase may mean that these disorders are on the rise, but it may also reflect better detection by health care professionals.

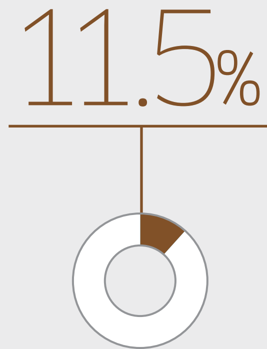
Focus Area: Suicide

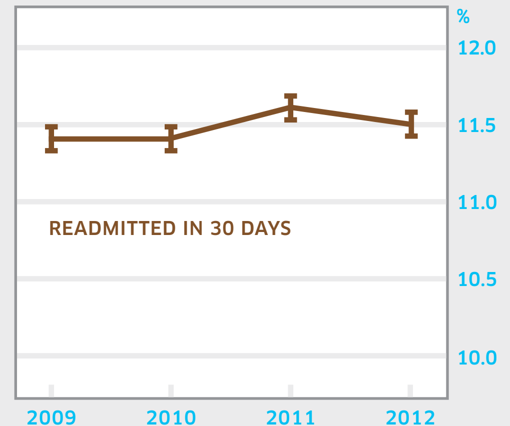
SUICIDE RATES – GENERAL POPULATION	Suicide is arguably the most tragic consequence of mental illness. Among those who die by suicide, a large percentage have a history of mental health problems. In 2011, 10.8 per 100,000 people—or 3,728 Canadians—died because of suicide. Suicide rates in Canada, while stable over time, are higher than in some other G8 countries.

Focus: Access and Treatment
Strategic Direction: Access to Services

STATUS

INDICATOR: MENTAL ILLNESS HOSPITAL RE-ADMISSIONS WITHIN 30 DAYS





WHAT IT IS:

The percentage of people aged 15 and over in 2013 readmitted to hospital within 30 days of hospital discharge for a stay related to a mental illness.

WHY IT IS IMPORTANT:

Often readmission for patients previously hospitalized for a mental illness indicates relapse or complications. However rapid readmission may reflect lack of stabilization during the previous hospitalization, poor discharge planning or inadequate community support. This indicator is routinely tracked by the Canadian Institute for Health Information (CIHI) as a key measure of system performance.

WHAT IT TELLS US:

Just over 10% of people discharged from hospital after a stay related to a mental illness are readmitted within 30 days. This is a rate that has been consistent over the last four years. The hospital readmission rate for mental illness is similar to that for various physical health conditions, also regularly tracked by CIHI. Due to uncertainty regarding the appropriateness of reasons for readmission, this indicator is coded yellow.

SOURCE:

CIHI Health Indicator portal:

http://www.cihi.ca/hirpt/search.jspa?href=http%3A//www.cihi.ca/hirpt/SearchServlet

LIMITATIONS:

Excludes patients admitted to free standing psychiatric facilities.

LINK TO MHCC ACTIVITIES:

E-MENTAL HEALTH TOPIC PAGE:

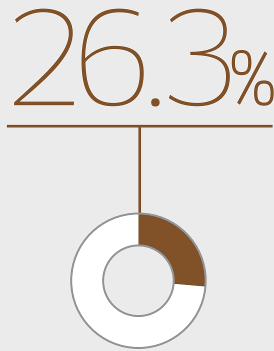
http://www.mentalhealthcommission.ca/English/issues/e-mental-health

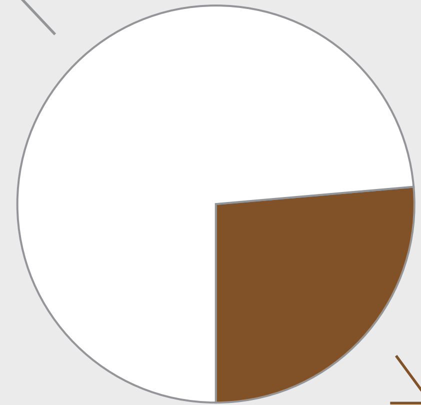
Focus: Access and Treatment
Strategic Direction: Access to Services

STATUS

INDICATOR: UNMET NEED FOR MENTAL HEALTH CARE AMONG PEOPLE WITH MENTAL DISORDERS

26.3%





WHAT IT IS:

The percentage of Canadians aged 15 and older with mental disorders that reported in 2012 there was a time they needed mental health care but did not receive the care that was needed.

WHY IT IS IMPORTANT:

Receipt of mental health care when needed can be necessary to support improvement and recovery and to prevent worsening of mental health problems that could lead to increased disability or to other harms.

WHAT IT TELLS US:

In 2012, a sizeable percentage (26.3%) of people who were identified as having mental disorders in a large national survey reported that they did not receive care they needed for their emotions, mental health or use of alcohol or drugs. It is notable that, when asked the reasons why they did not get the help they needed, the most common answer given was that they preferred to manage themselves. This could be due to a true preference to manage and recover without mental health care or could be due to fears or concerns about receiving mental health care, such as associated stigma.

SOURCE:

Canadian Community Health Survey, Mental Health Supplement, Statistics Canada, Public Use Microdata File, Statistics Canada (years 2002 and 2012)

LIMITATIONS:

The findings in the national survey are limited to a subset of people with mental disorders (i.e., mood, anxiety, and substance use disorders) and may not reflect levels of unmet need amongst people with other mental disorders.

LINK TO MHCC ACTIVITIES:

RECOVERY TOPIC PAGE:
http://www.mentalhealthcommission.ca/recovery

STIGMA TOPIC PAGE:
http://www.mentalhealthcommission.ca/English/issues/stigma

AT HOME/CHEZ-SOI:
http://www.mentalhealthcommission.ca/English/initiatives-and-projects/home

MENTAL ILLNESS-RELATED STRUCTURAL STIGMA:
http://www.mentalhealthcommission.ca/English/node/35901

GUIDELINES FOR PRACTICE AND TRAINING OF PEER SUPPORT:
http://www.mentalhealthcommission.ca/English/node/18291

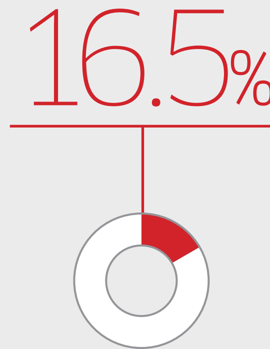
E-MENTAL HEALTH TOPIC PAGE:
http://www.mentalhealthcommission.ca/English/issues/e-mental-health

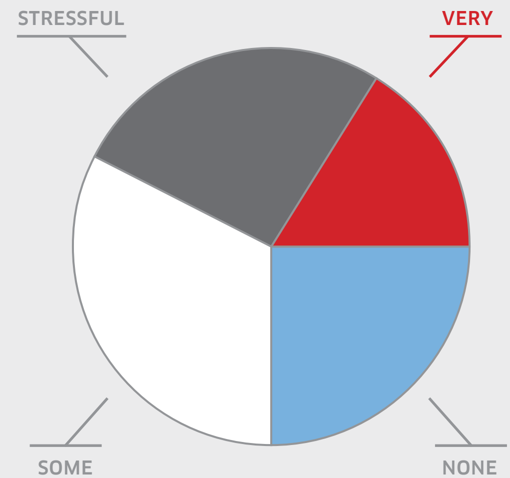
Focus: Caregiving

Strategic Direction: Promotion and Prevention

STATUS

INDICATOR: EXPERIENCED VERY HIGH STRESS ASSOCIATED WITH FAMILY CAREGIVING





WHAT IT IS:

The percentage of Canadians aged 15 and over in 2012 that provided care to an immediate family member with a long-term health condition, a physical or mental disability or aging-related problem in the past 12 months and reported their caregiving responsibilities were *very stressful*.

WHY IT IS IMPORTANT:

Caregivers are an invaluable asset to formal health care and social service systems in supporting individuals with physical and/or mental health conditions. The demands of family caregiving can result in overwhelming stress on a day to-day and longer-term basis, putting a caregiver's own health at risk.

WHAT IT TELLS US:

Very high levels of stress are reported by 16.5% of the population in family caregiving roles. Canada's aging population means higher projected numbers of people with dementia and other chronic illnesses. This may result in an increase in the number of family caregivers and consequently, a rise in those subject to excessive stress. Hence this indicator is coded red.

SOURCE:

General Social Survey Cycle 26 (2012)

LIMITATIONS:

Does not include data from Canadian territories.

LINK TO MHCC ACTIVITIES:

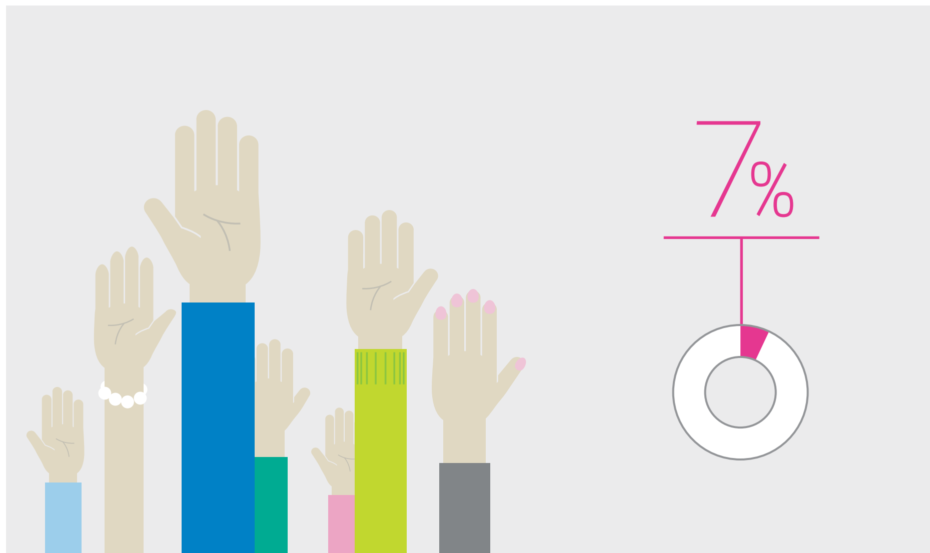
CAREGIVER TOPIC PAGE:
http://www.mentalhealthcommission.ca/English/issues/caregiving

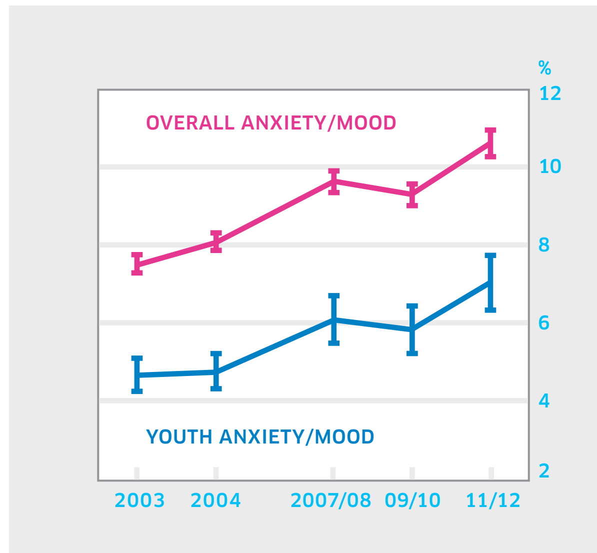
NATIONAL CAREGIVER GUIDELINES:
http://www.mentalhealthcommission.ca/English/node/8601

Focus: Children and Youth
Strategic Direction: Promotion and Prevention

STATUS

INDICATOR: ANXIETY AND/OR MOOD DISORDERS – YOUTH





WHAT IT IS:

7% of Canadians aged 12 to 19 years in 2012 that reported they have an anxiety disorder and/or mood disorder which has been formally diagnosed by a health care professional.

WHY IT IS IMPORTANT:

Anxiety and mood disorders are among the most common mental health conditions in children and youth and can negatively affect social and academic functioning. Early identification and treatment can prevent the development of more severe problems and improve long-term outcomes.

WHAT IT TELLS US:

In 2012, a larger percentage of youth reported that they had received a diagnosis of an anxiety disorder and/or mood disorder than was the case in previous years. The rate of 7.0% in the most recent survey was significantly higher than rates in 2003 (4.6%) and 2005 (4.7%). While it might be concluded that these disorders are on the rise in youth, increasing rates may also reflect better detection and diagnosis by health care professionals, particularly family doctors who would see the large majority of such individuals. Due to this uncertainty, this indicator is coded yellow.

SOURCE:

Canadian Community Health Survey, Statistics Canada, Public Use Microdata File, Statistics Canada (years 2003, 2005, 2007/08, 2009/10, 2011/12)

LIMITATIONS:

Self-reports of diagnosed anxiety and mood disorders are based on single survey questions and may not correspond to prevalence rates based on epidemiologic studies.

LINK TO MHCC ACTIVITIES:

CHILD AND YOUTH TOPIC PAGE:
http://www.mentalhealthcommission.ca/English/issues/child-and-youth

EVERGREEN FRAMEWORK:
http://www.mentalhealthcommission.ca/English/node/1132

YOUTH COUNCIL:
http://www.mentalhealthcommission.ca/mhcc-youth-council

SCHOOL-BASED MENTAL HEALTH:
http://www.mentalhealthcommission.ca/English/node/14036

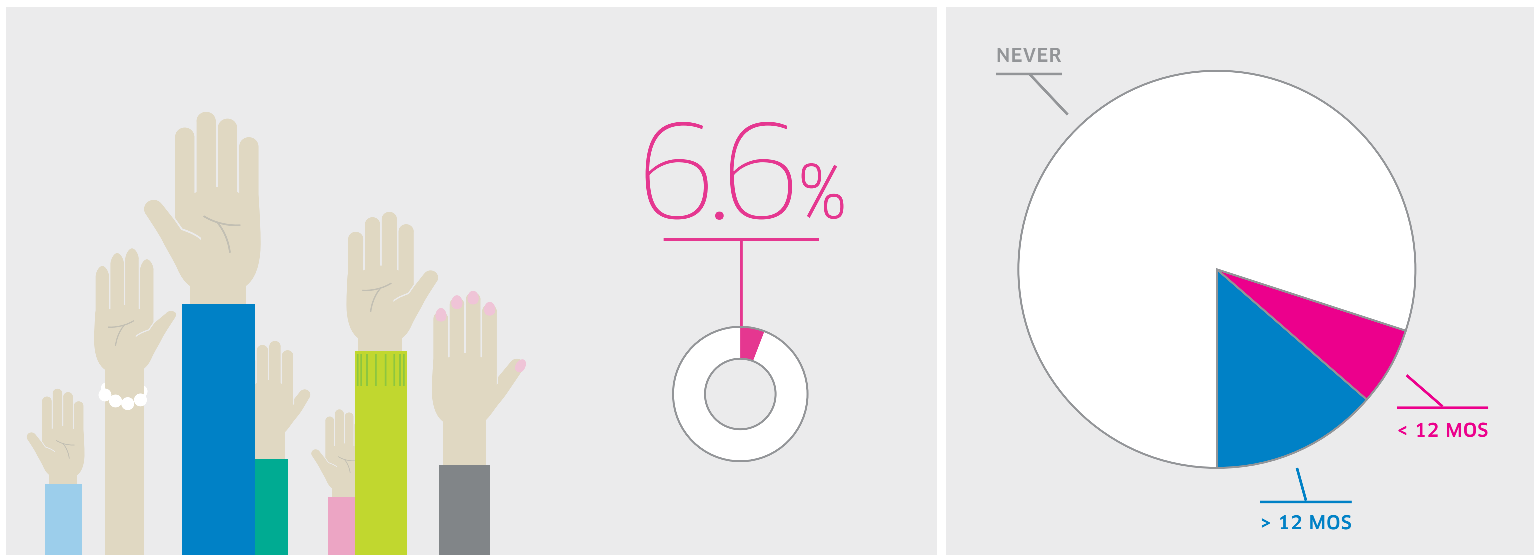
HEADSTRONG (YOUTH ANTI-STIGMA PROJECT):
http://www.mhccheadstrong.ca

MENTAL HEALTH FIRST AID (MHFA):
http://www.mentalhealthcommission.ca/mhfa

Focus: Children and Youth
Strategic Direction: Promotion and Prevention

STATUS

INDICATOR: INTENTIONAL SELF-HARM AMONG COLLEGE STUDENTS



WHAT IT IS:

The percentage of Canadian college and university students in 2013 that reported having intentionally cut, burned, bruised, or otherwise injured themselves over the past 12 months.

WHY IT IS IMPORTANT:

While deliberate self-harm often occurs in the absence of suicidal intent, it is considered a clear sign of emotional distress that may result in accidental death or serious injury. Further, among those engaged in self-harm, are individuals who are at risk of dying by suicide at a later date.

WHAT IT TELLS US:

Intentional self-harm in the last 12 months was reported by 6.6% of students. Eighty percent indicated they had never intentionally harmed themselves, revealing that close to 20% had engaged in self-harm at some point in the past. This is a substantial rate of self-harm among college students and therefore is coded red.

SOURCE:

American College Health Association, *National College Health Assessment*; Canadian Reference Group Data Report, Spring 2013

LIMITATIONS:

The *National College Health Assessment* survey included a sample of approximately 34,000 students in 32 Canadian post-secondary institutions. The mean response rate of 20% suggests that results may not represent the larger post-secondary population with complete accuracy.

LINK TO MHCC ACTIVITIES:

CHILD AND YOUTH TOPIC PAGE:
http://www.mentalhealthcommission.ca/English/issues/child-and-youth

EVERGREEN FRAMEWORK:
http://www.mentalhealthcommission.ca/English/node/1132

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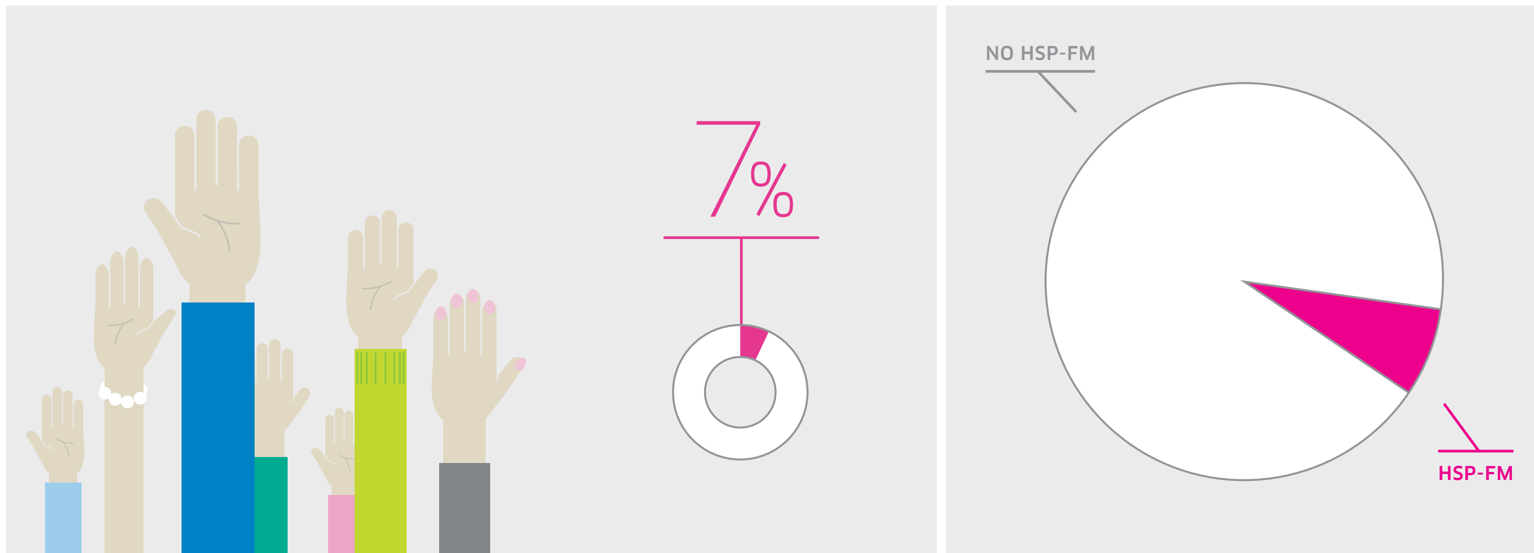
http://www.mentalhealthcommission.ca/mhfa

Focus: Children and Youth

Strategic Direction: Promotion and Prevention

STATUS

INDICATOR: SCHOOLS WITH MENTAL HEALTH PROMOTION MODULES



WHAT IT IS:

The percentage of Canadian schools that have completed the *Foundational Module of the Healthy School Planner (HSP-FM)*, developed by the Pan-Canadian Joint Consortium for School Health (JCSH), since its revision in November 2012.

WHY IT IS IMPORTANT:

Schools are a logical setting in which to promote the health and wellbeing of children and youth. The number of schools that use a comprehensive school health approach in planning for a healthier school environment is one measure of the extent to which schools are interested, and involved, in creating healthy school communities. The JCSH *Healthy School Planner Foundational Module* includes a focus on the school's social environment which addresses factors closely linked to mental health promotion in the school setting. Healthy school communities have the potential to protect against mental health problems.

WHAT IT TELLS US:

There are over 14,000 schools in Canada. 7% or 1012 schools have completed the HSP-FM. The revised version of the JCSH's Healthy School Planner (which, for the first time, included the *Foundational Module*) was only launched in November 2012. As such, time to see the trend in uptake is short, and hence this indicator is coded yellow.

SOURCE:

Pan-Canadian Joint Consortium for School Health (jcsh-cces.ca); Propel Centre for Population Health Impact, University of Waterloo (uwaterloo.ca/propel/)

LIMITATIONS:

Completion of the HSP-FM does not necessarily imply that the recommended actions are being implemented. Conversely, the rate of uptake of the module may underestimate the number of schools using comprehensive school health approaches in planning for a healthier school.

LINK TO MHCC ACTIVITIES:

CHILD AND YOUTH TOPIC PAGE:
http://www.mentalhealthcommission.ca/English/issues/child-and-youth

EVERGREEN FRAMEWORK:
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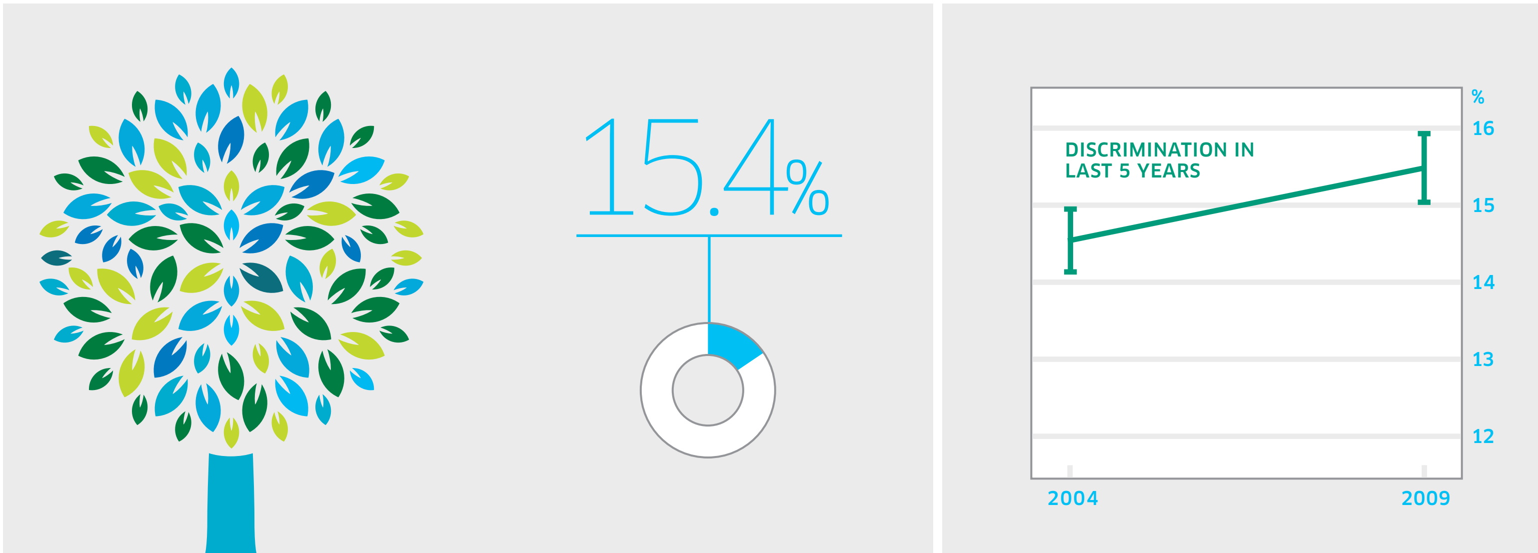
HEADSTRONG (YOUTH ANTI-STIGMA PROJECT):
http://www.mhccheadstrong.ca

MENTAL HEALTH FIRST AID (MHFA):
http://www.mentalhealthcommission.ca/mhfa

STATUS

Focus: Diversity
Strategic Direction: Disparities and Diversity

INDICATOR: EXPERIENCED DISCRIMINATION – GENERAL POPULATION



WHAT IT IS:

The percentage of Canadians aged 15 and older that reported, in 2009, having experienced discrimination or been treated unfairly by others over the past five years.

WHY IT IS IMPORTANT:

Perceived discrimination increases the likelihood of both physical and mental health problems. Research evidence suggests that the experience of unfair treatment, rather than the reason for discrimination, is responsible for psychological distress. The occurrence of perceived discrimination across individuals with diverse socio-demographic characteristics suggests it represents an important vulnerability factor in population health.

WHAT IT TELLS US:

Approximately, one in seven Canadians reported experiencing discrimination or unfair treatment over the past five years. While this represents a substantial proportion of the population, the rate is lower than that found in the United States. No significant difference was apparent between the 2009 and 2004 (14.6%) proportion reporting discrimination. Therefore this indicator is coded yellow.

SOURCE:

General Social Survey Cycle 23 (2009) and Cycle 18 (2004)

LIMITATIONS:

The 2009 GSS survey question pertaining to discrimination increased the number of reasons for discrimination to ten from nine. Physical appearance (other than skin colour) as a reason for discrimination had not been included in 2004 survey.

LINK TO MHCC ACTIVITIES:

DIVERSITY TOPIC PAGE:

http://www.mentalhealthcommission.ca/English/issues/diversity

ISSUES AND OPTIONS REPORT:

http://www.mentalhealthcommission.ca/English/node/457

MULTI-CULTURAL MENTAL HEALTH RESOURCE CENTRE:

http://www.multiculturalmentalhealth.ca/

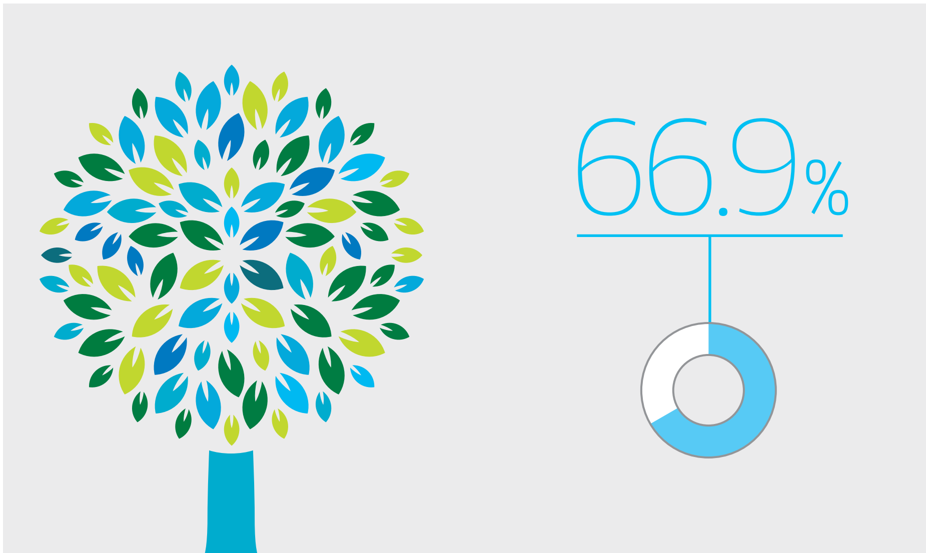
UNDERSTANDING THE ISSUES, BEST PRACTICE AND OPTIONS FOR SERVICE DEVELOPMENT TO MEET THE NEEDS OF ETHNO-CULTURAL GROUPS, IMMIGRANTS, REFUGEES, AND RACIALIZED GROUPS:

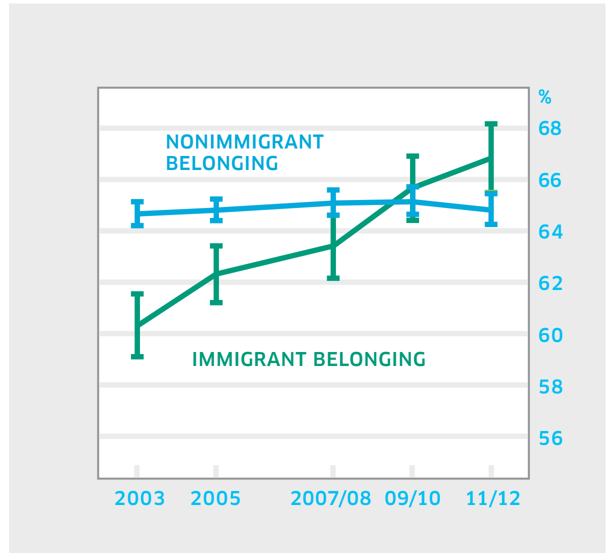
http://www.mentalhealthcommission.ca/English/node/87

Focus: Diversity
Strategic Direction: Disparities and Diversity

INDICATOR: SENSE OF BELONGING AMONG IMMIGRANTS

STATUS





WHAT IT IS:

66.9% of immigrants aged 12 and over in 2012 that rated their community belonging as *somewhat strong* or *very strong*.

WHY IT IS IMPORTANT:

Research has shown a relationship between community belonging and self-reported health status (both physical and mental). Immigrants may face challenges associated with integration and adaptation to a new culture, contributing to a weaker sense of community belonging. Conversely, immigrants with a strong sense of belonging should experience positive mental health.

WHAT IT TELLS US:

Approximately two-thirds of immigrants in Canada indicated a strong sense of community belonging. This figure has increased consistently since 2003. Sense of belonging is slightly higher in immigrants who have been in Canada for more than ten years than those that have been here less than ten years. Furthermore, the percentage of immigrants reporting very strong belonging is higher than non-immigrant populations. Consequently, this indicator is coded green.

SOURCE:

Canadian Community Health Survey, Statistics Canada, Public Use Microdata File, Statistics Canada (years 2003, 2005, 2007/08, 2009/10, 2011/12)

LIMITATIONS:

Immigrants are highly diverse and include those who have resided in Canada for varying lengths of time and those who entered as refugees.

LINK TO MHCC ACTIVITIES:

DIVERSITY TOPIC PAGE:

http://www.mentalhealthcommission.ca/English/issues/diversity

ISSUES AND OPTIONS REPORT:

http://www.mentalhealthcommission.ca/English/node/457

MULTI-CULTURAL MENTAL HEALTH RESOURCE CENTRE:

http://www.multiculturalmentalhealth.ca/

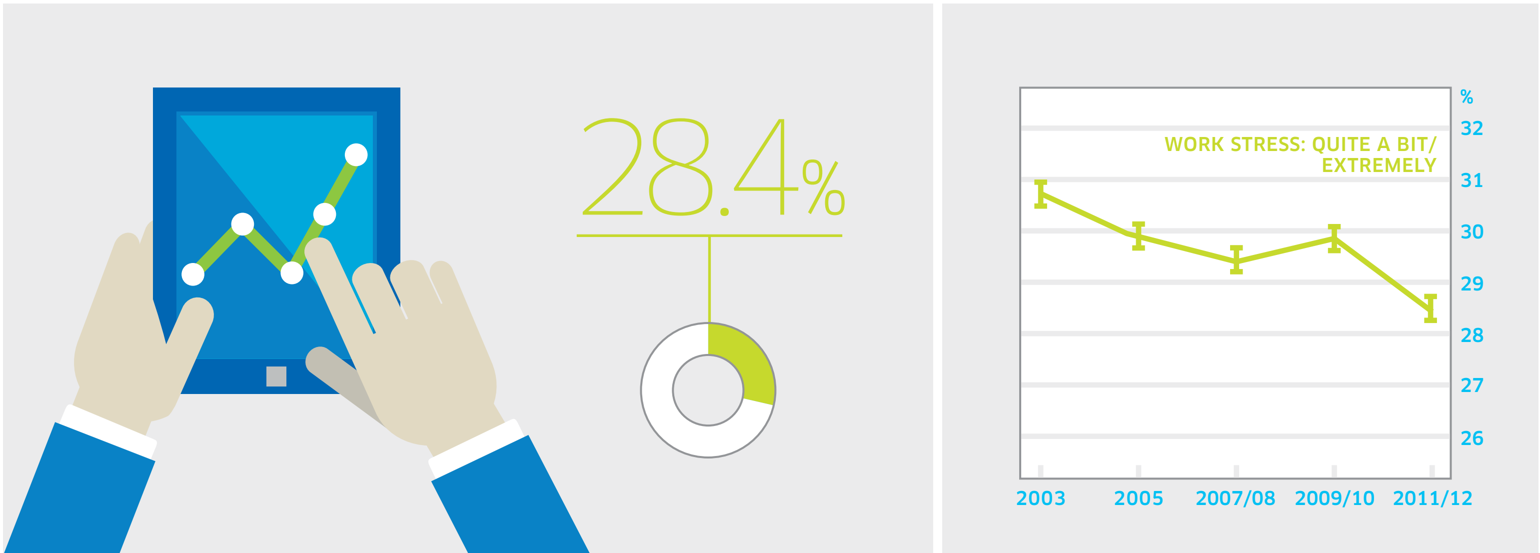
UNDERSTANDING THE ISSUES, BEST PRACTICE AND OPTIONS FOR SERVICE DEVELOPMENT TO MEET THE NEEDS OF ETHNO-CULTURAL GROUPS, IMMIGRANTS, REFUGEES, AND RACIALIZED GROUPS:

http://www.mentalhealthcommission.ca/English/node/87

Focus: Economic Prosperity
Strategic Direction: Promotion and Prevention

STATUS

INDICATOR: EXPERIENCED HIGH STRESS AT WORK



WHAT IT IS:

The percentage of Canadians aged 15-75 in 2012 that worked over the past year and reported that most days at work are *quite a bit stressful* or *extremely stressful*.

WHY IT IS IMPORTANT:

Work-related stress extracts a huge fiscal and social toll in Canada. Stress associated with the workplace lowers productivity, increases short- and long-term absences and contributes to mental health problems among workers.

WHAT IT TELLS US:

More than one-quarter of Canadian workers perceived work-associated stress to be high. While this rate has declined slightly since 2003 and 2005 there remains a substantial proportion of workers who are highly stressed most of their working days. Consequently, this indicator is coded yellow.

SOURCE:

Canadian Community Health Survey, Statistics Canada, Public Use Microdata File, Statistics Canada (years 2003, 2005, 2007/08, 2009/10, 2011/12)

LIMITATIONS:

When taken as a measure of the entire working age population, rates of perceived stress for distinct groups can be masked.

LINK TO MHCC ACTIVITIES:

WORKPLACE TOPIC PAGE:
http://www.mentalhealthcommission.ca/English/issues/workplace

CASE STUDY PROJECT:
http://www.mentalhealthcommission.ca/standardcasestudy

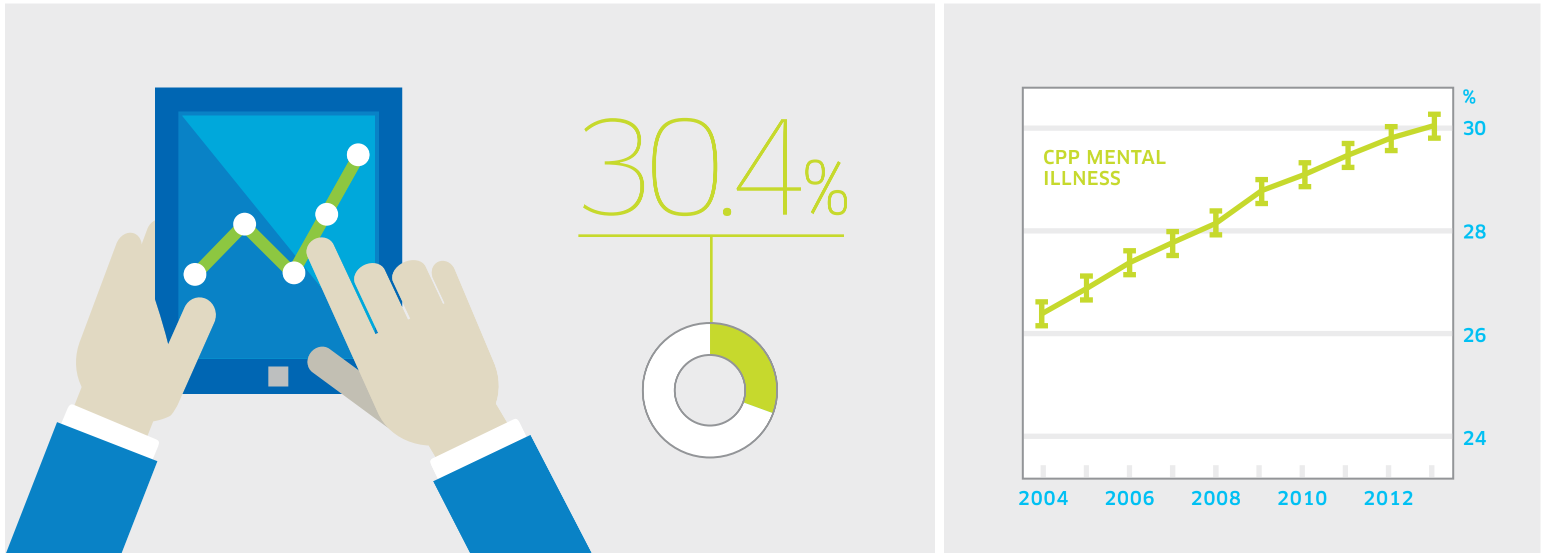
NATIONAL STANDARD:
http://www.mentalhealthcommission.ca/nationalstandard

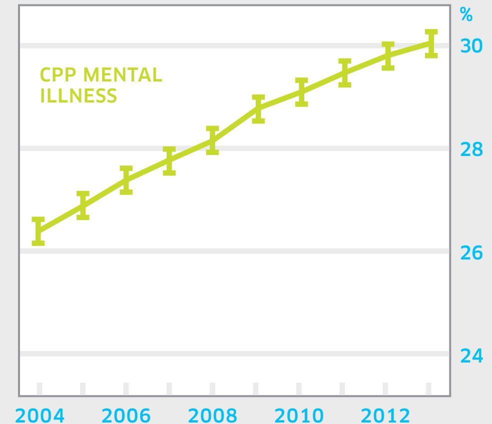
ASPIRING WORKFORCE:
http://www.mentalhealthcommission.ca/aspiringworkforce

Focus: Economic Prosperity
Strategic Direction: Promotion and Prevention

STATUS

INDICATOR: MENTAL ILLNESS-RELATED DISABILITY CLAIMS





WHAT IT IS:

The percentage of Canadian Pension Plan (CPP) disability beneficiaries whose claims were related to mental disorders in 2013.

WHY IT IS IMPORTANT:

Mental illness can interfere with the ability to work and to function in other areas of life. As the economic and social impact of mental health related disability is considerable, efforts to address and support workers' mental health are important.

WHAT IT TELLS US:

99,203 Canadians received CPP disability benefits for mental health reasons in 2013, representing 30.4% of all claims. As a proportion, this figure has steadily increased since 2004. Mental disorders are the largest diagnostic class when compared to disability benefits for other health reasons. While it might be concluded that the number of people unable to work because of mental illness is increasing over time, it may also be that decreasing stigma has resulted in a growing understanding that mental illness represents a legitimate reason for compensable disability. As a result of this uncertainty, this indicator is coded yellow.

SOURCE:

Service Canada: Canada Pension Plan Disability Benefits by Class of Diagnosis http://www.servicecanada.gc.ca/eng/services/pensions/statistics/cppd.shtml for years 2012-2013. Data from 2004-2011 were obtained from Statistics Canada.

LIMITATIONS:

This indicator does not capture short-term work-related disability associated with mental illness and only reflects individuals who have made sufficient Canada Pension Plan contributions and have mental health disabilities that prevent regular work in any job. Consequently, this indicator likely underestimates mental health work-related disability.

LINK TO MHCC ACTIVITIES:

WORKPLACE TOPIC PAGE:
http://www.mentalhealthcommission.ca/English/issues/workplace

CASE STUDY PROJECT:
http://www.mentalhealthcommission.ca/standardcasestudy

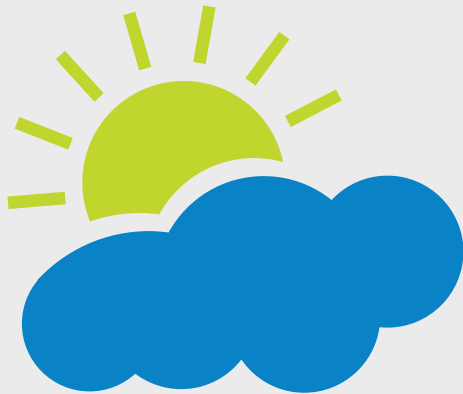
NATIONAL STANDARD:
http://www.mentalhealthcommission.ca/nationalstandard

ASPIRING WORKFORCE:
http://www.mentalhealthcommission.ca/aspiringworkforce

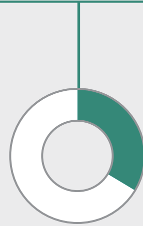
Focus: Recovery
Strategic Direction: Recovery and Rights

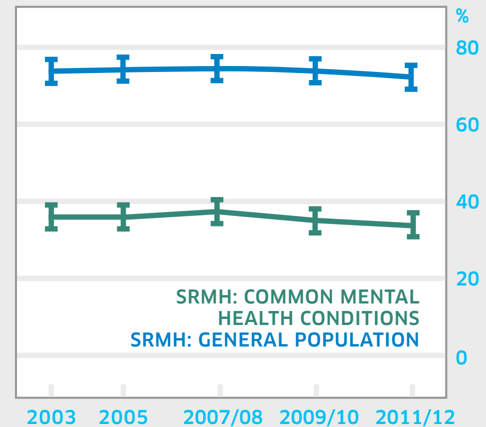
STATUS

INDICATOR: SELF-RATED MENTAL HEALTH IN PEOPLE WITH COMMON MENTAL HEALTH CONDITIONS



33.5%





WHAT IT IS:

The percentage of Canadians aged 12 and over in 2012 with common mental health conditions that rated their mental health as *very good* or *excellent* in 2011/12.

WHY IT IS IMPORTANT:

Mental health is distinct from mental illness but at the same time is influenced by the presence of a mental health condition. Self-rated mental health reflects a person's capacity for enjoyment, sense of wellbeing and coping abilities despite existing challenges and limitations. Good mental health is a focus of recovery efforts, particularly among those with chronic mental health conditions.

WHAT IT TELLS US:

Only a third of Canadians with common mental health conditions reported very positive mental health. While this proportion is not significantly different from previous years, it is dramatically lower than the 72% of Canadians without a mental disorder who report very positive mental health. Therefore this indicator is coded red.

SOURCE:

Canadian Community Health Survey, Statistics Canada, Public Use Microdata File, Statistics Canada (years 2003, 2005, 2007/08, 2009/10, 2011/12)

LIMITATIONS:

Common mental health conditions in this context include mood and anxiety disorders only and are not representative of the full spectrum of mental disorders.

LINK TO MHCC ACTIVITIES:

RECOVERY TOPIC PAGE:
http://www.mentalhealthcommission.ca/recovery

MENTAL HEALTH STRATEGY OF CANADA:
http://www.mentalhealthcommission.ca/strategy

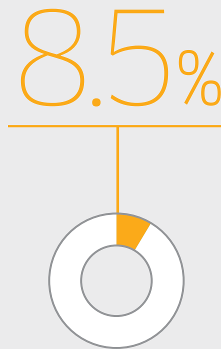
DECLARATION:
http://www.mentalhealthcommission.ca/English/node/25671

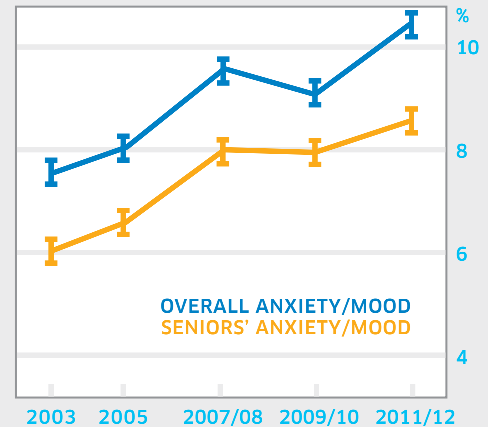
RECOVERY INVENTORY:
http://www.mentalhealthcommission.ca/inventory

STATUS

Focus: Seniors
Strategic Direction: Promotion and Prevention

INDICATOR: ANXIETY AND/OR MOOD DISORDERS - SENIORS





WHAT IT IS:

The percentage of Canadians aged 65 years and over in 2012 that reported they have an anxiety disorder and/or mood disorder which has been formally diagnosed by a health care professional.

WHY IT IS IMPORTANT:

Anxiety and mood disorders are the most common mental health conditions experienced over the lifespan. These conditions do not necessarily decline with age. Seniors may be less likely to report psychiatric concerns to their family doctor and symptoms may be misconstrued as early dementia or other age-related changes. As a result, seniors with common mental health conditions may not receive the appropriate treatment.

WHAT IT TELLS US:

Only 8.5% of seniors reported having ever been diagnosed with an anxiety disorder and/or mood disorder. While this rate may be considered low, it is significantly higher than reported rates in 2003 (6.0%) and 2005 (6.5%). Whether increases reflect a real change in the prevalence of anxiety disorders and/or mood disorders or of an improvement in the detection and diagnosis of these conditions by health care professionals is not known. Consequently, this indicator is coded yellow.

SOURCE:

Canadian Community Health Survey, Statistics Canada, Public Use Microdata File, Statistics Canada (years 2003, 2005, 2007/08, 2009/10, 2011/12)

LIMITATIONS:

Self-reports of diagnosed anxiety and mood disorders are based on single survey questions and may not correspond to prevalence rates based on epidemiologic studies.

LINK TO MHCC ACTIVITIES:

SENIORS TOPIC PAGE:

http://www.mentalhealthcommission.ca/English/issues/seniors

GUIDELINES FOR COMPREHENSIVE MENTAL HEALTH SERVICES IN OLDER ADULTS:

http://www.mentalhealthcommission.ca/English/node/279

SENIORS ANTI-STIGMA:

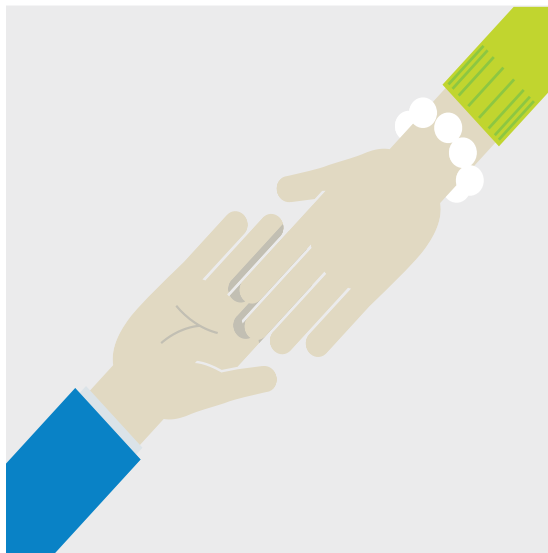
http://www.mentalhealthcommission.ca/English/node/44826

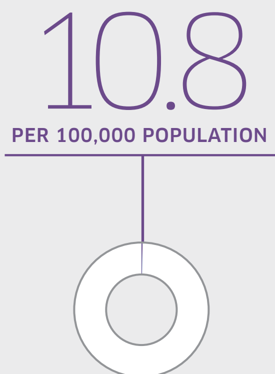
Focus: Suicide

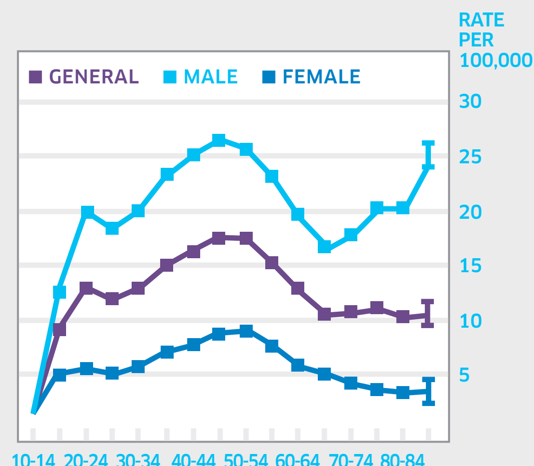
Strategic Direction: Promotion and Prevention

INDICATOR: SUICIDE RATES - GENERAL POPULATION

STATUS







WHAT IT IS:

The rate of suicide per 100,000 population in Canada.

WHY IT IS IMPORTANT:

Suicide is arguably the most tragic consequence of mental illness. Among those who die by suicide, a very large percentage have a history of mental health problems. Suicide is preventable and a better understanding of the numbers, characteristics and contexts can help us better learn how and when to intervene.

WHAT IT TELLS US:

A rate of 10.8 per 100,000 population represents 3,728 Canadian deaths due to suicide in 2011. Suicides in males are significantly higher than in females. In 2011 the rate for males was 16.3/100,000 while that for females was 5.4/100,000. Overall, rates peak between the ages of 40 and 60 and a trend is evident for increased suicide in later life for men.

Rates of suicide in Canada have not changed significantly over the last ten years, and remain higher than the rates in some G8 countries. This, coupled with the high rate of suicide among Canadian males relative to females, is cause for concern. Hence this indicator is coded red.

SOURCE:

CANSIM Table 102-0551

LIMITATIONS:

Investigations of cause of death can be difficult and consequently the determination of death by suicide may not always be accurate.

LINK TO MHCC ACTIVITIES:

SUICIDE TOPIC PAGE:

http://www.mentalhealthcommission.ca/English/issues/suicide-prevention

SUICIDE COLLABORATIVE FRAMEWORK:

http://www.mentalhealthcommission.ca/English/node/898

E-CONFERENCE LINK (WEBINARS):

http://www.mentalhealthcommission.ca/English/issues/suicide-prevention/suicide-prevention-webinar-series

SCHOOL-BASED MENTAL HEALTH:

http://www.mentalhealthcommission.ca/English/node/921