# Statistics Regarding Registered Psychotherapists and Mental Health in Canada

**Did you know that as of 2018/2019 there are 6782 RP's in Ontario alone** (CRPO annual report 2018/2019)

The terms "mental illness" and "addiction" refer to a wide range of disorders that affect mood, thinking and behaviour. Examples include depression, anxiety disorders and schizophrenia, as well as substance use disorders and problem gambling. Mental illness and addiction can be associated with distress and/or impairment of functioning. Symptoms vary from mild to severe. With appropriate treatment and support, most people will recover. Read more at: https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics

## Prevalence

- In any given year, 1 in 5 Canadians experiences a mental illness or addiction problem.[1]
- By the time Canadians reach 40 years of age, 1 in 2 have—or have had—a mental illness.[1]

## Who is affected?

- 70% of mental health problems have their onset during childhood or adolescence.[2]
- Young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders than any other age group.[3]
- 34% of Ontario high-school students indicate a moderate-to-serious level of psychological distress (symptoms of anxiety and depression). 14% indicate a serious level of psychological distress.[35]
- Men have higher rates of addiction than women, while women have higher rates of mood and anxiety disorders.[3]
- Mental and physical health are linked. People with a long-term medical condition such as chronic pain are much more likely to also experience mood disorders. Conversely, people

with a mood disorder are at much higher risk of developing a long-term medical condition.[36]

- People with a mental illness are twice as likely to have a substance use problem compared to the general population. At least 20% of people with a mental illness have a co-occurring substance use problem.[4] For people with schizophrenia, the number may be as high as 50%.[5]

- Similarly, people with substance use problems are up to 3 times more likely to have a mental illness. More than 15% of people with a substance use problem have a co-occurring mental illness.[4]

- Canadians in the lowest income group are 3 to 4 times more likely than those in the highest income group to report poor to fair mental health.[6]

- Studies in various Canadian cities indicate that between 23% and 67% of homeless people report having a mental illness.[7]

### Morbidity and mortality

- Mental illness is a leading cause of disability in Canada.[8,9,10]

- People with mental illness and addictions are more likely to die prematurely than the general population. Mental illness can cut 10 to 20 years from a person's life expectancy.[11]

- The disease burden of mental illness and addiction in Ontario is 1.5 times higher than all cancers put together and more than 7 times that of all infectious diseases. This includes years lived with less than full function and years lost to early death.[12]

- Tobacco, the most widely used addictive substance, is the leading cause of premature mortality in Canada. Smoking is responsible for nearly 17% of all deaths.[13]

- Among Ontarians aged 25 to 34, 1 of every 8 deaths is related to opioid use.[14]

### Suicide

- About 4,000 Canadians per year die by suicide—an average of almost 11 suicides a day.[15] It affects people of all ages and backgrounds.

- On a per-capita basis, suicide rates in Canada are on a downward trend. They peaked in 1983 at 15.1 deaths per 100,000 people (compared to 11.0 per 100,000 in 2016—the latest year for which these data are available).[15, 16]

- In Ontario about 2% of adults and 14% of high-school students report having seriously contemplated suicide in the past year. 4% of high-school students report having attempted suicide.[17,35]
- More than 75% of suicides involve men, but women attempt suicide 3 to 4 times more often.[15,17]
- More than half of suicides involve people aged 45 or older.[19]
- In 2016, suicide accounted for 19% of deaths among youth aged 10 to 14, 29% among youth aged 15 to 19, and 23% among young adults aged 20-24.[19]
- After accidents, it is the second leading cause of death for people aged 15-24.[15]
- First Nations youth die by suicide about 5 to 6 times more often than non-Aboriginal youth. Suicide rates for Inuit youth are among the highest in the world, at 11 times the national average.[20]

## Stigma

According to a 2008 survey:[21]

- Just 50% of Canadians would tell friends or co-workers that they have a family member with a mental illness, compared to 72% who would discuss a diagnosis of cancer and 68% who would talk about a family member having diabetes.
- 42% of Canadians were unsure whether they would socialize with a friend who has a mental illness.
- 55% of Canadians said they would be unlikely to enter a spousal relationship with someone who has a mental illness.
- 46% of Canadians thought people use the term mental illness as an excuse for bad behaviour, and 27% said they would be fearful of being around someone who suffers from serious mental illness.

In 2015:[22]

- 57% of Canadians believe that the stigma associated with mental illness has been reduced compared to five years ago.
- 81% are more aware of mental health issues compared to five years ago.
- 70% believe attitudes about mental health issues have changed for the better compared to five years ago.

But stigma remains a barrier:

- 64% of Ontario workers would be concerned about how work would be affected if a colleague had a mental illness.[21]
- 39% of Ontario workers indicate that they would not tell their managers if they were experiencing a mental health problem.[21]
- 40% of respondents to a 2016 survey agreed they have experienced feelings of anxiety or depression but never sought medical help for it.[35]

### Access to services

- While mental illness accounts for about 10% of the burden of disease in Ontario, it receives just 7% of health care dollars. Relative to this burden, mental health care in Ontario is underfunded by about $1.5 billion.[8,24]
- The Mental Health Strategy for Canada recommends raising the proportion of health spending that is devoted to mental health to 9% by 2022.[25]
- Only about half of Canadians experiencing a major depressive episode receive ‘‘potentially adequate care.’’[38]
- Of Canadians aged 15 or older who report having a mental health care need in the past year, one third state that their needs were not fully met.[41]
- An estimated 75% of children with mental disorders do not access specialized treatment services.[26]
- In 2013-2014, 5% of ED visits and 18% of inpatient hospitalizations for children and youth age 5 to 24 in Canada were for a mental disorder.[27]
- Wait times for counselling and therapy can be long, especially for children and youth. In Ontario, wait times of six months to one year are common.[39,40]

### Costs to society

- The economic burden of mental illness in Canada is estimated at $51 billion per year. This includes health care costs, lost productivity, and reductions in health-related quality of life.[1,10]
- Individuals with a mental illness are much less likely to be employed.<sup>26</sup> Unemployment rates are as high as 70% to 90% for people with the most severe mental illnesses.[29]

- In any given week, at least 500,000 employed Canadians are unable to work due to mental health problems. This includes:
    - approximately 355,000 disability cases due to mental and/or behavioural disorders[30]
    - approximately 175,000 full-time workers absent from work due to mental illness.[31]

- The cost of a disability leave for a mental illness is about double the cost of a leave due to a physical illness.[30]

- A small proportion of all health care patients account for a disproportionately large share of health care costs. Patients with high mental health costs incur over 30% more costs than other high-cost patients.[32]

- In Ontario the annual cost of alcohol-related health care, law enforcement, corrections, lost productivity, and other problems is estimated to be at least $5 billion.[33]

- A growing body of international evidence demonstrates that promotion, prevention, and early intervention initiatives show positive returns on investment.[9,34]
- A growing body of international evidence demonstrates that promotion, prevention, and early intervention initiatives show positive returns on investment.[42]
- The economic cost of substance use in Canada in 2014 was $38.4 billion. This includes costs related to healthcare, criminal justice and lost productivity.[42]
- More than 2/3 of substance use costs are associated with alcohol and tobacco.[42]
- The substances associated with the largest costs to Canadians are alcohol ($14.6 billion), tobacco ($12 billion), opioids ($3.5 billion) and cannabis ($2.8 billion) [42]

---

## Sources


[1] Smetanin et al. (2011). The life and economic impact of major mental illnesses in Canada: 2011-2041. Prepared for the Mental Health Commission of Canada. Toronto: RiskAnalytica.

[2] Government of Canada (2006). The human face of mental health and mental illness in Canada. Ottawa: Minister of Public Works and Government Services Canada.

[3] Pearson, Janz and Ali (2013). Health at a glance: Mental and substance use disorders in Canada. Statistics Canada Catalogue no. 82-624-X.

[4] Rush et al. (2008). Prevalence of co-occurring substance use and other mental disorders in the Canadian population. *Canadian Journal of Psychiatry*, 53: 800-9.

[5] Buckley et al. (2009). Psychiatric comorbidities and schizophrenia. *Schizophrenia Bulletin*, 35: 383-402.

[6] Mawani and Gilmour (2010). Validation of self-rated mental health. Statistics Canada Catalogue no. 82-003-X.

[7] Canadian Institute for Health Information (2007). *Improving the health of Canadians: Mental health and homelessness*. Ottawa: CIHI.

[8] Institute for Health Metrics and Evaluation (2015). *Global Burden of Diseases, Injuries, and Risk Factors Study, 2013*. Data retrieved from http://www.healthdata.org/data-visualization/gbd-compare.

[9] Mental Health Commission of Canada (2014). Why investing in mental health will contribute to Canada's economic prosperity and to the sustainability of our health care system. Retrieved from http://www.mentalhealthcommission.ca/English/node/742.

[10] Lim et al. (2008). A new population-based measure of the burden of mental illness in Canada. *Chronic Diseases in Canada*, 28: 92-8.

[11] Chesney, Goodwin and Fazel (2014). Risks of all-cause and suicide mortality in mental disorders: a meta-review. *World Psychiatry*, 13: 153-60.

[12] Ratnasingham et al. (2012). *Opening eyes, opening minds: The Ontario burden of mental illness and addictions*. An Institute for Clinical Evaluative Sciences / Public Health Ontario report. Toronto: ICES.

[13] Whiteford et al. (2013). Global burden of disease attributable to mental and substance use disorders: Findings from the Global Burden of Disease Study 2010. *Lancet*, 382: 1575-86.

[14] Gomes et al. (2014). The burden of premature opioid-related mortality. *Addiction*, 109: 1482-8.

[15] Statistics Canada (2018). Deaths and age-specific mortality rates, by selected grouped causes, Canada, 2016. Table: 13-10-0392-01

[16] Statistics Canada (2017). Deaths and mortality rate, by selected grouped causes, age group and sex, Canada, 2014. CANSIM 102-0551.

[17] Ialomiteanu et al (2016). *CAMH Monitor eReport: Substance use, mental health and well-being among Ontario adults, 1977-2015*. CAMH Research Document Series no. 45. Toronto: Centre for Addiction and Mental Health.

[18] Navaneelan (2012). Suicide rates, an overview, 1950 to 2009. Statistics Canada Catalogue no. 82-624-X.

[19] Statistics Canada (2018). Leading causes of death, total population, by age group. Canada, 2016. Table 13-10-0394-01

[20] Health Canada (2015). First Nations & Inuit health – mental health and wellness. Retrieved from http://www.hc-sc.gc.ca/fniah-spnia/promotion/mental/index-eng.php.

[21] Canadian Medical Association (2008). 8th annual National Report Card on Health Care. Retrieved from https://www.cma.ca/multimedia/CMA/Content_Images/Inside_cma/Annual_Meeting/2008/GC_Bulletin/National_Report_Card_EN.pdf.

[22] Bell Canada (2015). Bell Let's Talk: The first 5 years (2010-2015). Retrieved from http://letstalk.bell.ca/letstalkprogressreport.

[23] Dewa (2014). Worker attitudes towards mental health problems and disclosure. *International Journal of Occupational and Environmental Medicine*, 5: 175-86.

[24] Brien et al. (2015). *Taking Stock: A report on the quality of mental health and addictions services in Ontario*. An HQO/ICES Report. Toronto: Health Quality Ontario and the Institute for Clinical Evaluative Sciences.

[25] Mental Health Commission of Canada (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary: MHCC.

[26] Waddell et al. (2005). A public health strategy to improve the mental health of Canadian children. *Canadian Journal of Psychiatry*, 50: 226-33.

[27] Canadian Institute for Health Information (2015). *Care for children and youth with mental disorders*. Ottawa: CIHI.

[28] Dewa and McDaid (2010). Investing in the mental health of the labor force: Epidemiological and economic impact of mental health disabilities in the workplace. In *Work Accommodation and Retention in Mental Health* (Schultz and Rogers, eds.). New York: Springer.

[29] Marwaha and Johnson (2004). Schizophrenia and employment: A review. *Social Psychiatry and Psychiatric Epidemiology*, 39: 337-49.

[30] Dewa, Chau, and Dermer (2010). Examining the comparative incidence and costs of physical and mental health-related disabilities in an employed population. *Journal of Occupational and Environmental Medicine*, 52: 758-62. Number of disability cases calculated using Statistics Canada employment data, retrieved from http://www40.statcan.ca/l01/cst01/labor21a-eng.htm.

[31] Institute of Health Economics (2007). *Mental health economics statistics in your pocket*. Edmonton: IHE. Number of absent workers calculated using Statistics Canada work absence rates, retrieved from http://www.statcan.gc.ca/pub/71-211-x/71-211-x2011000-eng.pdf.

[32] De Oliveira et al. (2016). Patients with high mental health costs incur over 30% more costs than other high-cost patients. *Health Affairs*, 35: 36-43.

[33] Rehm et al. (2006). *The costs of substance use in Canada, 2002*. Ottawa: Canadian Centre on Substance Abuse.

[34] Roberts and Grimes (2011). *Return on investment: Mental health promotion and mental illness prevention*. A Canadian Policy Network / Canadian Institute for Health Information report. Ottawa: CIHI.

[35] Boak et al. (2016). *The mental health and well-being of Ontario students, 1991-2015: Detailed OSDUHS findings*. CAMH Research Document Series no. 43. Toronto: Centre for Addiction and Mental Health.

[36] Patten et al. (2005). Long-term medical conditions and major depression: strength of association for specific conditions in the general population. *Canadian Journal of Psychiatry,* 50: 195-202.

[37] Shoppers LOVE. YOU. Run for Women Poll (2016). Online survey conducted by Environics Research.

[38] Patten et al. (2016). Major depression in Canada: what has changed over the past 10 years? *Canadian Journal of Psychiatry*, 61: 80-85. “Potentially adequate treatment” defined as “taking an antidepressant or 6 or more visits to a health professional for mental health reasons.”

[39] Children’s Mental Health Ontario (2016). Ontario’s children waiting up to 1.5 years for urgently needed mental healthcare. Retrieved from https://cmho.org/blog/article2/6519717-ontario-s-children-waiting-up-to-1-5-years-for-urgently-needed-mental-healthcare-3.

[40] Office of the Auditor General of Ontario (2016). Annual report 2016, volume 1. Toronto: Queen’s Printer for Ontario.

[41] Sunderland & Findlay (2013). Perceived need for mental health care in Canada: Results from the 2012 Canadian Community Health Survey – Mental Health. Statistics Canada Catalogue no.82-003-X.

[42] Canadian Centre on Substance Use and Addiction and University of Victoria Canadian Institute for Substance Use Research (2018). Canadian Substance Use Costs and Harms 2007-2014. Retrieved from: **https://www.ccsa.ca/sites/default/files/2019-04/CSUCH-Canadian-Substance-Use-Costs-Harms-Report-2018-en.pdf**