



Mental Health

Chapter 11

This chapter provides data on selected indicators of mental illness and mental health. Most information sources refer to mental illness, so there is limited scope for defining the mental health of York Region residents.

Mental health refers to an ability or capacity to cope with the stresses of life and implies a state of wellbeing.¹⁵² Its importance as a key component of health is supported by the World Health Organization (WHO) definition of health as "optimal physical, mental and social wellbeing, not merely the absence of disease."

It is important to differentiate the concept of mental health from mental illness, which refers to specific diagnosed diseases. Mental illnesses are chronic diseases that frequently cause disability, yet few actually cause death. People can have more than one mental disorder - they may have dual and multiple diagnoses but these interdependencies are not examined in this chapter.

Mental health and illness are also associated with many other manifestations and indicators of health and illness, for example, alcohol and substance abuse, as well as the presence of violent behaviour. On the reverse side, mental illness may actually affect the development of these conditions. Mental health problems are also associated with poverty and poor living conditions. All of these factors are very interwoven, and the causal relationships are hard to untangle.¹⁵³ Data in these areas are not available for the York Region population.

In most instances, York Region hospitalization rates for various mental disorders are decreasing or are lower than the provincial average. Reduced hospitalization rates do not necessarily imply there is less mental illness in the population, since there is a trend towards community treatment on an outpatient basis or with family physicians.

Suicide

Suicide is an act of deliberate, self-inflicted injury with the intention of ending one's life.¹⁵⁴ The number of completed suicides is probably underestimated because, when the intention to commit suicide is not made clear, the cause of death may be misclassified.

There were on average 30 suicides each year among York Region residents between 1995 and 1999. Of the total 151 suicides that occurred during this time period, 114 (75%) were males and 37 (25%) were females.

At a Glance

Suicide deaths in York Region were 47% lower than the provincial average from 1995 to 1999.

Hospitalization rates for attempted suicide among York Region residents declined from 80.3 per 100,000 people in 1997 to 52.2 per 100,000 people in 2001.

Hospitalization rates for schizophrenia were 41% lower than the provincial average between 1997 and 2001.

In 2000/01, 69% of York Region residents reported some or extreme levels of stress in their lives.

75% of York Region survey respondents (ages 12 and over) reported being happy in their life.



Over 40% of those who committed suicide were between the ages of 35 and 54. Eight per cent of the deaths occurred among York Region teenagers 15 to 19 years. Overall, York Region suicide death rates were 47% lower than the provincial average from 1995 to 1999.

Hospitalization rates for attempted suicides among York Region residents declined from 80.3 attempted suicides per 100,000 people in 1997 to 52.2 per 100,000 in 2001. Overall, attempted suicide inpatient hospitalization rates were 33% lower than the provincial average from 1997 to 2001. During that time period, hospitalization rates for York Region females were highest among the 15 to 19 year age group (237.2 per 100,000 female population) and the 20 to 24 year age group (113.9 per 100,000), while male rates were highest in the 35 to 44 year age group (85.1 per 100,000 male population). Female rates are consistently higher than male rates until the 75 to 84 year age group, after which male hospitalization rates for attempted suicide are higher.

Selected Mental Disorders

Schizophrenia

Symptoms of schizophrenia may include altered thinking, perception and behaviour which at some time during the course of the illness reach psychotic proportions (delusions, hallucinations, incoherent speech, agitated behaviour).

Inpatient hospitalization rates among York Region residents for schizophrenia fell from 54.9 per 100,000 people in 1997 to 47.1 in 2001. During this period, the York Region inpatient hospitalization rates for schizophrenia were 41% lower than the provincial average. Rates of schizophrenia among males have constantly been higher than the female rates.

Affective Psychoses

Affective psychoses are disturbances in mood which may be characterized by elation, or depression, or swings among euphoric, normal and depressive states. A loss of control and a subjective experience of great distress further characterize this group. These disorders always result in impaired interpersonal, social and occupational functioning.

The hospitalization rates for affective psychoses in York Region decreased from 148.7 hospitalizations per 100,000 population to 121.0 per 100,000 between 1997 and 2001. The hospitalization rates for females were nearly twice the rates for males in York Region. York Region hospitalization rates for affective psychoses were about 18% lower than the provincial average during this period.



Neurotic Disorders

This group of disorders is characterized by perceptions that are inconsistent with reality. These disorders may result in impaired interpersonal, social and occupational functions but behaviour normally remains within socially acceptable limits. Symptoms may include excessive anxiety, hysteria, and obsessive-compulsive disorders.¹⁵⁵

In York Region, the hospitalization rate for neurotic disorders has declined from 13.7 per 100,000 population in 1997 to 8.4 per 100,000 in 2001. The male rate was consistently lower than that for females. In addition, the York Region hospitalization rate for neurotic disorders has been approximately 60% lower than the provincial average.

Senile and Presenile Psychoses

The main characteristic of senile and presenile psychoses is dementia, which typically involves impairment of memory and judgment as well as some personality changes. Psychoses that occur before the age of 65 are termed presenile and those occurring at 65 and over are referred to as senile psychoses. Both personality and cognitive function are affected. The dementia may be severe enough to interfere with social and/or occupational functioning. Alzheimer's disease and multi-infarct dementia are two common types of senile and presenile psychoses. In York Region, the hospitalization rate for senile and presenile psychoses declined between 1997 and 2001 from 12.9 per 100,000 to 7.2 per 100,000. The average hospitalization rate for senile and presenile psychoses among York Region residents was about 43% lower than the provincial average during this period.

Indicators of Mental Health/Illness

Life Stress

Based on Canadian Community Health Survey 2000/01 results, 69% of York Region residents age 12 and over stated that they are under some or quite a lot of stress (67% of males and 71% of females) (Table 11.1). The overall proportion of York Region residents who reported high stress in their lives was similar to the Ontario average.

Working For You

The Long Term Care and Seniors Branch of the York Region Health Services Department operates Community Alzheimer Resource Centres at the Maple Health Centre and Keswick Gardens. The Centres are available for community clients, families and caregivers of both Day Centre clients and Long Term Care Facility residents.

In addition psychogeriatric and mental health consulting services are available. The Long Term Care and Seniors Branch provides support, education and co-ordination of mental health resources for clients of long-term care facilities and in the community with difficult and extreme dementias, psychogeriatric illness and behaviours.



Table 11.1 Amount of Stress in Life
York Region, 2000/01

Percent ¹ of population	Amount of Stress				
	Not at all stressful	Not very stressful	A bit stressful	Quite a bit stressful	Extremely stressful
Both Sexes	10	21	40	25	5
Male	11	22	37	25	5
Female	8	20	42	24	5

Source: Canadian Community Health Survey, 2000/01, Cycle 1.1, Statistics Canada, 2002.
1. Percent of household population aged 12 and over.

Risk of Depression

The Canadian Community Health Survey also asks a series of questions on mental health that concern the thoughts and feelings that respondents have about various subjects. Based on responses to these questions, 91% of males and 86% of females in York Region had no risk of depression, the same as the provincial averages.

Use of Mood Altering Drugs

In the Ontario Health Survey 1996/97, people were asked about their use of different types of medications over the past month in order to determine the use of mood altering drugs. Two per cent of York Region residents reported using tranquilizers over the past month, 3% reported taking anti-depressants and 2% reported using sleeping pills. These figures are similar for Ontario, with the exception of sleeping pills, which were used slightly more province-wide (3%).

Use of Mental Health Services

Seven per cent of York Region respondents aged 12 and over reported that they consulted a health professional regarding their emotional or mental health in the past 12 months, according to the Canadian Community Health Survey 2000/01. This compared to 6% in 1996/97.

Family physicians were the type of health professional most frequently consulted for emotional or mental health issues in York Region (47%). Overall, self-reported use of mental health services by York Region residents was the same as the provincial average in 2000/01 and 1996/97.



Positive Measures of Health

The Canadian Community Health Survey 2000/01 asked respondents to describe their feelings on a 5-point scale ranging from "happy and interested in life" to "so unhappy that life is not worthwhile".

Three-quarters of York Region respondents age 12 and over reported being happy and interested in life (73% for males and 78% for females). This was comparable to the Ontario average.

The inpatient hospitalization rates in York Region for major mental illnesses, as well as some indicators of mental health, are discussed in this chapter. However, in order to have a more complete picture of the mental health of York Region residents, outpatient hospitalization information must be considered. Alcohol abuse can contribute to mental illness and this behaviour is described in Chapter 5 (Lifestyle Behaviours and Health). Mental health problems are also associated with poverty, and Chapter 2 (Our Social Environment) discusses income and other determinants of health. Chapter 12 (Use of Health Care Services) provides a ranking of major causes of hospitalization in York Region, and mental illness is one of those causes.

