

Highlights

- One in five Canadians will experience a mental health problem in any given year.
- In 2014, 13.6% of the Eastern Health population reported being diagnosed with a mood or anxiety disorder.
- 73.5% of people living within the Eastern Health region perceived their mental health to be very good or excellent, however, this percentage dropped to 32.6% for people diagnosed with a mood or anxiety disorder.
- Males in the Eastern Health region are hospitalized for mental health-related illness at a consistently higher rate than females.
- Seniors 65 years and older had the highest hospitalization rate at 578.4 per 100,000.
- Based on a five-year average from 2010/11 to 2014/15, the top cause of mental health-related hospitalization for males was schizophrenia and for females was adjustment disorder - a temporary condition characterized by psychological and/or physical symptoms caused by the inability to cope with a life situation (stressor).
- In 2012, the suicide rate for the Eastern Health region was 7.4 per 100,000 population, which was lower than the Canadian rate of 11.3 per 100,000.

Introduction

Mental health is defined as a state of emotional and psychological well-being¹. Good mental health provides the ability to handle the demands, challenges and unexpected situations that

¹ Government of Canada (2006). *The human face of mental health and mental illness in Canada*. Ottawa: Minister of Public Works and Government Services Canada. Retrieved from: http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf

are a part of day-to-day living¹. Mental illness, a term used to describe conditions that affect mood, thinking, and behaviour², is the leading cause of disability in Canada³. One in five Canadians will experience a mental health problem in any given year⁴. Despite strides in bringing the plight of those with mental health illnesses to the forefront of conversation, the stigma surrounding mental illness still remains a barrier. This can prevent people from getting a diagnosis and treatment and can often lead to social isolation⁵.

Mental illness costs Canada \$50 billion each year in health care costs, lost productivity (absenteeism), income and social support services⁶. In the next 25 years, the annual cost of mental illness is predicted to exceed \$300 billion⁶. In 2014/15, Eastern Health spent \$99.9 million on mental health and addictions services, which makes up about 7.2% of total operational health care expenditures⁷.

Self-Rated Mental Health

In 2014, 13.6% of the Eastern Health population reported being diagnosed with a mood disorder (e.g. depression, bipolar, etc.) or anxiety disorder (e.g. obsessive compulsive disorder, panic disorder)⁸. The provincial (11.6%) and national rates (11.6%) did not significantly differ.

When surveyed about life satisfaction, the majority of the general population (93.0%) were satisfied or very satisfied with life (Table 1). Life stress was rated as 'quite a lot' by 16.3% of the Eastern Health population (Table 1).

Approximately 73.5% of people living within the Eastern Health region perceived their mental health to be very good or excellent (Table 1). This percentage dropped to 32.6% for people

² Centre for Addiction and Mental Health. *Mental Illness and Addictions: Facts and Statistics*. Retrieved from:

http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx

³ 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>

⁴ Mental Health Commission of Canada (March 2017). *Strengthening the case for investing in Canada's mental health system: economic considerations*. Retrieved from: http://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_for_investment_eng.pdf

⁵ Canadian Mental Health Association of Newfoundland and Labrador. Retrieved from: <http://cmhanl.ca/about/facts/>

⁶ Mental Health Commission of Canada. *Making the case for investing in mental health in Canada*. Retrieved from: http://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf

⁷ Newfoundland and Labrador Centre for Health Information. (April 2017). *Mental health and addictions programs. Performance indicators*. Retrieved from: https://www.nlchi.nl.ca/images/Mental_Health_and_Addictions_Programs_Performance_Indicators_2017-04-17.pdf

⁸ NL Centre for Health Information. Canadian Community Health Survey, 2014.

diagnosed with a mood or anxiety disorder⁸. Eastern Health residents who rated their mental health as fair or poor were more likely to be diagnosed with a mental illness, experience more life stress and lack community connectedness (Table 2).

Table 1: Select mental health indicators, Eastern Health region, Newfoundland and Labrador and Canada, 2014

Indicator	Eastern Health	NL	Canada
Perceived mental health, very good or excellent	73.5%	72.8%	71.1%
Life satisfaction, satisfied or very satisfied	93.0%	93.2%	92.2%
Perceived life stress, quite a lot	16.3%	16.1%	23.0%
Sense of belonging to a local community, strong or very strong	73.8%	77.0%	66.4%

Source: CANSIM Table # 105-0501; Canadian Community Health Survey, Statistics Canada

Table 2: Percentage of the population, by self-reported mental status (very good/excellent or fair/poor), who had also been diagnosed with a mood or anxiety disorder, had quite a lot or extreme life stress or had a strong or very strong sense of community, Eastern Health region, 2014

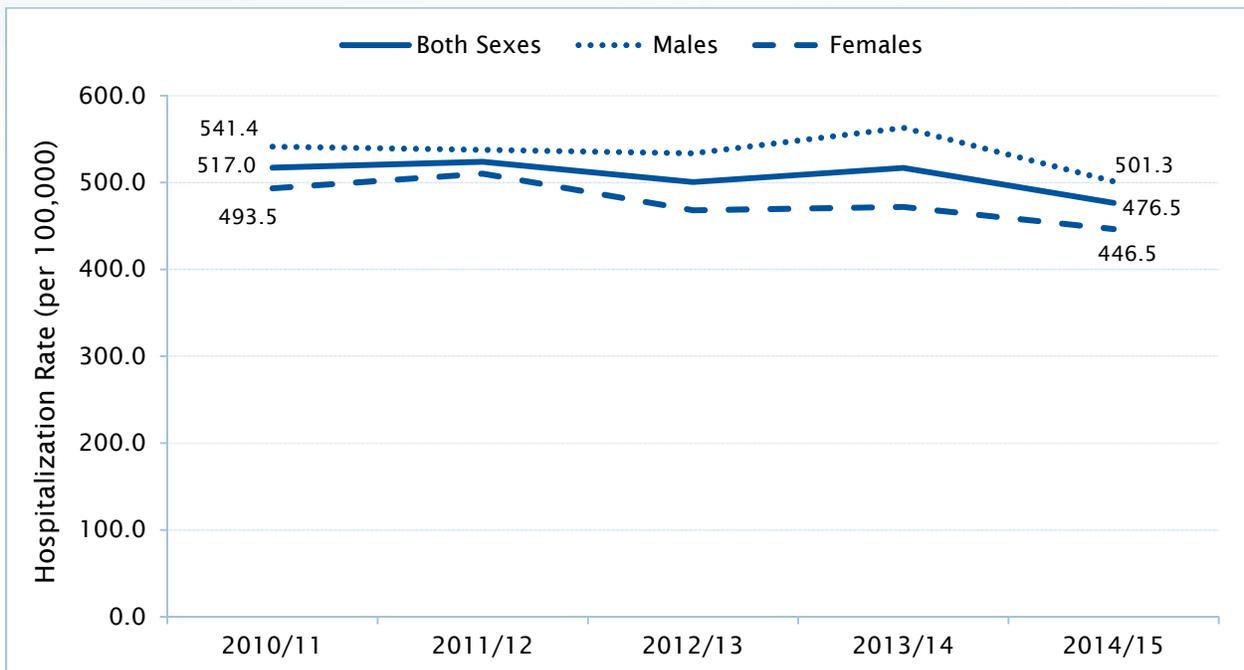
Indicator	Eastern Health	
	Perceived Mental Health	
	Very Good/Excellent	Fair/Poor
Diagnosed with mood or anxiety disorder	6.0% ^E	76.3%
Perceived life stress, quite a lot or extreme	11.5%	37.2% ^E
Sense of belonging to a local community, strong or very strong	80.3%	47.2%

Source: Canadian Community Health Survey, 2014, Compiled by NL Centre for Health Information.
 E - Estimates with high variability were labelled with "E" and should be interpreted with caution.

Morbidity and Mental Health

In the Eastern Health region, hospitalization rate for mental health-related issues was 476.5 per 100,000 population (Figure 1). To establish context, the hospitalization rate for heart attacks in the Eastern Health region was 354 (per 100,000) for the same year⁹. Males are hospitalized for mental health-related illness at a higher rate than females (Figure 1). This has been a consistent trend over time.

Figure 1: Hospitalization rate (per 100,000 population) for mental health-related illness, by sex, Eastern Health region, 2010/11-2014/15

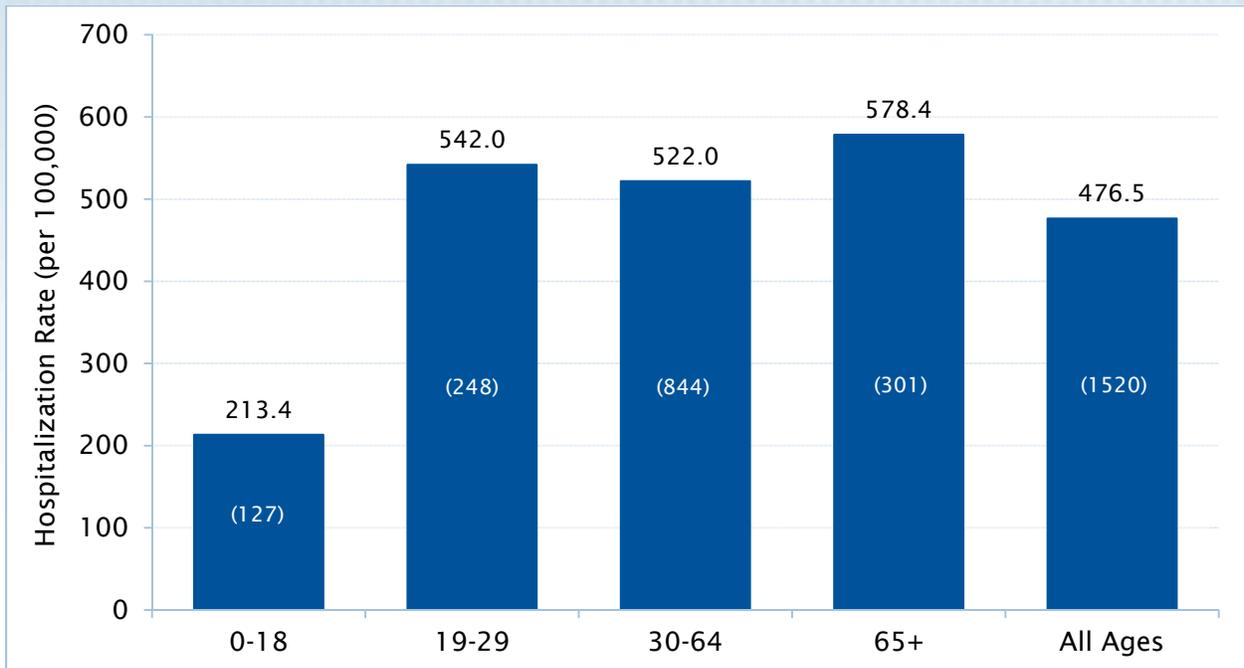


Source: NL Centre for Health Information, Clinical Database Management System, 2010/11-2014/15

In 2014/15, seniors 65 years and older had the highest hospitalization rate (578.4 per 100,000) for mental health-related illness, but accounted for only 20% of all mental-health-related hospitalizations (Figure 2). The age group with the highest number of hospitalizations was the 30-64 year age group (Figure 2).

⁹ Canadian Institute for Health Information. Your Health System: In Depth (Interactive Tool). Retrieved from: <https://yourhealthsystem.cihi.ca/hsp/indepth?lang=en#/theme/C10147/3/N4IgWg9gdgpljALgQwJYBsDOhRAndEALIBgA8AHZKAExhuPwFcYBFAGhABUALGAWxi4CxUAGMI6dMgqZ6okAAZFANKZ4WrLUAg>

Figure 2: Hospitalization rate (per 100,000 population) for mental health-related illness (number of hospitalizations), by age group, Eastern Health region, 2014/15



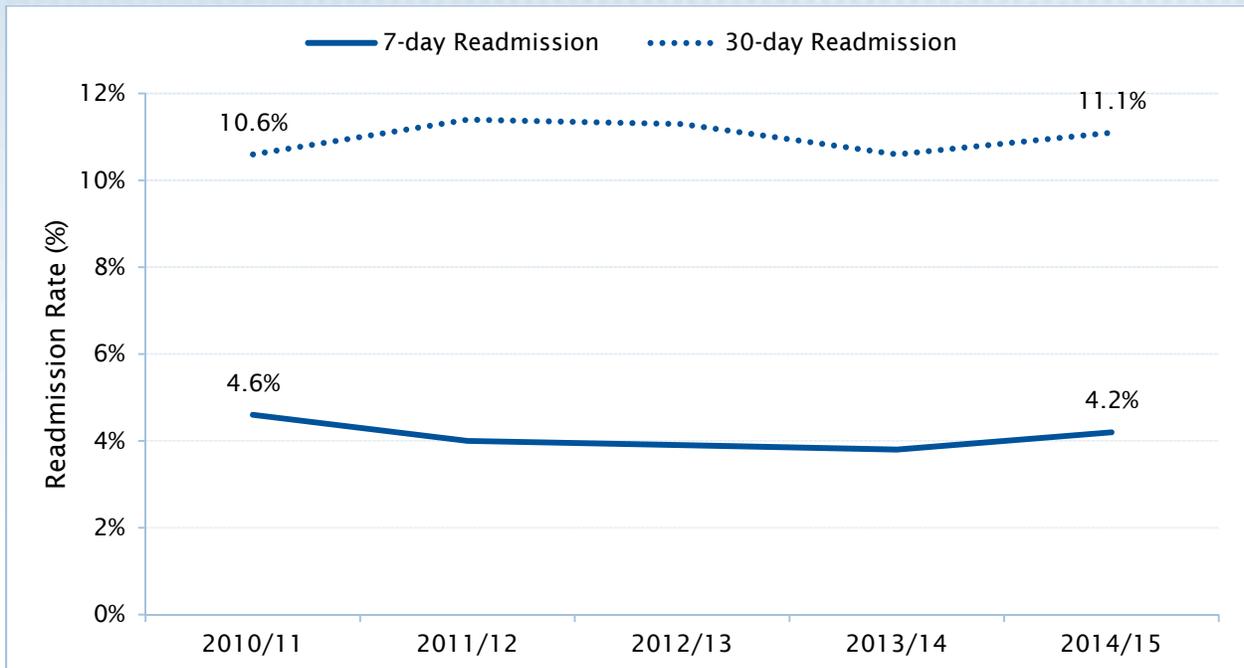
Source: NL Centre for Health Information, Clinical Database Management System, 2014/15

The 7-day and 30-day readmission rates for mental health-related hospitalizations measures the rate of readmission following discharge. Readmission to hospital may be an indicator of relapse or reoccurrence of complications that warranted the initial hospital stay¹⁰. High rates of readmission could be an indication of poor coordination of services and/or poor continuity of services after discharge¹⁰.

In 2014/15, the regional 7-day and 30-day readmission rate for mental health-related hospitalizations were 4.2% and 11.1%, respectively (Figure 3). The 7-day and 30-day readmission rates have been relatively consistent over time (Figure 3).

¹⁰ NL Centre for Health Information. *Mental Health and Addictions Programs Performance Indicators, April 2015* Retrieved from: https://www.nlchi.nl.ca/images/PDFs/Mental_Health_and_Addictions_Programs_Performance_Indicators_Sept_2015.pdf

Figure 3: Seven-day and thirty-day readmission rate (%) for mental health-related hospitalizations, Eastern Health region, 2010/11-2014/15



Source: NL Centre for Health Information, Clinical Database Management System, 2010/11-2014/15

The top five causes of hospitalization for mental health-related illness are listed in Table 3. For males, paranoid schizophrenia had the highest average number of hospitalizations as well as highest average length of stay (Table 3). Adjustment disorders ranked first for females (Table 3).

The top ranked cause of mental-health-related hospitalization also differed by age group. For those in the 0-18 year age group, the top ranked mental health-related hospitalization was due to severe depression, which accounted for 12.6% of all mental-health-related hospitalizations for that age group (Table 4). Adjustment disorders ranked first for the 19-29 and 30-64 year age groups (Table 4). Delirium, a condition more common among the older population, was ranked first for individuals 65 years and older.

Table 3: Top five causes of hospitalization for mental health-related illness and average length of stay, by sex, five-year average, Eastern Health region, 2010/11-2014/15

Ranking	Condition and Average Length of Stay (ALOS)			
	Male	ALOS (days)	Female	ALOS (days)
1	Paranoid Schizophrenia	47.8	Adjustment Disorders	5.9
2	Adjustment Disorders	6.0	Severe depressive episode w/o psychotic symptoms	15.9
3	Mental/behaviour disorder due to use of alcohol, withdrawal state	4.7	Emotionally unstable personality disorder	10.1
4	Unspecified nonorganic psychosis	20.2	Unspecified nonorganic psychosis	22.4
5	General psychiatric exam requested by authority	21.4	Acute stress reaction	3.6

Source: NL Centre for Health Information, Clinical Database Management System, 2010/11-2014/15

Table 4: Top ranked cause of hospitalization for mental health-related illness, by age group, five-year average, Eastern Health region, 2010/11-2014/15

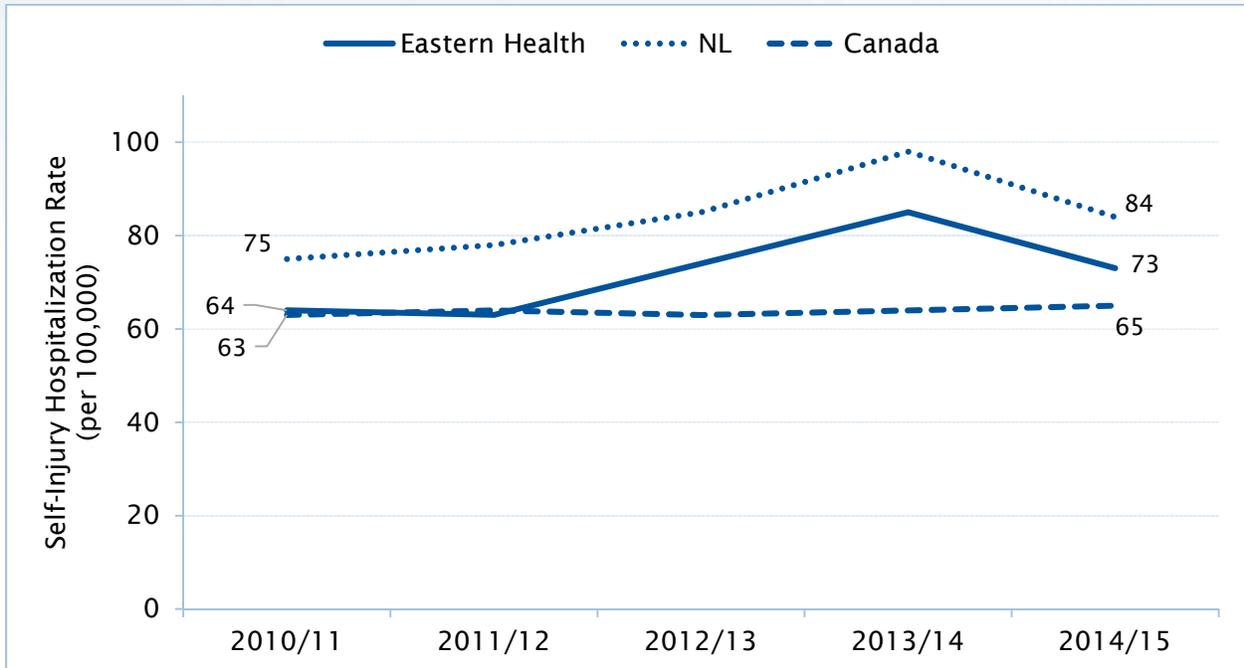
Age Group (years)	Condition with Highest Average Number of Hospitalizations	Average Percentage of Total Mental Health-Related Hospitalizations
0-18	Severe depressive episode without psychotic symptoms	12.6%
19-29	Adjustment Disorders	10.4%
30-64	Adjustment Disorders	8.2%
65+	Delirium, unspecified	9.6%

Source: NL Centre for Health Information, Clinical Database Management System, 2010/11-2014/15

Self-injury is defined as the deliberate harming of oneself that may or may not result in death¹⁰. Self-harm can be prevented with early and appropriate intervention and treatment of mental illness or distress. High rates of hospitalization due to self-injury may indicate the failure of the health care system and the community to recognize, intervene, and treat those in need¹⁰.

In 2014/15, the age-standardized self-injury hospitalization rate for the Eastern Health region was 73 per 100,000 population (Figure 4). This was higher than the national rate but lower than the provincial rate. The Eastern Health region had lowest self-injury hospitalization rate among the four Regional Health Authorities within the province, with Labrador-Grenfell having the highest rate (180 per 100,000)⁹.

Figure 4: Age-standardized self-injury hospitalization rate (per 100,000 population), Eastern Health region, Newfoundland and Labrador and Canada, 2010/11-2014/15



Source: Canadian Institute for Health Information. Your Health System: In Depth, Interactive Tool. Discharge Abstract Database. Demography Division, Statistics Canada.

Mortality and Mental Health

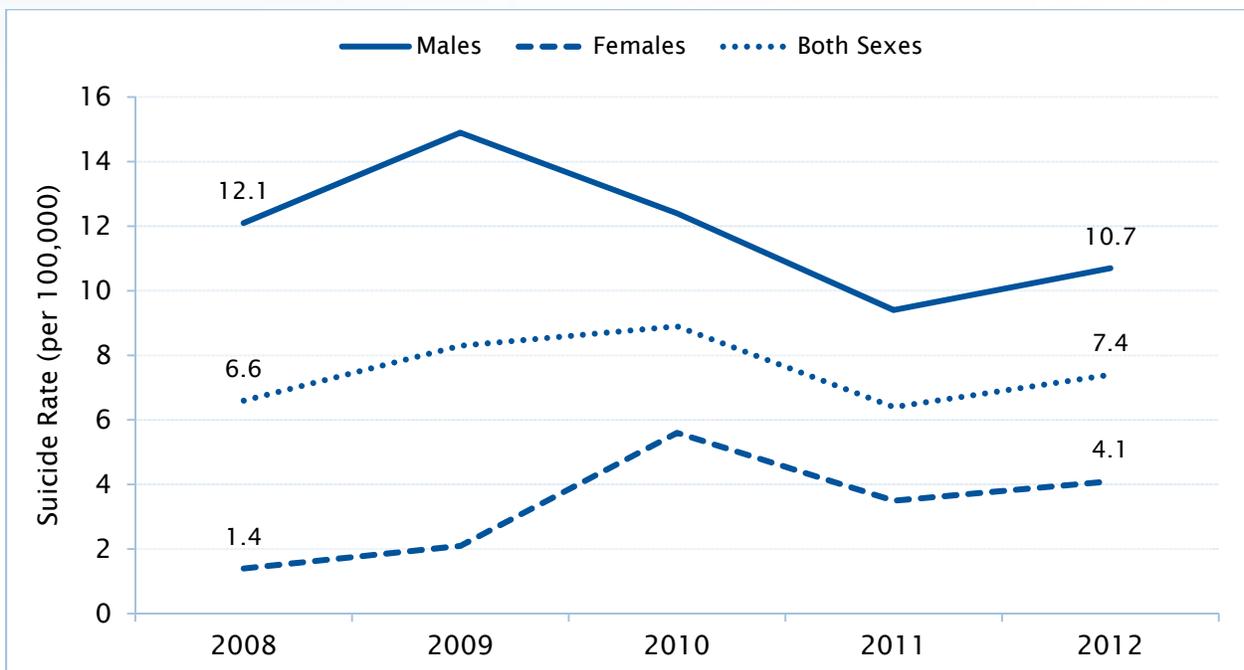
People with mental illness are more likely to have a lower life expectancy and die prematurely¹¹. Mental illness can reduce life expectancy by up to 24 years and can have a greater impact on mortality rates than heavy smoking¹¹.

¹¹ Chesney, E. Goodwin, G.M., & Fazel, S. (2014). Risks of all-cause and suicide mortality in mental disorders: a meta-review. *World Psychiatry*, 13: 153-60. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4102288/pdf/wps0013-0153.pdf>

In Newfoundland and Labrador, 8.9% of the population 15 years and older reported having suicidal thoughts at some point in their life and 2.3% contemplated suicide within the past year¹².

In 2012, the suicide rate for the Eastern Health region was 7.4 per 100,000 population (Figure 5). In comparison, the Canadian suicide rate was 11.3 and the male and female rates were 17.3 and 5.4 per 100,000, respectively¹³. The suicide rate in the Eastern Health region has been consistently higher for males than females (Figure 5).

Figure 5: Suicide rate (per 100,000 population aged 10 years and older), by sex, Eastern Health region, 2008-2012



Source: NL Centre for Health Information, Suicide Database, 2008-2012. Demography Division, Statistics Canada

Please note: The most recently available data as of November 2016 was included in this report.

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¹² Statistics Canada. Canadian Community Health Survey – Mental Health, 2012. CANSIM Table # 105-1101. Retrieved from: <http://www5.statcan.gc.ca/cansim/a47>

¹³ Statistics Canada. CANSIM Table # 102-0551. Retrieved from: <http://www5.statcan.gc.ca/cansim/a26>