

The Daily

Statistics Canada

Wednesday, September 18, 2013
Released at 8:30 a.m. Eastern time

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Releases

Canadian Community Health Survey: Mental Health, 2012

In 2012, approximately 2.8 million people, or 10.1% of Canadians aged 15 and older, reported symptoms consistent with at least one of six mental or substance use disorders in the past 12 months. The six disorders measured by the survey were major depressive episode, bipolar disorder, generalized anxiety disorder, and abuse of or dependence on alcohol, cannabis or other drugs.

Symptoms consistent with a mood disorder were cited by 5.4% of Canadians aged 15 and older. A major depressive episode was the most common type of mood disorder, with 4.7% of the population aged 15 and older meeting the criteria, while 1.5% met the criteria for bipolar disorder in the past 12 months.

Measured for the first time in a national population health survey, some 2.6% of Canadians aged 15 and older reported symptoms consistent with generalized anxiety disorder, a condition characterized by a pattern of frequent, persistent worry and excessive anxiety about several events or activities.

About 4.4% of Canadians aged 15 and older met the criteria for a substance use disorder in the past 12 months. The most common of these was alcohol abuse or dependence, at 3.2%. The proportion of Canadians aged 15 and older with cannabis abuse or dependence in the past year was 1.3%, almost double the proportion of those with other drug abuse or dependence (0.7%).

There were higher rates of mood disorders and of generalized anxiety disorder among females, while males had higher rates of substance use disorders. More youth (aged 15 to 24) met the criteria for mood disorders and substance use disorders than any other age group, while the oldest age group (65 and older) had the lowest rates of all disorders.

Perceived need for mental health care in Canada

In 2012, 17% of Canadians aged 15 and older, approximately 4.9 million individuals, perceived themselves as having had a need for mental health care in the past 12 months. Among these people, two-thirds (67%) had their needs met, while 12% reported needs that were unmet. The remaining 21% had partially met needs, as they received some mental health care, but perceived a need for more.

Counselling, at 12%, was the most common type of mental health care need cited by Canadians aged 15 and older. It was also the need that was least often reported as met, with 65% of those with a counselling need perceiving that need as met. A need for medication was reported less often (10%). It was also the need most likely to be reported as met, with 91% of individuals with a medication need perceiving that it was met.

Having a mental or substance use disorder, experiencing higher levels of distress, or having two or more chronic physical health conditions were positively associated with reporting a need for mental health care. Among individuals who perceived a mental health care need, only higher distress was associated with a greater likelihood of having an unmet (versus met) need.

For those who said that they had an unmet or partially met mental health care need, the majority (73%) reported personal circumstances, such as being too busy, as a reason that their mental health care needs were not met. Almost one in five (19%) attributed their unmet need to features of the health care system (for example, help was not readily available).

Note to readers

Data from the Canadian Community Health Survey (CCHS) – Mental Health are now available. This release presents data from two analytical articles based on the survey.

This survey collected information about lifetime and 12-month mental health status; access to and perceived need for formal and informal services and supports; functioning and disability; and factors determining health status.

About 25,100 respondents 15 years of age and older living in the provinces were interviewed for the survey from January to December 2012. People living on-reserve and on other Aboriginal settlements, full-time members of the Canadian Forces and the institutionalized population were excluded.

Available in CANSIM: table 105-1101.

Definitions, data sources and methods: survey number 5015.

For more statistics and analysis on the health of Canadians and the health care system, visit the *Health in Canada* module. This module is accessible from our website, under *Features*.

The article "Mental and substance use disorders in Canada" in *Health at a Glance* (82-624-X), and the article "Perceived need for mental health care in Canada: Results from the 2012 Canadian Community Health Survey - Mental Health" in the September issue of *Health Reports*, Vol. 24, no. 9. (82-003-X), are now available from the *Browse by key resource* module of our website, under *Publications*.

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; infostats@statcan.gc.ca) or Media Relations (613-951-4636; mediahotline@statcan.gc.ca).

Travel between Canada and other countries, July 2013

Travel from Canada to the United States decreased in July, predominantly as a result of fewer overnight trips.

Canadian residents took 4.7 million trips to the United States in July, down 2.1% from June. Overnight travel registered the largest decrease with a 3.6% decline. Overnight car travel (-5.5%) posted the largest drop, while overnight plane travel decreased 0.1%.

Same-day car trips from Canada to the United States also decreased in July (-0.9%).

Travel from Canada to overseas countries increased 0.8% from June to 798,000 trips.

In the opposite direction, travel to Canada from the United States was unchanged at 1.7 million trips in July.

Overall, overnight travel from the United States decreased 0.2% in July. Despite this decline, overnight plane travel continued its upward trend and rose 1.8% to 321,000 trips.

US residents also took 599,000 same-day car trips to Canada.

Travel from overseas countries to Canada was down 0.8% from June with 6 of the top 12 overseas markets recording decreases in travel. The largest percentage decrease was in travel from Mexico (-5.8%). The largest percentage increase was in travel from Switzerland (+2.9%).

Note to readers

Monthly data are seasonally adjusted. All seasonally adjusted data have been revised back to January 2012. For more information on seasonal adjustment, see [Seasonal adjustment and identifying economic trends](#).

Table 1
Travel between Canada and other countries – Seasonally adjusted

	July 2012 ^r	June 2013 ^r	July 2013 ^P	June to July 2013
	thousands			% change ¹
Canadian trips abroad²	5,441	5,547	5,455	-1.7
To the United States	4,652	4,756	4,657	-2.1
To other countries	789	792	798	0.8
Same-day car trips to the United States	2,689	2,746	2,721	-0.9
Total trips, one or more nights	2,708	2,761	2,696	-2.4
United States ³	1,919	1,969	1,898	-3.6
Car	1,161	1,195	1,128	-5.5
Plane	647	669	668	-0.1
Other modes of transportation	111	106	102	-4.0
Other countries ⁴	789	792	798	0.8
Travel to Canada²	2,078	2,085	2,081	-0.2
From the United States	1,700	1,698	1,698	-0.0
From other countries	377	386	383	-0.8
Same-day car trips from the United States	634	601	599	-0.3
Total trips, one or more nights	1,336	1,373	1,368	-0.3
United States ³	970	998	997	-0.2
Car	569	572	571	-0.1
Plane	293	316	321	1.8
Other modes of transportation	108	110	104	-5.9
Other countries ⁴	365	374	371	-0.8
Travel to Canada: Top overseas markets, by country of origin⁵				
United Kingdom	54	55	56	2.2
France	38	37	37	-0.5
China	27	31	30	-0.9
Germany	26	26	26	1.4
Australia	24	23	23	2.5
Japan	20	19	19	2.2
South Korea	12	13	13	0.7
India	12	13	13	-0.9
Mexico	12	13	12	-5.8
Hong Kong	10	12	11	-4.1
Switzerland	10	9	9	2.9
Netherlands	8	8	8	-4.7

^r revised

^P preliminary

1. Percentage change is based on unrounded data.

2. Totals exceed the sum of "same-day car trips" and "total trips, one or more nights" because they include all of the same-day trips.

3. Data for the United States include counts of cars and buses, and data for planes, trains, boats and other methods.

4. Figures for other countries exclude same-day entries by land only, via the United States.

5. Includes same-day and overnight trips.

Available in CANSIM: tables 427-0001 to 427-0006.

Definitions, data sources and methods: survey number 5005.

The July 2013 issue of *International Travel: Advance Information*, Vol. 29, no. 7 (66-001-P), is now available from the *Browse by key resource* module of our website under *Publications*.

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; infostats@statcan.gc.ca) or Media Relations (613-951-4636; mediahotline@statcan.gc.ca).

Health Reports, September 2013

The September 2013 online issue of *Health Reports*, released today, contains two articles.

The article, "Perceived need for mental health care in Canada: Results from the 2012 Canadian Community Health Survey - Mental Health," uses data from the new 2012 Canadian Community Health Survey – Mental Health to present a comprehensive description of Canadians' perceived mental health care (MHC) needs for information, medication, counselling and other services. The article also examines the degree to which each of these types of needs was met (i.e., unmet, partially met, or met), as well as the associations between risk factors for not getting MHC needs met and the degree to which needs were met.

For more information on this article, contact Leanne Findlay (613-951-4648; leanne.findlay@statcan.gc.ca), Health Analysis Division.

The second article, "Validation of an index to estimate the prevalence of frailty among community-dwelling seniors," applies a frailty index to a sample of community-dwelling seniors in Canada and validates a cut-point at which individuals can be considered frail. Combined data from the 2003 (cycle 2.1) and 2005 (cycle 3.1) Canadian Community Health Survey (CCHS) were linked prospectively to hospital administrative data to determine ranges of frailty scores associated with higher versus lower risks of hospital-related events. A second objective is to apply the validated cut-points to 2009/2010 CCHS data to estimate frailty prevalence and present a profile of community-dwelling Canadian seniors who are considered frail.

For more information on this article, contact Melanie Hoover (613-951-0346; melanie.hoover@statcan.gc.ca), Health Statistics Division.

The September 2013 online issue of *Health Reports*, Vol. 24, no. 9 (82-003-X), is now available from the *Browse by key resource* module of our website under *Publications*.

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; infostats@statcan.gc.ca).

For information about *Health Reports*, contact Janice Felman (613-951-6446; janice.felman@statcan.gc.ca), Health Analysis Division.

Dairy statistics, July 2013

Dairy statistics for Canada and the provinces are now available for July.

Available in CANSIM: tables 003-0007 to 003-0012, 003-0029, 003-0033 and 003-0034.

Definitions, data sources and methods: survey numbers 3430, 3431 and 3432.

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StatCan Blog, September 2013

Sharing expertise

The name may say Statistics Canada, but the agency's reputation and expertise is acknowledged far beyond this country's borders.

The September edition of the [StatCan Blog](#) discusses how the agency has been recognized as one of the worldwide leaders in its field and how it has brought its expertise to other parts of the world both to impart it and to refine it.

Statistics Canada has a long history of sharing its expertise internationally with projects that go back to the 1930s, when the agency sent a technical assistance mission to Palestine.

Today, Statistics Canada continues to work beyond its borders, often working in conjunction with the Canadian International Development Agency, to undertake projects in China, Singapore, Africa, South America and the Caribbean.

International exchanges are not unilateral, however; they provide enriched venues where the agency cannot only share experience but also learn from other nations. "It is a big family, statistics, and we learn as much as we teach when we are involved with other countries," says Eric Rancourt, Director of the International Co-operation Division.

For more information, or to enquire about the concepts, methods or data quality of this release, contact Penny Stuart (613-951-2005; penny.stuart@statcan.gc.ca) or Media Relations (613-951-4636; mediahotline@statcan.gc.ca).

Oil and gas extraction, 2012 (final)

Final data on oil and gas extraction are now available for 2012.

Definitions, data sources and methods: survey number 2178.

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; infostats@statcan.gc.ca) or Media Relations (613-951-4636; mediahotline@statcan.gc.ca).

New products and studies

New products

International Travel: Advance Information, July 2013, Vol. 29, no. 7
Catalogue number 66-001-P (HTML | PDF)

Health Reports, Vol. 24, no. 9
Catalogue number 82-003-X (HTML | PDF)

Health at a Glance
Catalogue number 82-624-X (HTML | PDF)

New studies

Perceived need for mental health care in Canada: Results from the 2012 Canadian Community Health Survey - Mental Health

Health Reports

Validation of an index to estimate the prevalence of frailty among community-dwelling seniors

Health Reports

Mental and substance use disorders in Canada

Health at a Glance



Statistics Canada's official release bulletin

Catalogue 11-001-X.

Published each working day by the Communications Division, Statistics Canada, 10G, R.H. Coats Building, 100 Tunney's Pasture Driveway, Ottawa, Ontario K1A 0T6.

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