

Inequalities in Mental Illness Hospitalization in Canada



Mental illness will touch most Canadians at some time, either personally or through a family member, friend or colleague.¹

Mental illness changes:



Mood



Thinking



Behaviour

or a combination of these¹

Mental illness can:



Make it difficult to function at work or school or interact with others



Result in discrimination and stigma which can make the recovery harder¹



Lead to hospitalization

Each year there are on average 520 hospitalizations per 100,000 Canadians aged 15 years or older for the 5 selected mental illness conditions:



Substance-related disorders



Anxiety disorders



Mood/affective disorders



Schizophrenia, delusional and non-organic psychotic disorders



Selected disorders of adult personality and behaviour

Insufficient services and supports in the community (i.e. long waiting list for publicly funded services and inability to afford to pay for privately delivered services) can drive people to hospitals for help.²

There are socioeconomic gradients for mental illness hospitalizations; the **LOWER** the community's income and education, the **HIGHER** the hospitalization for mental illness.

If Canadians living in the lowest income areas experienced the same rates as those living in the highest income areas, more than

20,500

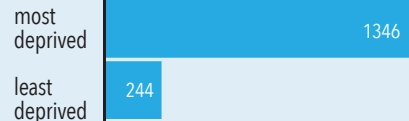
cases could be avoided in Canada.

Mental illness hospitalization is

5.5X HIGHER

among Canadians living in the **most materially and socially deprived areas** than among Canadians living in the least materially and socially deprived areas.*

Rate per 100,000



The hospitalization for mental illness is higher in areas where more Indigenous peoples live, where the rate is:

3.0X HIGHER

First Nations

2.2X HIGHER

Inuit

2.1X HIGHER

Métis

Inequities experienced by First Nations, Inuit and Métis populations are a direct result of colonial policies and practices that included massive forced relocation, loss of lands, creation of the reserve system, banning of Indigenous languages and cultural practices, and creation of the residential school system. Unaddressed intergenerational trauma adds to the ongoing challenges faced by Indigenous peoples.

Reducing inequalities in mental illness hospitalization requires addressing the social determinants of mental illness including access to appropriate mental health services by increasing community resources for a range of mental health services, removing financial barriers and involving persons with mental illness and their families in the design of the services.

* Material deprivation is defined by higher % of people with no high school diploma, lower population/employment ratio, and lower average income (among aged 15 years and older). Social deprivation is defined by higher % of individuals living alone, higher % of individuals whose marital status is either separated, divorced, or widowed, and higher % of single-parent families (among aged 15 years and older).

¹ Government of Canada. The human face of mental health and mental illness in Canada [Internet]. Minister of Public Works and Government Services Canada; 2006 [cited 2018 Nov 5]. Available from: http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf

² Mental Health Commission of Canada. [Internet]. Changing directions, changing lives: the mental health strategy for Canada. Calgary, AB: Author; 2012 [cited 2018 Nov 7]. Available from: https://www.mentalhealthcommission.ca/sites/default/files/MHStrategy_Strategy_ENG.pdf

Source: Hospital Mental Health Database (HMHDB), Canadian Institute for Health Information (2009–2012)

For more data on health inequalities in Canada, visit: www.health-infobase.canada.ca/health-inequalities

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