



Learn more about mental illness and substance use disorders [here](#).

## Prevalence

- In any given year, 1 in 5 Canadians experiences a mental illness.<sup>1</sup>
- By the time Canadians reach 40 years of age, 1 in 2 have – or have had – a mental illness.<sup>2</sup>

## Who is affected?

- Young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders than any other age group.<sup>3</sup>
- 39% of Ontario high-school students indicate a moderate-to-serious level of psychological distress (symptoms of anxiety and depression). A further 17% indicate a serious level of psychological distress.<sup>4</sup>
- Men have higher rates of substance use disorders than women, while women have higher rates of mood and anxiety disorders.<sup>5</sup>
- Mental and physical health are linked. People with a long-term physical health 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.<sup>6</sup>
- People with a mental illness are twice as likely to have a substance use disorder compared to the general population. At least 20% of people with a mental illness have a co-occurring substance use disorder.<sup>7</sup> For people with schizophrenia, the number may be as high as 50%.<sup>8</sup>
- Similarly, people with substance use disorders are up to 3 times more likely to have a mental illness. More than 15% of people with a substance use disorder have a co-occurring mental illness.<sup>9</sup>
- 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.<sup>10</sup>
- Studies in various Canadian cities have indicated that between 23% and 67% of homeless people may have a mental illness.<sup>11</sup>

## Morbidity and mortality

- Mental illness and substance use disorders are leading causes of disability in Canada.<sup>12</sup>
- People with mental illness and substance use disorders are more likely to die prematurely than the general population. Mental illness can cut 10 to 20 years from a person's life expectancy.<sup>13</sup>
- The disease burden of mental illness and substance use 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.<sup>14</sup>

- It is estimated that 67,000 deaths per year are attributable to substance use in Canada. This includes:<sup>15</sup>
  - over 47,000 deaths attributable to tobacco, and
  - nearly 15,000 deaths attributable to alcohol.
- There were an estimated 14,700 opioid-related deaths in Canada between January 2016 and September 2019.<sup>16</sup>

## Suicide

- About 4,000 Canadians per year die by suicide – an average of almost 11 suicides a day.<sup>17</sup> 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 10.3 per 100,000 in 2018 – the latest year for which data are available).<sup>18, 19</sup>
  - In Ontario about 4% 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.<sup>20, 21</sup>
  - More than 75% of suicides involve men, but women attempt suicide 3 to 4 times more often.<sup>22</sup>
  - More than half of suicides involve people aged 45 or older.<sup>23</sup>
  - In 2018, suicide accounted for 21% of deaths among children aged 10 to 14, 29% among youth aged 15 to 19, and 24% among young adults aged 20-24.<sup>24</sup>
  - After accidents, suicide is the second leading cause of death for people aged 15 to 24.<sup>25</sup>
  - In 2018, suicide was the leading cause of death for children aged 10 to 14.<sup>26</sup>
  - Indigenous people, especially youth, die by suicide at rates much higher than non-Indigenous people. First Nations youth aged 15 to 24 die by suicide about 6 times more often than non-Indigenous youth. Suicide rates for Inuit youth are about 24 times the national average.<sup>27</sup>

## Stigma

- In a 2019 survey of working Canadians:<sup>28</sup>
  - 75% of respondents said they would be reluctant – or would refuse – to disclose a mental illness to an employer or co-worker.
  - Respondents were nearly 3 times less likely to want to disclose a mental illness like depression than a physical one like cancer.
  - Top reasons for this reluctance were:
    - the belief that there is stigma around mental illness,
    - not wanting to be treated differently or judged, and
    - being afraid of negative consequences, such as losing one's job.
  - However, 76% of respondents stated that they themselves would be completely comfortable with and supportive of a colleague with a mental

illness.

## Access to services

- Wait times can be long in Ontario, especially for children and youth:<sup>29</sup>
  - About 28,000 children and youth were on waiting lists for mental health treatment in January 2020. This number has more than doubled since 2017.
  - Average wait times for children and youth are 67 days for counselling and therapy and 92 days for intensive treatment.
  - Access to these services differs based on geographical area; in some areas, children and youth are able to access services almost immediately, while in others, wait times can be up to 2.5 years.
- Mental illness and substance use disorders account for between 11% and 15% of Ontario's disease burden, as measured in disability-adjusted life years.<sup>30</sup> However, it only receives about 7% of health care dollars.<sup>31</sup>
- The Mental Health Strategy for Canada recommends raising the proportion of health spending that is devoted to mental health to 9% by 2022.<sup>32</sup> In Ontario, that would mean raising mental health spending to approximately \$5.7 billion.<sup>33</sup>

## Costs to society

- The annual economic cost of mental illness in Canada is estimated at over \$50 billion per year. This includes health care costs, lost productivity, and reductions in health-related quality of life.<sup>34, 35</sup>
- The annual economic cost of substance use in Canada is estimated at nearly \$40 billion. This includes costs related to healthcare, criminal justice, and lost productivity.<sup>36</sup>
  - Alcohol and tobacco are responsible for more than two thirds of these costs (\$14.6 billion and \$12 billion, respectively).
  - The next highest ranked substances are opioids (\$3.5 billion) and cannabis (\$2.8 billion).
- Individuals with a mental illness are much less likely to be employed.<sup>37</sup> Unemployment rates are as high as 70% to 90% for people with the most severe mental illnesses.<sup>38</sup>
- The cost of a workplace disability leave for a mental illness is about double the cost of a leave due to a physical illness.<sup>39</sup>
- Investing in mental health has been shown to produce net cost benefits. Positive return on investment has been demonstrated for
  - health promotion and illness prevention programs,<sup>40</sup>
  - early intervention aimed at children and families,<sup>41</sup>
  - scaled-up treatment for depression and anxiety disorders,<sup>42</sup> and
  - workplace mental health programs.<sup>43</sup>

- 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 Smetanin et al., 2011
- 3 Pearson, Janz & Ali (2013). Health at a glance: Mental and substance use disorders in Canada. Statistics Canada Catalogue no. 82-624-X.
- 4 Boak et al. (2018). The mental health and well-being of Ontario students, 1991-2017: Detailed OSDUHS findings. CAMH Research Document Series no. 47. Toronto: Centre for Addiction and Mental Health.
- 5 Pearson, Janz & Ali, 2013
- 6 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.
- 7 Rush et al. (2008). Prevalence of co-occurring substance use and other mental disorders in the Canadian population. *Canadian Journal of Psychiatry*, 53: 800-809.
- 8 Buckley et al. (2009). Psychiatric comorbidities and schizophrenia. *Schizophrenia Bulletin*, 35: 383-402.
- 9 Rush et al., 2008
- 10 Mawani & Gilmour (2010). Validation of self-rated mental health. Statistics Canada Catalogue no. 82-003-X.
- 11 Canadian Institute for Health Information (2007). Improving the health of Canadians: Mental health and homelessness. Ottawa: CIHI.
- 12 Lang et al. (2018). Global Burden of Disease Study trends for Canada from 1990 to 2016. *Canadian Medical Association Journal*, 190: E1296-E1304.
- 13 Chesney, Goodwin & Fazel (2014). Risks of all-cause and suicide mortality in mental disorders: a meta-review. *World Psychiatry*, 13: 153-160.
- 14 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.
- 15 Canadian Substance Use Costs and Harms (CSUCH) Scientific Working Group (2018). Canadian substance use costs and harms in the provinces and territories (2007-2014). Prepared by the Canadian Institute for Substance Use Research and Canadian Centre on Substance Use and Addiction. Ottawa: CCSA.
- 16 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: 1575-1586.
- 17 Statistics Canada (2020). Deaths and age-specific mortality rates, by selected grouped causes. Table 13-10-0392-01.
- 18 Public Health Agency of Canada (2020). Opioid-related harms in Canada. Retrieved from <https://health-infobase.canada.ca/substance-related-harms/opioids/>
- 19 Statistics Canada, 2020
- 20 Ialomiteanu et al. (2018). CAMH Monitor eReport: Substance use, mental health and well-being among Ontario adults, 1977-2017. CAMH Research Document Series no. 48. Toronto: Centre for Addiction and Mental Health.
- 21 Boak et al., 2018
- 22 Navaneelan (2012). Suicide rates, an overview, 1950 to 2009. Statistics Canada Catalogue no. 82-624-X.
- 23 Statistics Canada, 2020
- 24 Statistics Canada, 2020
- 25 Statistics Canada, 2020
- 26 Statistics Canada, 2020
- 27 Kumar & Tjepkema (2019). Suicide among First Nations people, Métis and Inuit (2011-2016). Statistics Canada Catalogue no. 99-011-X2019001.
- 28 Ipsos (2019). Mental illnesses increasingly recognized as disability, but stigma persists. Retrieved from <https://www.ipsos.com/en-ca/news-polls/mental-illness-increasingly-recognized-as-disability>
- 29 Children's Mental Health Ontario (2020). 28,000 Ontario children and youth are waiting for community mental

health services. Retrieved from <https://cmho.org/28000-ontario-children-and-youth-are-waiting-for-community-mental-health-services/>

30 Institute for Health Metrics and Evaluation (2018). Global Burden of Disease Study – GBD compare data visualizations. Data retrieved from <http://www.healthdata.org/data-visualization/gbd-compare>

The following causes accounted for 10.6% of DALYs in Canada in 2017: depressive disorders, anxiety disorders, eating disorders, bipolar disorders, conduct disorders, schizophrenia, other mental disorders, drug use disorders, and alcohol use disorders. Adding liver cirrhosis and chronic obstructive pulmonary disorder, the main causes of which are alcohol and tobacco use, brings the total to 15% of DALYs.

31 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.

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

33 Ontario Ministry of Finance (2019). 2019 Ontario Budget: Protecting what matters most. Retrieved from <https://budget.ontario.ca/pdf/2019/2019-ontario-budget-en.pdf>

The 2019 Ontario budget estimated that health sector spending would be \$63.5 billion in 2019-20 (p. 276).

34 Smetanin et al., 2011

35 Lim et al. (2008). A new population-based measure of the burden of mental illness in Canada. *Chronic Diseases in Canada*, 28: 92-98.

36 CSUCH Scientific Working Group, 2018

37 Dewa & 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.

38 Marwaha & Johnson (2004). Schizophrenia and employment: A review. *Social Psychiatry and Psychiatric Epidemiology*, 39: 337-349.

39 Dewa, Chau & 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.

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41 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>

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43 Deloitte Insights (2019). The ROI in workplace mental health programs: Good for people, good for business. Retrieved from <https://www2.deloitte.com/content/dam/Deloitte/ca/Documents/about-deloitte/ca-en-about-blueprint-for-workplace-mental-health-final-aoda.pdf>



## **CAMH and YouTube Health Partner to Promote Mental Health Literacy in Canada**

In an effort to provide accessible, accurate, and high-quality health information to Canadians, YouTube and the Centre for Addiction and Mental Health (CAMH) are partnering as part of the global YouTube Health initiative.

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## Our final phase of redevelopment: Discovery and Recovery

2024 kicks off the fourth and final stage of our historic redevelopment.

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## **CAMH study finds that youth sports participation may mitigate genetic risk for mental illness**

Study of nearly 5,000 nine- and 10-year-olds suggests playing non-contact or team sports may reduce problematic behaviours and symptoms in youth at risk for OCD

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