



Manitoba Centre for Health Policy

Mental Illness in Manitoba: Hope for Recovery

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A summary of the report *Mental Illness among Adult Manitobans*

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In any given year, mental illness affects more than 6.7 million Canadians. Although there are many types of mental illness, what they all have in common is that they cause emotional distress and disrupt a person's daily life. Mental illness may make it harder to form relationships with family, friends and co-workers. It may leave the affected person feeling lonely and isolated. Some mental illnesses may also blur the line between what's real and what isn't, making it hard to think clearly and interact with others.

Although we have made strides in understanding mental illness and its many impacts, many people still do not receive treatment. Some may downplay their symptoms for fear of being judged by other people. Some may not feel like they need any treatment, or they may have trouble getting access to the right services. When mental illness goes untreated for a long time, it can become worse and harm a person's overall health. High levels of stress, a lack of social supports, and feelings of despair or hopelessness take their toll on individuals, families, and society as a whole.

The distress felt by people living with mental illness is real, but so is the hope for recovery. Manitoba Health is working on a plan to help Manitobans with mental illness get the care they need. The plan is called the Mental Health and Addictions Strategy, and its goal is to improve access to care for mental illness and addictions.

To support the Strategy, Manitoba Health asked the Manitoba Centre for Health Policy (MCHP) to look at how mental illness affects adults in Manitoba. MCHP is well-suited for this kind of study. It is home to the Manitoba Population Research Data Repository, a collection of data on nearly everyone living in Manitoba that describes how they interact with the healthcare system, social services, the education system and the justice system. These data have no names or addresses attached to them, so that people's personal information is protected. By using a numbered code attached to each record, researchers at MCHP can link each person's information to the contacts they make with the healthcare system or social services. This means we can follow Manitobans' patterns of doctor's visits, diagnoses and social service use over time without ever knowing 'who' they are.

At MCHP, we tackled the question of how mental illness affects Manitobans in two different ways. First, we took

a snapshot look at how many adults in Manitoba were diagnosed with mental illness during the five-year study period (2010-2015). The mental disorders (or the specific types of mental illness) we examined were: mood and anxiety disorders, substance use disorders, personality disorders, psychotic disorders, and dementia. Second, we looked at whether a mental disorder diagnosis as a child or teenager had long-term effects as those people grew into adults.

Mental Illness in Manitoba Adults: A Snapshot

Mental illness can be tricky to define because it manifests in many different ways. Figure 1 shows the mental disorders we included in this study. We first looked at how many adults in Manitoba were diagnosed with one or more of these mental disorders. Figure 2 shows the percent of adults who received a diagnosis over the course of the study. In total, more than a quarter (28%) of adults in Manitoba were diagnosed with at least one mood and anxiety disorder, substance use disorder, personality disorder or psychotic disorder in that five-year time period. Rates of suicides and suicide attempts were tragically high. We counted 88 suicides and 262 attempted suicides per 100,000 Manitobans during the five-year study period.

The impact of these mental disorders on how often Manitobans used health services was clear. Manitobans with mental illness were much more likely to see their family doctors, be prescribed medications, visit the emergency room, and have a stay in hospital than Manitobans without mental illness.

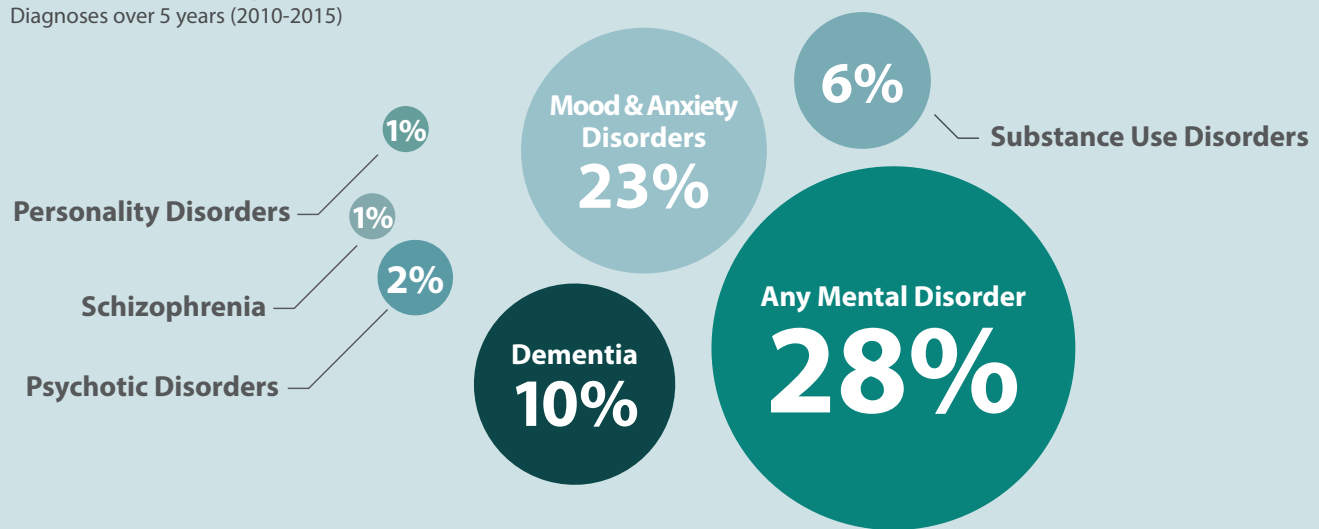
Figure 3 shows that certain groups of Manitobans were more likely to have a mental illness than the general population. For example, people living in social housing and people in trouble with the law were at higher risk of mental illness. We don't know whether the mental illness came before or after people became part of these groups. Rates of suicides and attempted suicides were also higher among people in these groups. These findings paint a picture of some of the social aspects that are closely linked to mental illness.

Figure 1. Types of Mental Disorders We Measured

Mood & Anxiety Disorders	Strong feelings of sadness, worry, and anxiety that disrupt activities at home and work.
Substance Use Disorders	Heavy and/or harmful use of drugs.
Psychotic Disorders	Disorders that make it hard to tell what's real and what's not real.
Schizophrenia	A severe psychotic disorder that makes it hard to understand reality and interact with other people.
Personality Disorders	Patterns of thoughts and actions that seriously disrupt relationships at home and work.
Any Mental Disorder	At least one psychotic, personality, substance use, or mood and anxiety disorder.
Dementia	Memory loss and difficulty in problem solving or language (in adults 55 years or older).

Figure 2. How Many Adults in Manitoba are Living with Mental Illness?

Diagnoses over 5 years (2010-2015)



Mental Illness Across the Life Course

Mental illness is common not only in adults, but also in children and teens. While mental illness can be just as emotionally disruptive in young people as in adults, the symptoms can be harder to recognize. It's no surprise then that many children and teens with mental illness don't receive the treatment they need. This sets the stage for challenges down the road as those children grow into adults. Once they reach the age where they would start a job or continue in school, they may struggle to reach their goals. There would be a better chance of a bright future for affected children and teens if their mental illness was detected and treated in childhood.

In our study, we looked at whether mental illness in children was linked to poor education, social and justice system outcomes as those children grew into adults. We followed children and teens who were first diagnosed with a mental disorder (also including attention-deficit hyperactivity disorder (ADHD) and conduct disorder) between the ages of 4-17. We compared them to people who were born around the same time, but who had no mental illness. By early adulthood (age 18-34), people who had a mental disorder as a child were less likely to have graduated from high school, more likely to be receiving income assistance, and more likely to be involved with the justice system (Figure 4). On top of that, 66% of people first diagnosed with a mental disorder as a child were still living with the same condition as an adult.

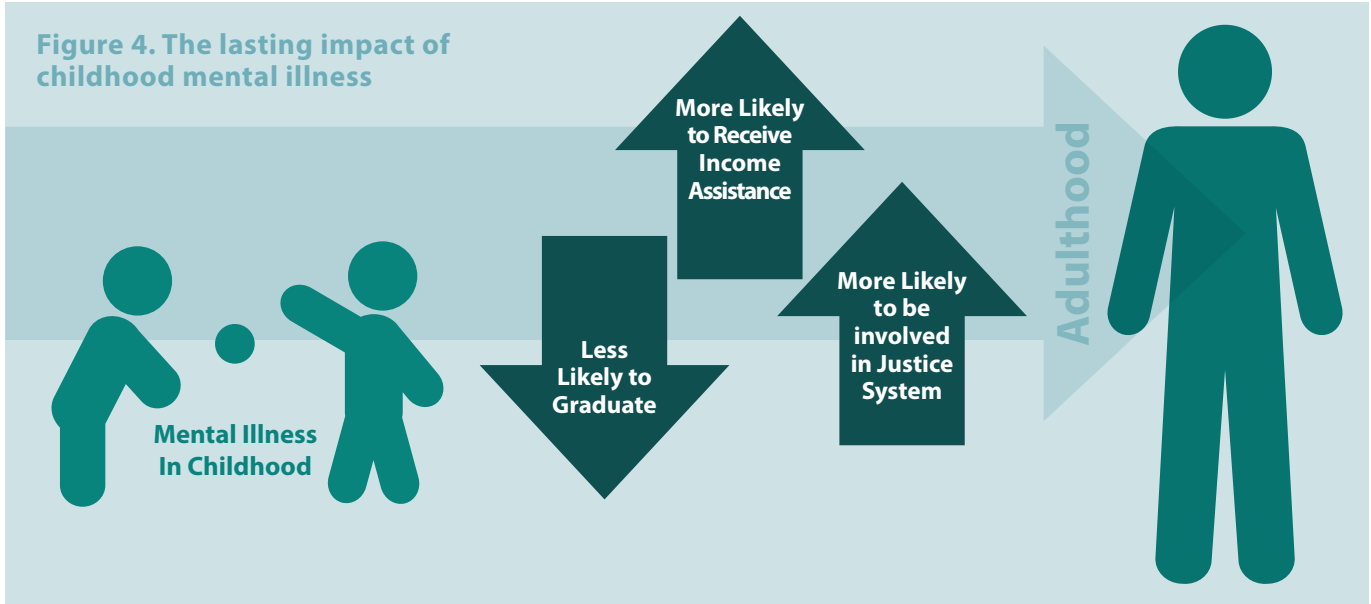
Figure 3. Manitobans at higher risk of mental illness



Light on the Horizon

This study shows that there is a high prevalence of mental disorders among adults in Manitoba. It's clear from the findings that mental illness is a cause of suffering for many people in our province. The study also shows that mental illness is linked to many social aspects of people's lives, and that the effects of mental illness in childhood can last many years. But there is hope for people living with mental illness. The province has recognized the need for a new strategy to help those with mental illness, and this study shines a light on the ways that mental health services can better support them. The study findings will be important for planning services and programs to diagnose and treat mental disorders early in life. Coordinating services among government departments, including health, families, education and justice, will also go a long way towards ensuring better care for Manitobans at risk for and suffering from mental illness. Finally, supporting mental health research is an essential part of understanding what works and what is needed to strengthen mental health care for Manitobans.

Figure 4. The lasting impact of childhood mental illness



Manitoba Centre for Health Policy

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The Manitoba Centre for Health Policy is a research unit in the department of Community Health Sciences at the University of Manitoba's Max Rady College of Medicine, Rady Faculty of Health Sciences.

MCHP conducts population-based research on health services, population and public health, and the social determinants of health.

To View the Original Report, Please Visit

http://mchp-appserv.cpe.umanitoba.ca/reference/mh2015_Report_Web.pdf



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