



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

FACT SHEET-Psychiatry

Mental Illness

- About 20 per cent of Canadians will experience mental illness in their lifetime. i Epidemiological data indicate that each year, roughly 3% of the population will experience a serious mental illness, and that another 17% or so will experience mild to moderate illness. ii
- In 2005-2006, the Canadian Institute for Health Information (CIHI) collected data from psychiatric hospitals throughout the country. It found that Newfoundland and Labrador had the highest rate of separations related to mental illness in Canada with a rate of 235.3 separations per 100,000 population compared to the national average of 79.3. A hospital separation is defined as the discharge or death of an inpatient. iii
- The CIHI reported that the total number of separations related to mental illness in the province was 1,214, the highest in Atlantic Canada and the third-highest in the country, following Ontario and Alberta. iv
- The CIHI also reports that based on the separation rates per 100,000 population at Canada's psychiatric hospitals, Newfoundland and Labrador had the highest rate of schizophrenic and psychotic disorders, the highest rate of mood disorders and the third highest rate of substance-related disorders. v
- The CIHI's latest data also indicates that in 2005-2006, Newfoundland and Labrador recorded Atlantic Canada's highest number of total patient days at psychiatric hospitals due to mental illness separations with a total of 61, 914 patient days, as well as the longest average length of stay at 51 days. vi
- Research has revealed that 30% of people diagnosed with a mental illness will also have a substance abuse problem in their lifetime. Furthermore, about 37% of people who abuse alcohol and 53% of people who abuse drugs also have a mental illness. vii
- Patients and their families are often frustrated when trying to get access to timely mental health services or to addiction services. But when mental illness and an addiction are present together, there is the added burden of being shunted back and forth, because mental health and addiction services operate in separate spheres. viii

Access to Psychiatrists

- According to the 2007 National Physician Survey, gaining access to psychiatrists is a considerable challenge for patients. About half (49%) of family physicians in Newfoundland and Labrador said that their patients' access to psychiatrists in 2007 was fair to poor. Likewise, patient access to psychosocial support and mental health and addiction counseling services was also rated poorly. ix
- The rural service gap is especially significant. Shortages of mental health professionals are usually experienced most acutely in rural and remote areas. Those living in communities with limited or no access to mental health services may be forced to travel great distances for treatment. x Therefore, if waiting for health service in general is difficult, waiting for psychiatric services in rural areas is especially trying. xi
- As of April 13, 2010, there were 64 psychiatrists practicing full-time in the province. Of the 64 psychiatrists, 48 are practicing in St. John's with the remaining 16 psychiatrists serving the needs of the rest of the province. xii
- Of the 16 psychiatrists practicing outside St. John's, four are located in Grand Falls-Windsor, three in Carbonear, two in Bruin, two in Gander, two in Corner Brook, two in Stephenville and one in Clarenville. These municipalities also serve the medical needs of people living in many outlying communities. There are no full-time practicing psychiatrists in Labrador or on the Northern Peninsula. xiii

- The Canadian Psychiatric Association, supports a national psychiatrist to population ratio of one psychiatrist for every 8,400 Canadians, as determined by a collaborative study carried out in the 1990s by the Royal College of Physicians and Surgeons of Canada and the Canadian Medical Association. The CPA contends that this figure may actually be underestimated since the ratio does not account for social and demographic trends such as an aging population, the ability to detect earlier onsets of certain psychiatric disorders, and the prevalence rate changes in certain disorders. Nor does it include the number of psychiatrists needed for researchers, administrator and teachers.^{xiv}
- While St. John's has an adequate number of psychiatrists to manage the current adult population living in the city and surrounding area, problems arise because St. John's psychiatrists are managing volumes of patients from other areas of the province who are unable to receive care in their own communities where psychiatry is severely understaffed.
- The Canadian Psychiatric Association also recommends a need ratio of 1 child psychiatrist per 3,800 population of children and youth.^{xv} Child and adolescent psychiatrists work with children, adolescents and their families in a variety of settings such as hospitals, schools, courts, social agencies and other community organizations. Currently, the number of Child/Adolescent Psychiatrists for the province is one (1) psychiatrist per 16,000 targeted population. The province is therefore, currently functioning with less than 25% of the recommended number of Child/Adolescent psychiatrists in the province.^{xvi}

Wait Times

- The Canadian Psychiatric Association's recommended benchmarks for access to a psychiatrist for such disorders as mania, hypomania, major depression, post-partum, a first episode of psychosis or child and geriatric conditions, is within 2-4 weeks for scheduled appointments, within 1-2 weeks for urgent cases and within 24 hours for emergent cases.^{xvii}
- According to a 2009 report released by the Fraser Institute, the median wait time from a general practitioner referral to treatment by a psychiatrist in Newfoundland and Labrador is 29 and a half weeks, coming in 9th place among all Canadian provinces.^{xviii}
- Newfoundland and Labrador also has the country's longest median wait for patients waiting for psychiatric treatment after an appointment with a psychiatrist. The Median wait for patients in the province to receive treatments is a staggering 21.5 weeks, 11.7 weeks longer than the national average.^{xix}
- Newfoundland and Labrador also has the country's highest percentage of wait times where patients are waiting longer than a year to receive psychiatric treatment. More specifically, the province has the highest percentage of wait times in the country (36.7%) that are longer than 26 weeks.^{xx} The wait for patients in all other provinces (excluding New Brunswick) for the majority of psychiatric treatments is less than 13 weeks.
- Newfoundland and Labrador also has the country's highest percentage of cases where the actual wait time for psychiatric treatment exceeds the clinically acceptable median waiting time. In Canada, the actual wait time exceeds the clinically acceptable wait time by 147 per cent. In Newfoundland and Labrador, the actual wait time exceeds the clinically acceptable wait time by 319 per cent.^{xxi}
- Newfoundlanders and Labradorians also have to wait the longest in the country to initiate treatments for psychotherapy, pharmacotherapy, cognitive behavior therapy and couple/marital therapy, exceeding all clinically reasonable wait times that have been identified by psychiatrists throughout the country.^{xxii}
- Mental health patients in Newfoundland and Labrador are also waiting longer than the national average to receive various diagnostic tests. The province has the country's third longest wait for mental health patients to receive CT-Scans and EEG tests. Patients in the province have the longest wait in the country for MRI diagnostic tests. The median wait for an MRI across Canada is 10.5 weeks, while mental health patients in Newfoundland and Labrador wait about 46 weeks.^{xxiii}
- Lengthy wait times and the difficulty in accessing psychiatric services mean there are a great many patients in need of psychiatric attention who are experiencing a deterioration of their condition before they get the care they need.^{xxiv}

Seniors

- Increased lifespan, coupled with a declining birth rate, has meant that seniors, aged 65 and older, now represent a large and growing proportion of our population. It is estimated that about 20% of seniors in Canada are living with mental illness. While this rate of incidence is comparable to other age groups, it masks alarming problems such as the 80-90% of nursing home residents who are living with mental illness or some form of cognitive impairment.^{xxv}
- More elderly seniors are also facing particularly acute challenges that include high rates of Alzheimer's disease and related dementias, and for men, a significant incidence of suicide.^{xxvi}
- A report released in January 2010 by the Alzheimer's Society of Canada reported that someone in Canada develops dementia every five minutes. In 2008, more than 103,700 people developed dementia. The report estimates that in 30 years, there will be 257,800 new cases per year or one new case of dementia every two minutes.^{xxvii}
- It is also widely known that Alzheimer's disproportionately affects seniors. While this disease touches 1 in 13 persons over the age of 65, its prevalence increases sharply to 1 in 3 persons over the age of 85.^{xxviii}

Children and Youth

- Child and adolescent psychiatrists work with children, adolescents and their families in a variety of settings such as hospitals, schools, courts, social agencies and other community organizations.
- In Canada there is emerging concern about a shortage of child psychiatrists that is predicted to get worse and the incidence and severity of childhood mental health disorders appear to be increasing. The number of child psychiatrists is expected to decrease as these subspecialists reach retirement age, training positions decrease and challenges of recruitment and training persist and even increase.^{xxix} Furthermore, it is estimated that only ten fully trained child psychiatrists graduate from English speaking medical schools in Canada each year.^{xxx, xxxi}
- The Canadian Psychiatric Association recommends a need ratio of 1 child psychiatrist per 3,800 population of children and youth.^{xxxii}
- Currently, the number of Child/Adolescent Psychiatrists for the province is one (1) psychiatrist per 16,000 targeted population. The province is therefore, currently functioning with less than 25% of the recommended number of Child/Adolescent psychiatrists in the province.^{xxxiii}
- The population of children in Canada is 25 per cent of the general population. The proportion of mentally ill children in the child population is about 20 per cent. It is conservatively estimated that as many as 15% are affected at any given time, a total of some 1.2 million young Canadians who live with anxiety, attention deficit, depression, addiction, and other disorders.^{xxxiv}
- Other studies have found that at any given time, 14% of children aged 4 to 17 years in Canada experience mental disorders that cause significant distress and impairment at home, at school, and in the community.^{xxxv}
- Comorbidity adds to the burden because more than 50% of children with a mental disorder have 2 or more disorders at the same time. Fewer than 25% of these children with mental disorders receive specialized mental health treatment services.^{xxxvi}
- Anxiety disorders have been found to be the most prevalent mental illness in children aged 4 to 17, at 6.4% of the population, followed by attention-deficit /hyperactivity disorder (4.8%), conduct disorder (4.2%), depressive disorders (3.5%), substance abuse (0.8%) and pervasive developmental disorder (0.3%).
- Among older youths in Canada aged 15 to 24, 10.2% have been found to suffer from depressive disorders during their lifetime, while 12.1% have been found to suffer from anxiety disorders. Those who suffered from anxiety were also more likely to also suffer from social phobia, a panic disorder or agoraphobia.^{xxxvii}

- Children and youth are at a significant disadvantage when compared to other demographic groups affected by mental illness, in that the failings of the mental health system affect them more acutely and severely.
- If mental health problems are not successfully prevented or treated early in childhood, the implications are profound. Childhood problems can lead to distress and impairment throughout adulthood, including unemployment and criminal behaviour, as well as ongoing mental health problems, including suicide and substance abuse. Consequently, this can have significant cost implications for society. The long-term costs of untreated mental disorders can also fall to services outside the health care system, such as criminal justice, special education, foster care, and income support.^{xxxviii}
- Shortages of other mental health professionals who specialize in treating children and youth, including psychologists, nurses and social workers, must also be addressed.^{xxxix}

Suicide

- In 2004, the Newfoundland and Labrador Centre for Health Information (NLCHI) reported that suicide was responsible for about 16% of deaths among young people in the province aged 15 - 24 years. For this group, suicide ranked as the second leading cause of death after accidents. It also reported that an average of three young people aged 10-19 years will require hospitalization due to attempted suicide every two weeks in the province.^{xi}
- Although the overall suicide rate in Newfoundland and Labrador is relatively low, for aboriginal communities in Labrador, the suicide rate is much higher than the provincial average. In 2001, the provincial average suicide rate of 7.3 per 100,000 people concealed a very high suicide rate in Labrador of 19.2 per 100,000 people.^{xii}
- From 1997 to 2001, 20 per cent of all deaths among those aged 10 to 19 years in the province were due to suicide. Compared to the island portion of the province, the rate of suicide was more than three times higher in Labrador.^{xiii}
- The rate of attempted suicide among adolescents in Innu communities in Labrador was also 17 times higher than the rate for the total province and more than 20 times the rate for the island portion of the province.^{xiiii}
- According to the NLCHI, a psychiatric disorder, specifically a mood disorder, was the most common coexisting factor among individuals that committed suicide between 1997-2001 and was present in nearly two-thirds of individuals who died by suicide in the province.^{xlv}
- The CIHI reports that of all psychiatric separations reported by general hospitals in Canada, Newfoundland and Labrador had the highest proportion (42.9%) directly related to mood disorders.^{xlv} Two of the most common mood disorders are depression and bipolar disorder. According to the World Health Organization, depression affects about 121 million people worldwide from all ages, genders and backgrounds. It also says there are many possible approaches to preventing and treating depression, which have been shown to be effective in research studies. They include a timely diagnosis, management of the illness, counseling and medication among others.^{xlvi}
- Likewise, the NLCHI reports that a number of protective factors can buffer people from the risks associated with suicide, including easy access to a variety of clinical interventions, effective clinical care for mental, physical, and substance abuse disorders and support from ongoing medical and mental health care relationships.^{xlvii}
- Currently, there are no full-time psychiatrists practicing on the Northern Peninsula or in Labrador, significantly hampering suicide prevention.

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- ⁱⁱⁱ Canadian Institute for Health Information, Hospital Mental Health Services in Canada, 2005-2006, (Ottawa, Ont: CIHI, 2008)
- ^{iv} Canadian Institute for Health Information, Hospital Mental Health Services in Canada, 2005-2006, (Ottawa, Ont: CIHI, 2008)
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- ^{vii} Skinner, W., O'Grady, C., Bartha, C., and Parker, C. (2004) Concurrent substance use and mental health disorders: An information guide. Toronto: Centre for Addiction and Mental Health.
- ^{viii} *Out of the Shadows At Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*, Final Report of The Standing Senate Committee on Social Affairs, Science and Technology, The Honourable Michael J.L.Kirby, et al, May 2006.
- ^{viii} NLMA Database as of April 13, 2010.
- ^{ix} 2007 National Physician Survey, Backgrounder, Jan 9, 2008
- ^x *Out of the Shadows At Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*, Final Report of The Standing Senate Committee on Social Affairs, Science and Technology, The Honourable Michael J.L.Kirby, et al, May 2006.
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- ^{xiii} NLMA Database as of April 13, 2010.
- ^{xiv} Canadian Psychiatric Association, General Information, Frequently Asked Questions (FAQs), <http://www.cpa-apc.org/browse/sections/10>
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- ^{xvi} Letter to Ross Wiseman , June 3, 2009, from Tina McWilliam-Burton, Kimberly St. John, Christine Snelgrove, Chantelle Reid, et al.
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