Mental Health in Durham Region

Data from the Canadian Community Health Survey



June 2024

HIGHLIGHTS

The Mental Health report presents data for Durham Region from the 2015, 2015-2016, and 2019-20 Canadian Community Health Survey (CCHS), with a focus on four indicators: Self-perceived Health, Depression and Suicide, Chronic Mental Health Conditions, and Met and Unmet Mental Health Care Needs.

- 63% of Durham Region residents perceived their general health as excellent or very good, 25% perceived their general health as good, and 11% perceived their general health as fair or poor.
- 62% of Durham Region residents perceived their mental health as excellent/very good, 27% perceived their mental health as good, and 11%* perceived their general health as fair/poor.
- In 2015-2016, 22% of Durham Region residents experienced mild/moderate depression and 3%* experienced moderately severe or severe depression.
- 9%* of Durham Region residents reported having a mood disorder such as depression, bipolar disorder, mania or dysthymia, diagnosed by a health professional.
- 10% of Durham Region residents reported having an anxiety disorder such as a phobia, obsessivecompulsive disorder or a panic disorder, diagnosed by a health professional.
- In 2019-2020, 17% of Durham Region residents consulted mental health professionals (i.e. family doctor or general practitioner, psychiatrist, psychologist, nurse, social worker or counsellor) about their emotional or mental health.
- 14% of Durham Region residents reported receiving help (i.e. information, medication, counselling, or other) for problems with emotions, mental health, or use of drugs/alcohol and 86% reported to not receiving help.
- 80% of Durham Region residents that received help for emotional, mental health, or substance-related issues reported to have received as much help as needed and 20%* reported to have needed more help.







Self-Perceived Health: General Health and Mental Health, and Positive Mental Health

Result for General Health:

- 63% of Durham Region residents perceived their general health as excellent/ very good.
- 25% of Durham Region residents perceived their general health as good.
- 11% of Durham Region residents perceived their general health as fair/poor.
- There were no statistical differences between Durham Region residents and the overall Ontario population.

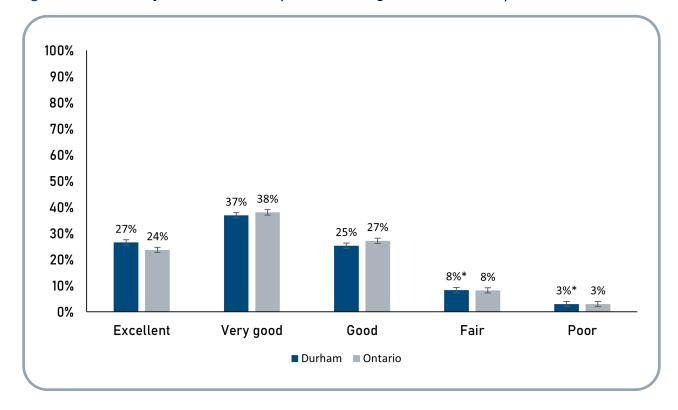


Figure 1: Overall perceived health, Durham Region and Ontario, 2019-2020.

Result for General Mental Health

- 62% of Durham Region residents perceived their general mental health as excellent/ very good.
- 27% of Durham Region residents perceived their general mental health as good.
- 11%* of Durham Region residents perceived their general metal health as fair/poor.
- There were no statistical differences between Durham Region residents and the overall Ontario population.

100% 90% 80% 70% 60% 50% 36% 32% 40% 30% 27% 29% 25% 30% 20% 8%* 8% 10% 2%* 2% 0% Excellent Very good Good Fair Poor Durham Ontario

Figure 2: Overall perceived mental health, Durham Region and Ontario, 2019-2020.



Result for General Mental Health by sex:

- There was no difference between Durham Region males and females; however, Ontario males were significantly more likely to have a better self-perceived mental health (i.e. excellent/very good 68%) than Ontario females (62%).
- There was no statistical difference between Durham Region residents and the overall Ontario population.

Figure 3: Percentage aged 12 and over with excellent/very good self-perceived general health by sex, Durham Region and Ontario, 2019-2020.



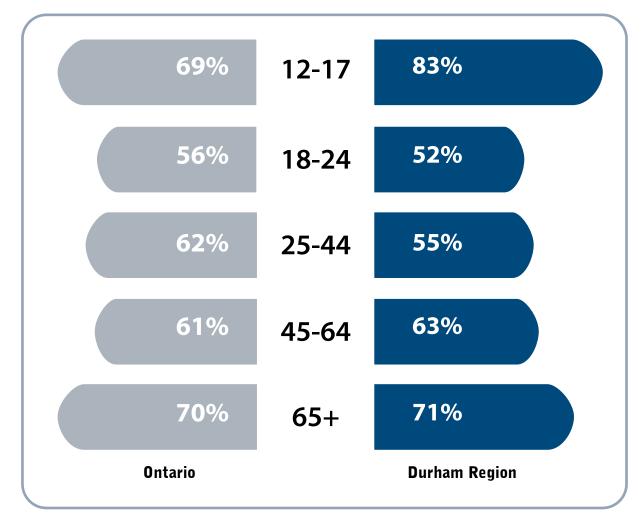
*Interpret with caution: high sampling variability.

Result for General Mental Health by age:

- Durham Region residents aged 18 44 were significantly less likely to have excellent/ very good self -perceived mental health than residents aged 12-17 (83%).
- Similar trends were also seen in the overall Ontario population. Individuals aged 18 – 44 were significantly less likely to have excellent/ very good self -perceived mental health than youths of 12-17 years and older adults 45 years and older.
- There was no statistical difference between Durham Region residents and the overall Ontario population.







Result for General Mental Health by education:

- Durham Region residents with less than secondary school education (71%) and with post-secondary graduation (68%) were significantly more likely to have excellent/very good self -perceived mental health than residents with secondary school graduation/no post-secondary education (41%).
- In the overall Ontario population, those with or post-secondary certificate diploma
 or university degree were significantly more likely to have excellent/very good self
 -perceived mental health than those with less than secondary school education
 and post-secondary certificate diploma or university degree.
- Durham Region Residents with secondary graduation were significantly less likely to report having excellent/very good self -perceived mental health compared to the Ontario population with the same level of education.

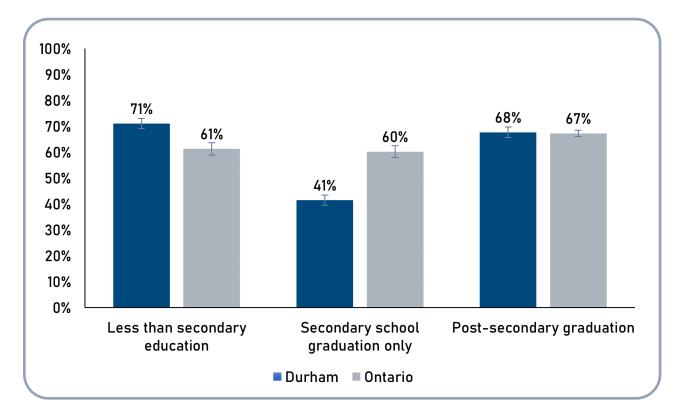


Figure 5: Percentage aged 12 and over with excellent/very good self-perceived general mental health by education, Durham Region and Ontario, 2019-2020.

*Interpret with caution: high sampling variability.

By Income:

- Durham Region residents with the highest household income (quintile 5) were significantly more likely to report excellent/very good self -perceived mental health (76%) compared to residents with the second lowest household income (quintile 2).
- There was no statistical difference between Durham Region residents and the overall Ontario population.

There was no statistical difference in excellent/very good self-perceived mental health by household income and time since immigration in the Durham Region.

POSITIVE MENTAL HEALTH

- Positive mental health is classified into flourishing, languishing, and moderate mental health represented by the recommended classification of the Mental Health Continuum Short Form (MHC-SF), a scale measuring emotional wellbeing.
- To be classified as having flourishing mental health, individuals must experience daily or almost daily at least one of the three indicators of hedonic well-being and at least six of the eleven signs of positive functioning during the past month.
- Those who exhibit low levels (i.e., 'never' or 'once or twice' during the past month) on at least one measure of hedonic well-being and low levels on at least six measures of positive functioning are diagnosed with languishing mental health.
- Individuals who are neither flourishing nor languishing are classified as having moderate mental health.
- In 2015, more than three-quarters of Durham Region residents and the overall Ontario population experienced flourishing mental health.
- There were no statistical differences for Durham Region by sex, age, respondent level of education, household income, time since immigration, and ethnicity.
- There was no statistical difference between Durham Region residents and the overall Ontario population.

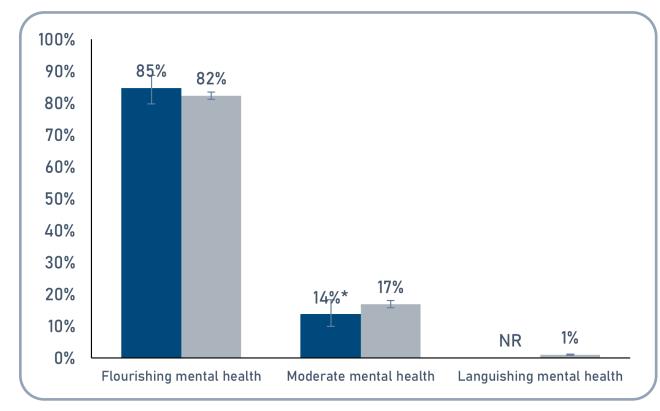


Figure 6: Positive mental health classification, Durham Region and Ontario 2015.

*Interpret with caution: high sampling variability. NR - Not Releasable

DEPRESSION AND SUICIDE

- Severity of depression is classified based the score obtained on the Patient Health Questionnaire (PHQ-9) depression scale.
- The PHQ-9 is a 9-item depression module that assesses depressive symptoms using a series of questions. It covers aspects such as mood, sleep, energy levels, appetite, self-esteem, concentration, psychomotor activity, and suicidal thoughts. Clinicians use the total score to determine depression severity and guide treatment decisions.
- In 2015-2016, 76% of Durham Region residents experienced minimal or no depression, 22% experienced mild/moderate depression, and 3%* experienced moderately severe or severe depression.
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- There was no statistical difference between Durham Region residents and the overall Ontario population.

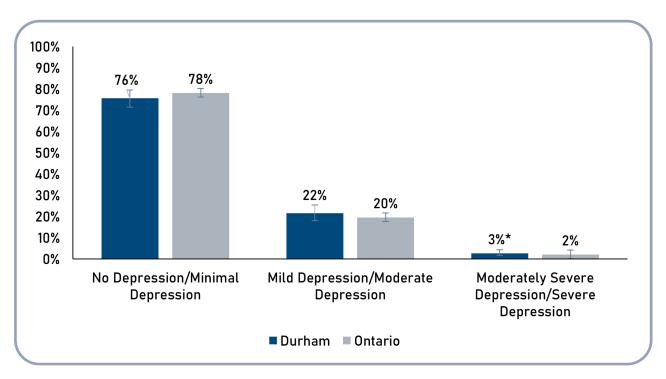


Figure 7: Severity of Depression, Durham Region and Ontario 2015-2016.

Result for Severity of Depression by household income:

- In 2015-2016, residents of Durham Region with household incomes falling within quintiles 3 to 5 were notably more likely to report no depression or minimal depression compared to residents in the lowest income quintile (quintile 1).
- Similar findings were seen in the overall Ontario population, in which residents with higher household income levels (quintile 2-5) were more likely to report no depression or minimal depression compared to residents with the lowest household income level.
- There was no statistical difference between Durham Region residents and the overall Ontario population.

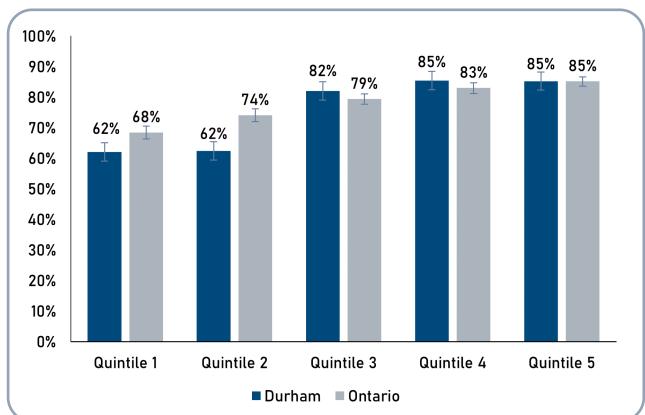


Figure 8: Percentage aged 12 years and over with no/minimal depression by household income, Durham Region and Ontario 2015-2016.

Result for Severity of Depression by age, sex, time since immigartion, education

• There was no statistical difference within Durham Region residents and between Durham Region residents and the overall Ontario population by age, sex, time since immigration, and education in 2015-2016.

Suicide – considered suicide in the past 12 months

• In 2019-2020, 20*% of Durham Region residents considered suicide in the past 12 months.

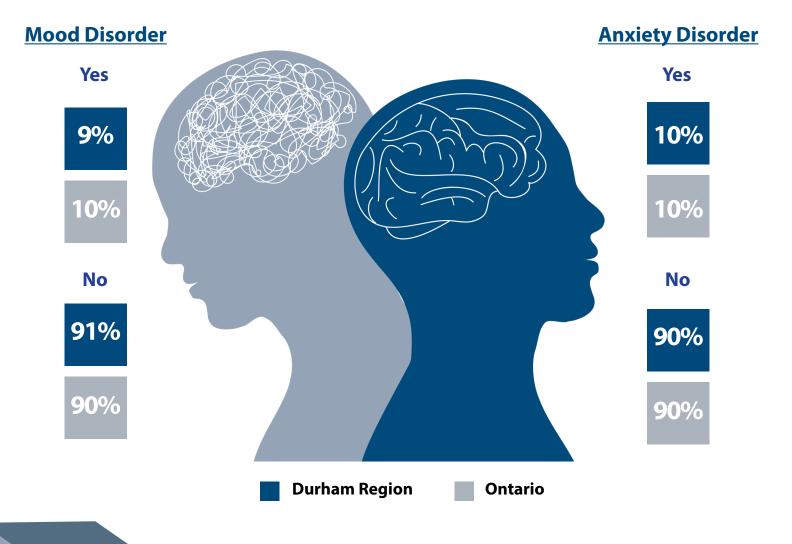
There were no statistical differences between Durham Region residents and the overall Ontario population

CHRONIC CONDITIONS

Mood and Anxiety Disorder (2019-2020)

- 9%* of Durham Region residents, aged 12 years and over reported having a mood disorder such as depression, bipolar disorder, mania or dysthymia, diagnosed by a health professional.
- 10% of Durham Region residents, aged 12 years and over reported to having an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder, diagnosed by a health professional.
- There were no statistically significant differences between Durham Region residents and the overall Ontario population.

Figure 9: Percentage aged 12 years and older by mood and anxiety disorder, Durham Region and Ontario 2019-2020.



Results for mood and anxiety disorders by sex:

- In Durham Region, there was no difference between males and females. However, in Ontario, females were significantly more likely to have mood disorders (12%*) than males (8%*), and they were also more likely to have anxiety disorders (13%*) compared to males (8%*).
- There was no statistical difference between Durham Region residents and the overall Ontario population for those who have mood or anxiety disorder.

Figure 10: Percentage aged 12 years and older with mood and anxiety disorder by sex, Durham Region and Ontario 2019-2020.



*Interpret with caution: high sampling variability.

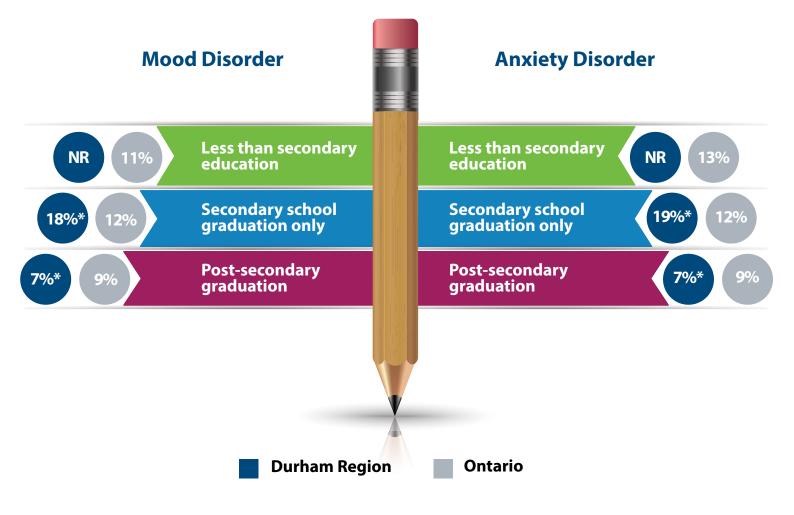
Results for mood and anxiety disorder by immigration:

- Among Durham Region residents who have been in Canada for 10 years or more since immigration, 4%* experienced mood disorders, which was significantly lower than non-immigrants (11%*), and 5%* experienced anxiety disorders, which was also significantly lower than non-immigrants (13%).
- There was no statistical difference between Durham region residents and the overall Ontario population by time since immigration.

Results for mood and anxiety disorder by education:

- Durham Region residents with post-secondary graduation were significantly less likely to experience mood disorder (7%*) than residents with secondary school graduation only (18%*).
- Durham Region residents with post-secondary graduation were significantly less likely to experience anxiety disorder (7%*) than residents with secondary school graduation only (19%*).
- Similar trends were also seen within the overall Ontario population.
- There was no statistical difference between Durham region residents and the overall Ontario population by level of education.

Figure 11: Percentage aged 12 years and older with mood and anxiety disorder by education, Durham Region and Ontario 2019-2020.



*Interpret with caution: high sampling variability. NR – Not Releasable

MET AND UNMET MENTAL HEALTH CARE

Consultation about Mental Health (2019-2020)

- In 2019-2020, 17% of Durham Region residents 12 years and older consulted mental health professionals (i.e. family doctor or general practitioner, psychiatrist, psychologist, nurse, social worker or counsellor) about their emotional or mental health.
- There was no statistical difference between Durham Region residents and the overall Ontario population.

Results for Consultations by Age:

- Durham Region residents ages 65 and over were significantly less likely to consult a mental health professional (7%*) compared to residents 25-44 years (29%). Similar trend was observed in the overall Ontario population.
- There was no statistical difference between Durham Region residents and the overall Ontario population.
- There was no statistical difference for Durham Region residents by sex, household income, time since immigration, level of education, or ethnicity.



Results for Consultations by sex, immigration, and ethnicity:

- Within the overall Ontario population, females were significantly more likely to consult mental health professionals (21%) compared to Ontario males (12%).
- Non-immigrants within the overall Ontario population were significantly more likely to consults mental health professionals (19%) compared to those living in Canada for less than 10 years (8%) and those living in Canada for more than 10 years (10%).
- South Asians (7%*) and East Asian/Southeast Asian (8%*) were significantly less likely to consult mental health professionals than their White (18%) and Black counterparts (14%).

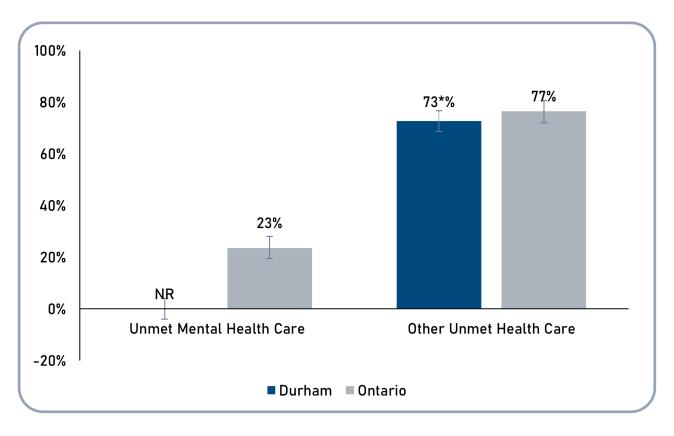


Unmet Healthcare Needs (Self-perceived)

- In 2019-2020, among the overall Ontario population who reported unmet healthcare needs, 23% specifically related to mental health, while the remaining 77% had unmet health care needs other than mental health services.
- Among the Durham Region residents too, close to three-quarters (73*%) had unmet needs beyond mental health/most unmet care needs were not for mental health services.



Figure 12: Percentage aged 12 years and over with unmet health care needs (self-perceived), Durham Region and Ontario 2019-2020.



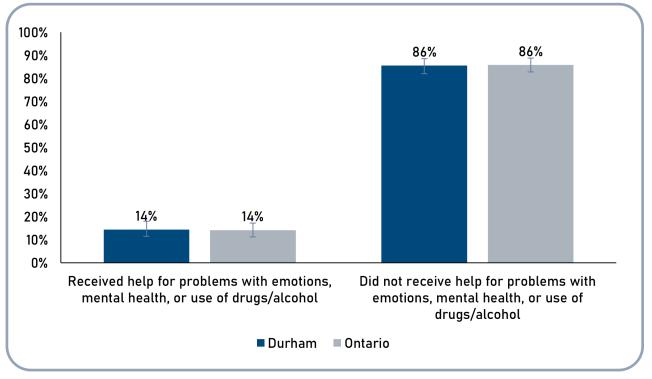
*Interpret with caution: high sampling variability. NR – Not Releasable

Help Received - Mental Health Problems

- In 2019-2020, 14% of Durham Region residents reported to receiving help (i.e. information, medication, counselling, or other) for problems with emotions, mental health, or use of drugs/alcohol and 86% reported to not receiving help.
- Similar findings were seen with the overall Ontario population in 2019-2020.
- There was no statistical difference between Durham Region residents and the overall Ontario population.



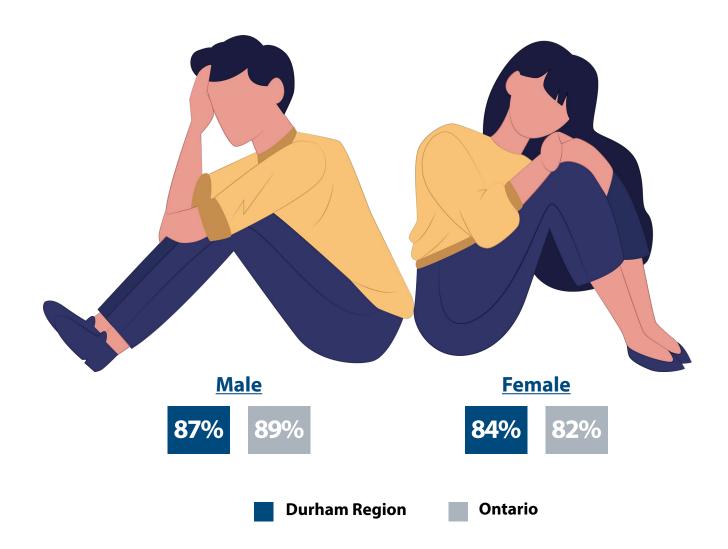
Figure 13: Percentage aged 12 years and over by help received for mental health problem, Durham Region and Ontario 2019-2020.



Results for Help Received – Mental Health Problems by sex:

- In Durham Region, there was no statistical difference between males and females who did not receive help (i.e. information, medication, counselling, other) for problems with emotions, mental health, or use of drugs/alcohol.
- Among the overall Ontario population, males were significantly more likely to not receive help for problems with emotions, mental health, or use of drugs/alcohol compared to females.

Figure 14: Percentage aged 12 years and over that did not recieve help for problems with emotions, mental health, or use of drugs/alcohol, by sex, Durham Region and Ontario 2019-2020.



Results for Help Received – Mental Health Problems by age, household income, time since immigration, education, and ethnicity:

- There was no statistical difference for Durham Region residents by age, sex, household income, time since immigration, level of education, or ethnicity, however, statistical differences were seen within the overall Ontario population.
- Among the overall Ontario population, residents aged 45 years and over were significantly more likely to report not receiving help for problems with emotions, mental health, or use of drugs/alcohol compared to younger age groups (12-44 years).
- The Ontario population with higher levels of household income (quintile 3-4) were significantly more likely to report not receiving help for problems with emotions, mental health, or use of drugs/alcohol compared to those within the lowest household income level (quintile 1).
- Immigrants who have lived in Ontario for less than 10 years (91%) and those who have lived there for 10 years (92%), or more were significantly more likely to report not receiving help for issues related to emotions, mental health, or substance use compared to non-immigrants (83%).
- Within the Ontario population, individuals with South Asian (94%), East Asian/Southeast Asian (93%), and Latin American (92%) cultural/ethnic backgrounds were significantly more likely to report not receiving help for emotional, mental health, or substance-related issues compared to their White-only counterparts (84%).
- There was no statistical difference between Durham Region residents and the overall Ontario population by age, sex, household income, time since immigration, education, and ethnicity.

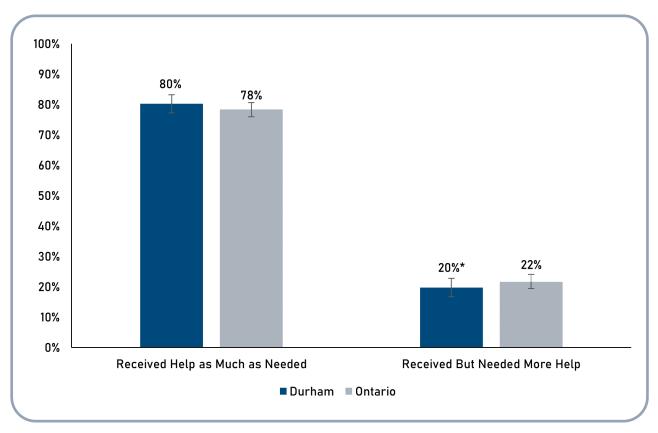


Perceived Need – Mental Health Problems (Help Received)

- In 2019-2020, 80% of Durham Region residents that received help for emotional, mental health, or substance-related issues reported to have received as much help as needed
- 20%* of Durham Region residents that received help for emotional, mental health, or substance-related issues reported to have needed more help.
- There was no statistical difference between Durham Region residents and the overall Ontario population.



Figure 15: Percentage aged 12 years and over that received help for mental health problem, Durham Region and Ontario 2019-2020.



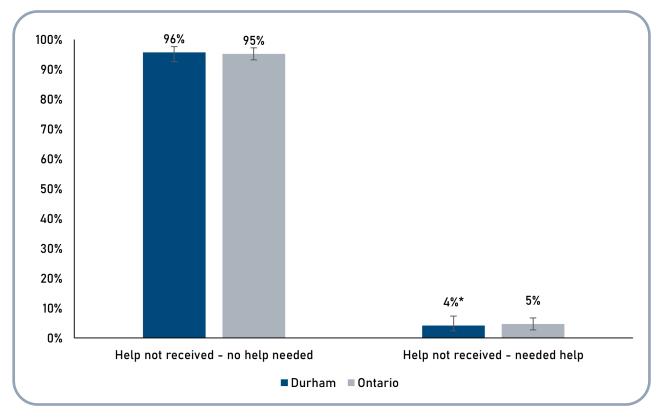
Results for Perceived Need – Mental Health Problems (Help Received as much as needed):

- Among the overall Ontario population that received help, residents aged 25-44 years were significantly less likely to receive as much needed help for emotional, mental health, or substance-related issues (74%) compared to both younger (12-24) and older (45+) age groups.
- There was no statistical difference for Durham Region residents by age, sex, household income, time since immigration, level of education, or ethnicity, however, statistical differences were seen within the overall Ontario population.
- There was no statistical difference between Durham Region residents and the overall Ontario population by age, sex, household income, time since immigration, education, and ethnicity.

Perceived Need – Mental Health Problems (Help Not Received)

- 96% of Durham Region residents did not receive help for emotional, mental health, or substance-related issues reported that they did not need help.
- 4%* of Durham Region residents that did not receive help for emotional, mental health, or substance-related issues reported to have needed help (i.e. information, medication, counselling

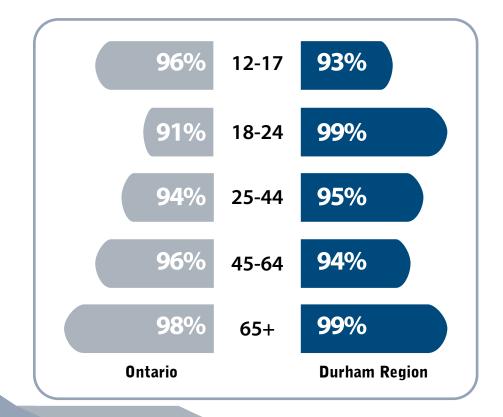
Figure 16: Percentage aged 12 years and over that did not receive help for mental health problems, Durham Region and Ontario 2019-2020.



Results for Perceived Need – Mental Health Problems (Help Not Received and not needed):

- There was no statistical difference for Durham Region residents by age, sex, household income, time since immigration, level of education, or ethnicity.
- However, statistical differences were seen within the overall Ontario population by age, time since immigration, and ethnicity.
- In Durham Region, there was no statistical difference between age groups for those who did not receive help (such as information, medication, counselling, other) for mental health-related problems because it was not needed.
- Among the Ontario population, residents aged 18-24 were significantly less likely to not have received help due to it being unnecessary (91%) compared to youths aged 12-17 years (96%). Residents aged 65 and over were significantly more likely to not have received help due to it being unnecessary (98%) compared to youths aged 12-17 years (96%).
- Durham Region residents ages 18-24 were significantly more likely to not have received help due to it being unnecessary (99%) compared to Ontario residents ages 18-24 (91%).
- Among the overall Ontario population that did not receive help for mental healthrelated problems, immigrants living in Ontario for 10 years or more were significantly more likely (97%) than non-immigrants (95%) to report that they did not need assistance.
- Among the overall Ontario population that did not receive help for mental health related problems, White-only individuals were significantly more likely to report that they did not need assistance (96%) compared to their Latin American counterparts (90%).

Figure 17: Percentage aged 12 years and over that did not received help for mental health problems (not needed), by age, Durham Region and Ontario 2019-2020.



D ATA NOTES

Data Source: The Canadian Community Health Survey (CCHS) is a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the Canadian population. It surveys a large representative sample of respondents and is designed to provide reliable estimates at the health region level and covers about 98 per cent of the Canadian population aged 12 years and older. The CCHS underwent a major redesign that began in 2012 and was implemented in collection in 2015. This redesign changed about 70 per cent of the pre-existing modules, while also creating new modules to include new and emerging concepts. As part of the redesign, the collection period was changed from a six two-month collection period to four non-overlapping three-month periods. The CCHS data is collected from persons aged 12 and older living in private dwellings, excluding individuals living on Indian Reserves and on Crown Lands, institutional residents, full-time members of the Canadian Forces, youth aged 12 to 17 living in foster homes, and residents of certain remoted regions.

Variable definistions:

- General Health and General Mental Health: For both the general self-perceived health and general self-perceived mental health variables, the responses of "excellent" and "very good" were combined into a single category, was maintained for "good", and the responses of "fair" and "poor" were combined into another category.
- Positive Mental Health: The categorical derived variable for positive mental health was developed by the recommended classification of the Mental Health Continuum - Short Form (MHC-SF), a scale measuring emotional wellbeing. The variable classifies individuals as having flourishing, languishing, or moderate mental health. To be classified as having flourishing mental health, individuals must experience daily or almost daily at least one of the three indicators of hedonic well-being and at least six of the eleven signs of positive functioning during the past month. Those who exhibit low levels (i.e., 'never' or 'once or twice' during the past month) on at least one measure of hedonic well-being and low levels on at least six measures of positive functioning are diagnosed with languishing mental health. Individuals who fall neither into the flourishing nor languishing categories are diagnosed with moderate mental health.
- Depression: The derived variable for depression scale represents the severity of depression. This variable classifies the respondent's degree of depression based their score obtained on the Patient Health Questionnaire (PHQ-9) depression scale. The score can range from 0 to 27 since each of the 9 items can be scored from 0 (not at all) to 3 (nearly every day). The scores are categorized as patients experiencing none-minimal depression (0-4), mild depression (5-9), moderate depression (10-14), moderately severe depression (15-19), and severe depression (20-27). The responses of "No Depression" and "Minimal Depression" were combined into one category, "Mild Depression" and "Moderate Depression" into another category, and "Moderately Severe Depression" and "Severe Depression" into a third category.

- Unmet Health Care Needs: To assess the proportion of unmet health care needs related to mental health, we introduced a new variable. This variable distinguishes between unmet mental health care needs (including acute and chronic mental health issues) and other unmet health care needs (non-mental health related).
- Help Received: A variable was derived to categorize whether mental health help was received. Those who sought mental health help including information, medication, counselling, or other forms of support were combined into a category of receiving help for problems with emotions, mental health, or use of drugs/alcohol. If neither were received, then the respondents were grouped as no help received for problems with emotions, mental health, or use of drugs/alcohol.
- Perceived Mental Health Needs (Help Received): A variable was derived representing those that received help for their mental health. Two categories were created: one group including the respondents that received as much help as needed and the other group comprised of respondents that still needed more help.
- Perceived Mental Health Needs (Help Not Received): A variable was derived representing those that did not received help for their mental health. Two categories were created: one group including the respondents that did not receive help and did not need it and the other group comprised of respondents that did not receive help but needed it.

Data Analysis: The analysis used the CCHS share file obtained from the Ontario Ministry of Health. Stata version 16.1 was used to analyze the data. The final CCHS sampling weight formed the estimates. Error bars in the graphs represent the 95% confidence interval (CI) around the estimate. The true or actual estimate falls within the range of values 95 out of 100 times. Confidence intervals were used to determine level of significance. Sampling variability is measured through the coefficient of variation (CV). Estimates with high CV (>35%) and observations on which an estimate is based is less than 10, regardless of the CV, are not considered reliable and hence were labelled as "NR - Not Releasable". A CV between 15.1% and 35% (inclusive) denotes an estimate that needs to be interpreted with caution due to high sampling variability. All analyses excluded response options of "refusal", "don't know", and "not stated".