

Mental Health

INTRODUCTION

The Canadian Mental Health Association defines mental health as “the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face”.⁴² Children’s mental health is closely related to physical health, the ability to achieve success in school and the ability to demonstrate responsible behaviour toward others.⁴³ Factors affecting children’s mental health are multifaceted and involve characteristics of the child, family, community and society as a whole.⁴⁴



To measure the broad concept of mental health, investigators often examine the prevalence of mental illness because this information is more readily available. These illnesses include a wide range of disorders that have psychological or behavioural symptoms, and reduce a person’s capacity to cope.⁴⁵ Mental illness may be caused by genetic, physical, chemical, biological, psychological, social or cultural factors.⁴⁶ The *1989 Ontario Child Health Study* found that 18% of children aged 1–17 years suffered from a diagnosable psychiatric illness⁴⁵, while the 1996 *National Longitudinal Survey on Children and Youth* (NLSCY) found that 25% of children (41% of those in female-led, single parent families) showed at least one significant developmental problem.⁴⁷

Data sources for Peel and Ontario in this chapter include hospitalization and mortality data.

HOSPITALIZATION FOR MENTAL ILLNESS

In Peel and Ontario, “neurotic disorders, personality disorders and other non-psychotic mental disorders” is the most common category of mental disorder for which children are hospitalized. This category of disorders includes such conditions as anxiety, obsessive compulsive disorder, affective personality disorder, paranoid personality disorder, sexual deviations and disorders, alcohol dependence syndrome and drug dependence. “Other psychoses” is the second most common category of mental illness for which children are hospitalized. “Other psychoses” includes conditions such as schizophrenic psychoses, affective psychoses (eg. depression) and paranoid states.

Table 6.1 shows hospitalization for selected mental disorders in Peel and Ontario children aged 10–14 years and 15–19 years.

Table 6.1—Hospitalization for Selected Mental Disorders by Age Group, Region of Peel and Ontario, 1998

Mental Disorder	Peel				Ontario			
	10–14 years		15–19 years		10–14 years		15–19 years	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Mental Disorders (Total)	81	121.7	281	427.8	1404	184.1	4,652	626.8
Organic Psychotic Conditions	0	---	10	15.2	7	0.9	111	15.0
Other Psychoses	17	25.5	114	173.5	233	30.6	1,744	235.0
Neurotic Disorders, Personality Disorders and Other Non-psychotic Mental Disorders	64	96.2	155	236.0	1164	152.7	2,791	376.1

* Rate per 100,000

Source: Hospital Separations, Canadian Institute for Health Information (CIHI) 1998, distributed by the Central East Health Information Partnership (CEHIP).
 Statistics Canada, Population Estimates and Projections, distributed by the Ontario Ministry of Health and Long-Term Care.

In 1998, hospitalization rates for mental disorders were generally higher in Ontario than in Peel for children and youth aged 10–14 and 15–19 years. Hospitalization rates were also higher in the 15–19 year age group compared to those aged 10–14 years in both Peel and Ontario.

Table 6.2 shows the numbers and rates of hospitalization for mental disorders by age group and sex for Peel in 1998. Hospitalization rates were generally higher in females than in males.

Table 6.2—Hospitalization for Selected Mental Disorders by Age Group and Sex, Region of Peel, 1998

Mental Disorder	Age 10–14 years				Age 15–19 years			
	Males		Females		Males		Females	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Organic Psychotic Conditions	0	---	0	---	<5	NR	7	21.9
Other Psychoses	6	17.5	11	34.0	44	130.4	70	219.1
Neurotic Disorders, Personality Disorders and Other Non-psychotic Mental Disorders	36	105.2	28	86.6	57	168.9	98	306.7

NR= Not released due to small numbers.

* Rate per 100,000

Source: Hospital Separations, Canadian Institute for Health Information (CIHI) 1998, distributed by the Central East Health Information Partnership (CEHIP).
 Statistics Canada, Population Estimates and Projections, distributed by the Ontario Ministry of Health and Long-Term Care.

SUICIDE

Suicide and attempted suicide are commonly, but not always, associated with mental illness. This section describes suicide among Peel’s children and youth from two sources: hospitalization data on suicide attempts and death data. These data probably underestimate the true extent of suicide since it may be misclassified as an accident or poisoning.⁴⁸ In Canada, the range of under-reporting was estimated to be 12% for males and 18% for females.⁴⁹

In 1998, there were 137 suicide attempts made by children aged 10–19 years in Peel. Hospitalization rates for attempted suicide were almost two times higher among females than males and approximately five times higher among 15–19 year olds than 10–14 year olds in both Peel and Ontario. Hospitalization rates for suicide attempts were lower for females in Peel than for Ontario, while rates for males were similar in both jurisdictions, as shown in Table 6.3.

Table 6.3—Hospitalization for Attempted Suicide, by Age Group and Sex, Region of Peel and Ontario, 1998

Age Group	Peel					
	Male		Female		Total	
	Number	Rate*	Number	Rate*	Number	Rate*
10–14 years	7	20.5	15	46.4	22	33.1
15–19 years	41	121.5	74	231.6	115	175.1

Age Group	Ontario					
	Male		Female		Total	
	Number	Rate*	Number	Rate*	Number	Rate*
10–14 years	63	16.1	262	70.7	325	42.6
15–19 years	438	114.9	1075	297.8	1513	203.9

* Rate per 100,000

Sources: Canadian Institute for Health Information (CIHI) 1998 distributed by the Central East Health Information Partnership (CEHIP).

Statistics Canada, Population Estimates and Projections, distributed by the Ontario Ministry of Health and Long-Term Care.

Mortality data for the years 1986–1996 for youth aged 15–19 in Peel were combined to increase the precision of the rates. These data were examined for the 15–19 year age group, as suicide is an uncommon event for children under the age of 15 years. Between 1986 and 1996, there were 36 suicide deaths among teenagers aged 15–19 years in Peel. Suicide rates for this age group were lower in Peel (5.8 per 100,000) than in Ontario (7.6 per 100,000).

Rates of suicide death were higher among males than females in both Peel and Ontario. The average annual suicide death rate for males aged 15–19 in Peel (9.8 suicides per 100,000 population) was similar to Ontario males of the same age (11.8 per 100,000). Average annual suicide death rates for females were significantly lower, at 1.7 suicides per 100,000 in Peel and 3.1 per 100,000 in Ontario (*see Table 6.4 on following page*). The difference in rates between males and females is likely a function of the choice of method of suicide, with males choosing more lethal methods that are not as likely to result in successful medical intervention.⁴⁸

Table 6.4—Suicide Deaths among Youth Aged 15–19 Years by Sex, Region of Peel and Ontario, 1986–1996 Combined

* Average annual rate per 100,000

Sources: Ontario Mortality Database 1986–1996, distributed through HELPS (Health Planning System) by the Ontario Ministry of Health and Long-Term Care.

Statistics Canada, Population Estimates and Projections, distributed by the Ontario Ministry of Health and Long-Term Care.

	Male		Female		Total	
	Number	AAR*	Number	AAR*	Number	AAR*
Peel	31	9.8	5	1.7	36	5.8
Ontario	477	11.8	118	3.1	595	7.6

SUMMARY

Hospitalization rates for mental disorders for children aged 10–14 and 15–19 years in Peel were generally lower than in Ontario. Hospitalization rates were higher for children aged 15–19 years than those aged 10–14 years in both Peel and Ontario. In Peel and Ontario, the most common category of mental disorder for which children are hospitalized was “neurotic disorders, personality disorders and other non-psychotic mental disorders”.

In Peel in 1998, there were 137 suicide attempts made by youth aged 10–19. Suicide attempts were higher in females than males, and in youth aged 15–19 years. This finding was consistent with Ontario data. Rates of suicide attempts were similar in Peel and Ontario males and were lower among Peel than Ontario females.

In Peel, 36 youths aged 15–19 years committed suicide between 1986 and 1996 (for an average annual rate of 5.8 per 100,000). This rate was lower than Ontario (7.6 per 100,000). Average annual suicide rates in Peel were higher for males (9.8 per 100,000) than females (1.7 per 100,000).