

## Health Fact Sheets

# Mental health care needs, 2018

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# Health Fact Sheets

Statistics Canada, Catalogue no.82-625-X

## Mental health care needs, 2018

### Key Findings

- In 2018, roughly 5.3 million people in Canada mentioned they needed some help for their mental health in the previous year.
- Almost half of these Canadians either had their needs partially met with some help (1.2 million) or had needs that were fully unmet (1.1 million people).
- Canadians who needed help for their mental health, but were without a regular health care provider were more likely to report unmet or partially met needs (60.3%), compared to those who did have a regular health care provider (41.2%).
- The most frequently reported reasons for having unmet or partially met needs were related to not knowing where to go, being too busy or not being able to afford to pay.
- Almost one-quarter of respondents (22.6%) who had unmet or partially met needs reported that they preferred to manage their needs on their own.

The perception of needs for mental health care in the Canadian population, the degree to which those needs are met, and any perceived barriers to care are key elements in understanding help-seeking behaviour and treatment needs for mental health issues.<sup>1</sup> The 2018 Canadian Community Health Survey included questions about different kinds of mental health care that respondents received or felt they needed.

In 2018, 17.8% of Canadians aged 12 and older (roughly 5.3 million people) needed some help with their mental health, including for their use of alcohol or drugs, in the previous year.<sup>2, 3</sup> Among the 5.3 million Canadians who reported needing some mental health care in 2018, 56.2% (around 3 million people) reported that all of their needs were fully met, that is they received some form of care or help and did not report needing any more. The remaining 2.3 million Canadians (43.8%) felt that their needs were either unmet (some care was needed but none was received), or only partially met (some care was received but was not sufficient). Unmet needs were reported by 1.1 million Canadians, and a similar number (1.2 million) reported partially met needs.

In terms of the type of care needed, the need for medication was the most likely to be met (85.4%). The need for counselling was the most likely to be fully unmet (34.1%; Table 1).

**Table 1****Percentage distribution of mental health care need status, by type of need, population aged 12 and older who received or needed care, Canada, 2018**

Type of need	Need status		
	Unmet	Partially met	Fully met
		%	
Any	21.4	22.4	56.2
Information about problems, treatments or available services	20.8	8.0	71.2
Medication	9.1	5.5	85.4
Counselling, therapy or help for problems with personal relationships	34.1	15.9	50.0
Other	...	15.0	85.0

... not applicable

**Note:** No estimate of unmet 'other' care needs can be determined. The category 'other' was not included in the question about types of care that were not received, but may have been needed.**Source:** Canadian Community Health Survey, 2018.

Among the 5.3 million Canadians who received or felt they needed some help with their mental health, the number who reported unmet or only partially met needs varied by province, household income, and access to a regular health care provider.

The proportion of residents who reported unmet or only partially met mental health care needs was **lower** than the national average (43.8%) in:

- New Brunswick (35.9%)
- Quebec (38.9%)

The proportion of residents who reported an unmet or only partially met needs in the past year was **higher** than the national average in:

- Ontario (46.1%)
- British Columbia (51.1%)

The proportion of residents who reported unmet or partially met mental health care needs in the past 12 months was similar to the national average in all other provinces.

Unmet needs for mental health care also varied by income, as people in households from the lowest income quintile<sup>4</sup> were more likely to report unmet or partially met needs (50.5%) compared to Canadians in the highest income quintile (37.8%).

For many Canadians, the first point of contact for medical care is their regular health care provider. In 2018, those without a regular health care provider<sup>5</sup> were more likely to report unmet or only partially met needs (60.3%) compared to those who did have one (41.2%).

## Perceived barriers to mental health care

The 2.3 million Canadians who reported unmet or partially met mental health care needs were asked to indicate the reasons why they didn't get the help they needed. Overall the most frequently mentioned barriers were related to personal circumstances<sup>6</sup> (78.2%), such as not knowing where to get help or not being able to afford to pay. Language problems and help not being readily available were cited as a barrier by 19.5% of those with an unmet mental health care need. Almost one-quarter of respondents (22.6%) reported that they preferred to manage the need on their own.<sup>7</sup>

Respondents who preferred to manage their needs themselves were asked to elaborate on the reasons why. The most commonly reported reasons were they relied on family and friends (21.6%), they did not feel ready to seek help (16.8%), or they were uncomfortable talking about these problems (17.2%).

## Summary

Almost one-in-five (17.8%) Canadians needed mental health care in 2018, and half of them felt that their needs were fully met. Medication needs were the most likely to be fully met, while needs for counselling or therapy were the most likely to be unmet. Residents of Ontario and British Columbia were more likely to report unmet or partially met needs compared to the national rate. When Canadians didn't get the help they needed, the main reasons reported were because of personal circumstances, such as not knowing where to go or being too busy, or not being able to afford to pay for care.

## References

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## Data

Additional data from the Canadian Community Health Survey are available from table [13-10-0619-01](#).

## Notes

1. Meadows, G., P. Burgess, I. Bobevski, E. Fossey, C. Harvey, and S.T. Liaw. 2002. [Perceived need for mental health care: influences of diagnosis, demography and disability](#). *Psychological medicine*, 32(2), 299-309.
2. Estimates in this article referring to the national average or Canada rate exclude the territories. This is because the coverage of CCHS in 2018 does not represent the entire population of the territories. Only half of the communities in the territories were visited in 2017, and the other half in 2018 so analyses based on the territories are only available for two year cycles of the CCHS (e.g. 2017-2018).
3. The CCHS target population does not include institutionalized individuals, therefore the estimates in this article may not be fully representative of mental health care needs in Canada.
4. Household income collected on the 2018 CCHS was adjusted by the low income cut-off (LICO) corresponding to respondents' household size and the size of the community where they live. The household income ratios are then rescaled relative to the highest ratio of all survey respondents, in order to have a distribution (from 0 to 1) of lowest to highest income ratios. The adjusted ratios are then categorized in quintiles (five groups of approximately the same percentage of respondents) in order to analyze the relative measure of household income across all respondents. The lowest quintile represents the lowest 20% of adjusted ratios, while the highest quintile represents the highest 20% of ratios.
5. Refers to a health professional that a person sees or talks to when they need care or advice about their health. This can include a family doctor or general practitioner, medical specialist, or nurse practitioner.
6. Barriers were grouped based off suggested categories described by Sanmartin et al. (2002) and used in the article by Sunderland and Findlay (2013). Personal circumstances includes the following response categories: didn't know where to get the kind of help needed, respondent has not got around to it, job interfered, respondent did not have confidence in health care system, could not afford to pay, insurance did not cover, afraid of what others would think, and 'other'. Features of the health care system includes the following response categories: help was not readily available and language barriers. The third category was the respondent preferred to manage the need on their own.
7. Respondents could have reported more than one type of barrier, so estimates are not exclusive within the population (they can add to more than 100%).

For more information on the Canadian Community Health Survey, please contact Statistics Canada's Statistical Information Service (toll-free 1-800-263-1136; 613-951-8116; [STATCAN.infostats-infostats@STATCAN@canada.ca](mailto:STATCAN.infostats-infostats@STATCAN@canada.ca)).