

Health at a Glance

The impact of mental health problems on family members

by Caryn Pearson

Release date: October 7, 2015



How to obtain more information

For information about this product or the wide range of services and data available from Statistics Canada, visit our website, www.statcan.gc.ca.

You can also contact us by

email at infostats@statcan.gc.ca

telephone, from Monday to Friday, 8:30 a.m. to 4:30 p.m., at the following toll-free numbers:

- Statistical Information Service 1-800-263-1136
- National telecommunications device for the hearing impaired 1-800-363-7629
- Fax line 1-877-287-4369

Depository Services Program

- Inquiries line 1-800-635-7943
- Fax line 1-800-565-7757

Standards of service to the public

Statistics Canada is committed to serving its clients in a prompt, reliable and courteous manner. To this end, Statistics Canada has developed standards of service that its employees observe. To obtain a copy of these service standards, please contact Statistics Canada toll-free at 1-800-263-1136. The service standards are also published on www.statcan.gc.ca under “Contact us” > “Standards of service to the public.”

Note of appreciation

Canada owes the success of its statistical system to a long-standing partnership between Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

Standard table symbols

The following symbols are used in Statistics Canada publications:

- . not available for any reference period
- .. not available for a specific reference period
- ... not applicable
- 0 true zero or a value rounded to zero
- 0^s value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded
- ^P preliminary
- ^r revised
- X suppressed to meet the confidentiality requirements of the *Statistics Act*
- ^E use with caution
- F too unreliable to be published
- * significantly different from reference category ($p < 0.05$)

Published by authority of the Minister responsible for Statistics Canada

© Minister of Industry, 2015

All rights reserved. Use of this publication is governed by the Statistics Canada [Open Licence Agreement](#).

An HTML version is also available.

Cette publication est aussi disponible en français.

Health *at a Glance*

The impact of mental health problems on family members

by Caryn Pearson

Highlights

- In 2012, approximately 11 million (38%) Canadians aged 15 and older had at least one immediate or extended family member who had a mental health problem, defined as problems with their emotions, mental health, or use of alcohol or drugs.
- About 1 in 5 (22%) Canadians had more than one immediate or extended family member with a mental health problem.
- Among Canadians who had at least one family member with a mental health problem, over one-third (35%) thought that their lives had been affected by their family member's mental health.
- Approximately 71% of Canadians who perceived that their lives were affected by a family member's mental health problem reported they had provided care to their family member.

Problems with mental health can have a serious impact on an individual's education, work, social life and interactions with their family.¹ In 2012, about one in ten Canadians reported they had experienced symptoms of a mental or substance use disorder at some point in the previous 12 months.^{2,3} As such, the Mental Health Commission of Canada estimates that almost every family in Canada will be affected, to some degree, by problems with mental health.⁴

Families can play an important role in the well-being of members who have mental health problems.⁵ For instance, care, such as emotional and practical support, is often provided by family members.⁶ While family care can be beneficial, it can sometimes become a source of stress for families. People who care for family members with mental

health issues often report that their time, energy, mental health, physical health, and finances are affected when a family member has a mental health problem.⁷

Canadians who had an immediate or extended family member who had a problem with their emotions, mental health, or use of alcohol or drugs were the focus of this article. Using data from the 2012 [Canadian Community Health Survey–Mental Health \(CCHS–MH\)](#), this article highlights the number of Canadians who had a family member with a mental health problem, focusing on selected characteristics of Canadians whose lives have been affected by their family member's problem, as well as the caregiving roles they provided to their family member (see *Data source, method and definitions text box*).

Approximately 38% of Canadians had a family member with a mental health problem

In 2012, approximately 11 million Canadians (38%) aged 15 and older reported having at least one immediate or extended family member with a mental health problem, defined as problems with their emotions, mental health, or use of alcohol or drugs.⁸ The CCHS–MH broad definition of “family” included both immediate and extended family members, such as a spouse or partner, children, parents, parents-in-law, grandparents, brothers and sisters, cousins, aunts, uncles, nieces or nephews.

About one-fifth (22%) of Canadians had two or more family members with a mental health problem. Approximately 9% had two family members, and 12% had three or more family members with a mental health problem.

A larger percentage of Canadians who had two or more family members with a mental health problem reported high levels of daily stress compared with people who had one or no family members with a mental health problem. High daily stress was reported by 17% of people who had no family members with mental health problems. This compares with 29% reporting high daily stress when there were two or more family members with a mental health problem (Chart 1).

In 2012, about 10% of people who had one family member with a mental health problem reported having experienced symptoms themselves of a [selected mental or substance disorder](#) in the previous 12 months. This rate was almost twice as high when there were two or more family members with a mental health problem (18%).

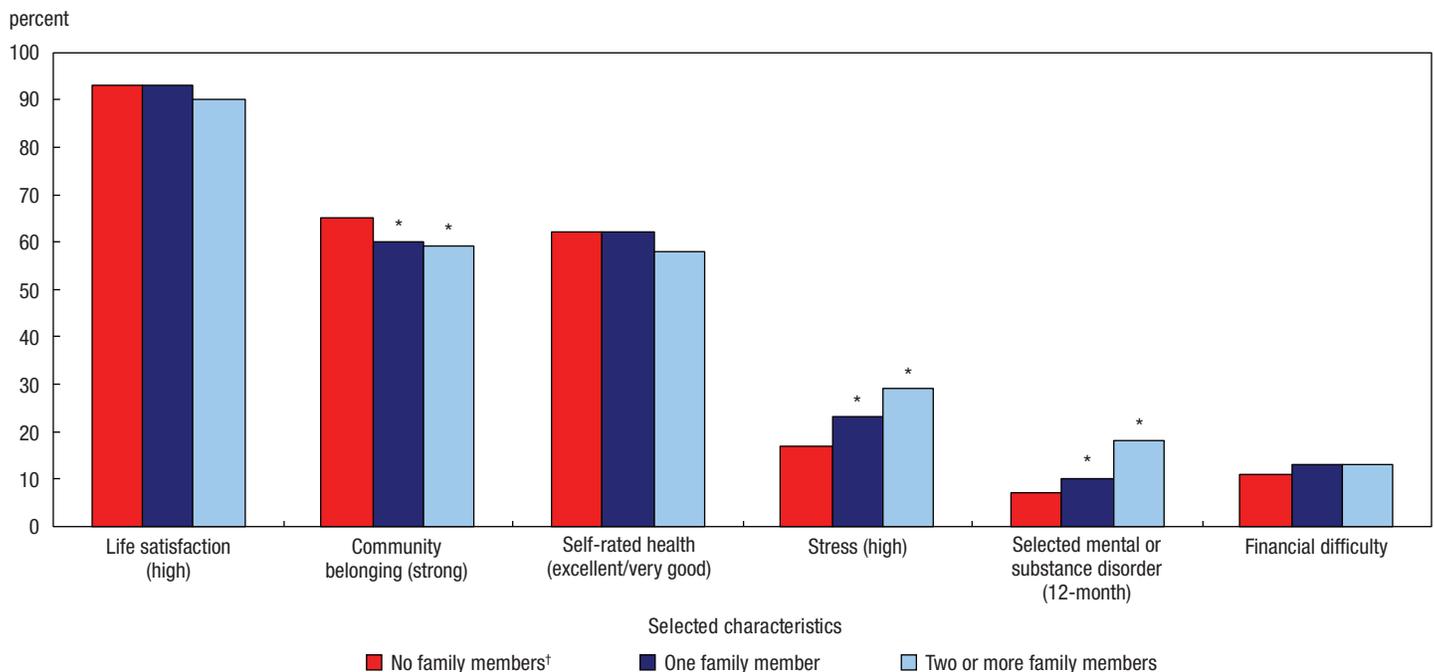
There was no difference in the percentage of people reporting [high life satisfaction](#), excellent/very good self-rated health or [financial difficulty](#) between the three groups (Chart 1).

Canadians were affected by their family member’s mental health problems

Among people who had at least one family member with a mental health problem, just over one-third (35%) perceived that their time, energy, emotions, finances or daily activities had been affected because of their family member(s) problem.

Among those Canadians who perceived that their lives had been [affected by a family member’s mental health problem](#), close to one-fifth (19%) reported that they had experienced symptoms of a mental or substance use disorder themselves in the previous 12 months (Chart 2). Furthermore, almost two thirds (62%) reported that their family member’s

Chart 1
Selected characteristics of Canadians aged 15 or older, by number of family members with a mental health problem, 2012



† reference group

* significantly different from reference group (p < 0.05)

Note: See Data source, method and definitions box for definitions of the variables in this chart.

Source: Statistics Canada, 2012, Canadian Community Health Survey – Mental Health.

problems had caused them to become worried, anxious or depressed (data not shown).

The results of this study are similar to those of a study conducted in the United Kingdom. Compared with people who did not perceive an impact, people who perceived that their lives had been affected by a family member's mental health were more likely to report that they had experienced problems with their own mental health within the previous 12 months.⁶

In 2012, people who perceived that their lives had been affected reported lower rates of life satisfaction, and rated their general health more negatively than people who did not perceive that their lives had been affected (Chart 2).

Canadians who perceived that their lives had been affected by a family member's mental health problem were just as likely as those who did not perceive an affect to feel a strong sense of belonging to their local communities. Over two-thirds (68%) of people who perceived that their lives had been affected by a family member's mental health reported that they were not embarrassed by this problem (data not shown).

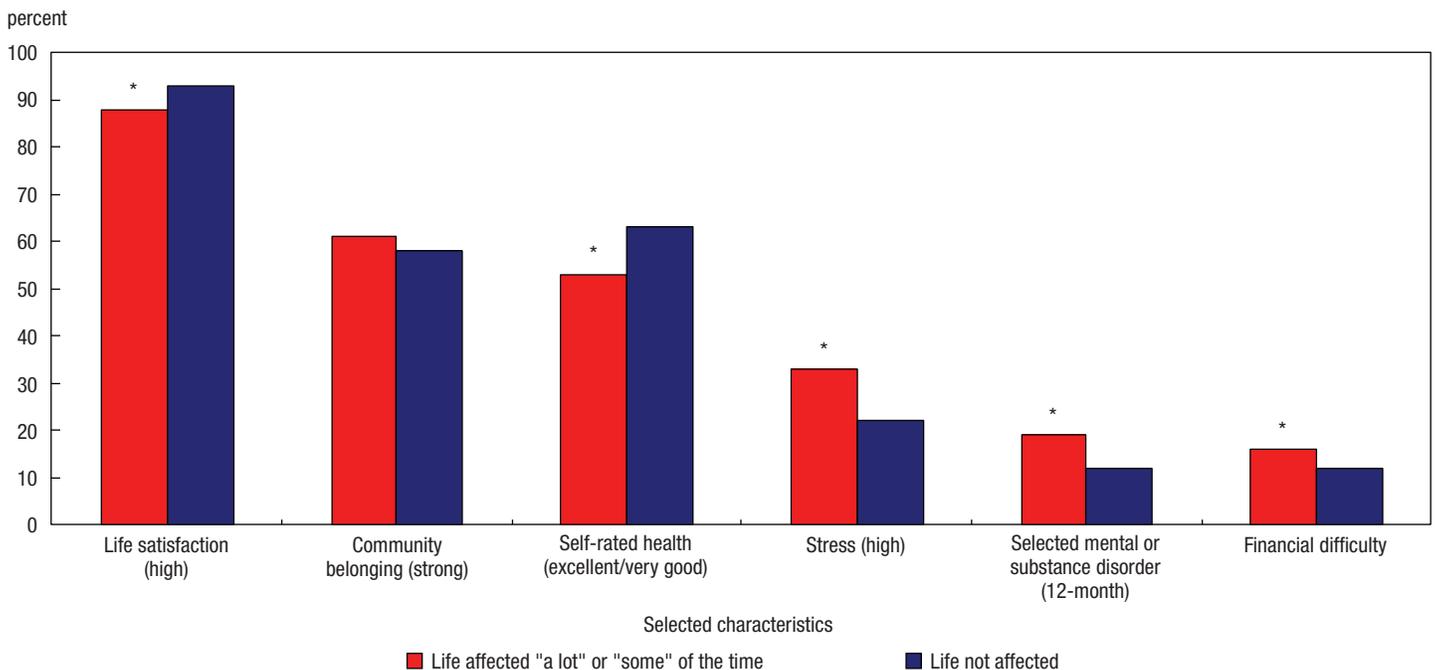
Most people who perceived their lives had been affected provided care to their family member

About 71% of Canadians whose lives were affected by a family member's mental health problems reported **providing care (caregivers)** to their family member (data not shown). Emotional support (27%), such as keeping a family member company, was provided more often than practical support (8%), such as help with paperwork or getting around.

About 28% of caregivers provided both emotional and practical support, and 7% reported spending time doing other things to care for their family member. Emotional support is generally needed more than practical support because people with mental health problems are often capable of doing practical tasks for themselves.⁵

More women (30%) than men (22%) provided emotional care to their family members with mental health problems, while more men (12%) than women (7%) provided practical care (Chart 3). However, proportionally more men (32%) provided both emotional and practical support

Chart 2
Percentage of people¹ with selected characteristics, by whether or not their lives were affected by a family member's mental health problem,² 2012



* significantly different from "life not affected" group ($p < 0.05$)

1. Canadians who reported they had at least one family member who had a mental health problem.

2. Life affected by a family member's mental health problems: respondents who reported that their family member's problems with mental health had affected their time, energy, emotions, finances and daily activities, "a lot" or "some of the time."

Note: See *Data source, method and definitions* box for definitions of the variables in this chart.

Source: Statistics Canada, 2012, Canadian Community Health Survey – Mental Health.

to a family member than women (26%). Previous research has consistently found that women were more likely to be caregivers,^{4,5} and provide emotional support,⁹ than men.

On average, those providing care spent two hours a week providing emotional or practical care to their family member with a mental health problem. However, 30% of caregivers spent more than five hours a week providing care. Male and female caregivers generally spent about the same amount of time providing care to a family member with a mental health problem.

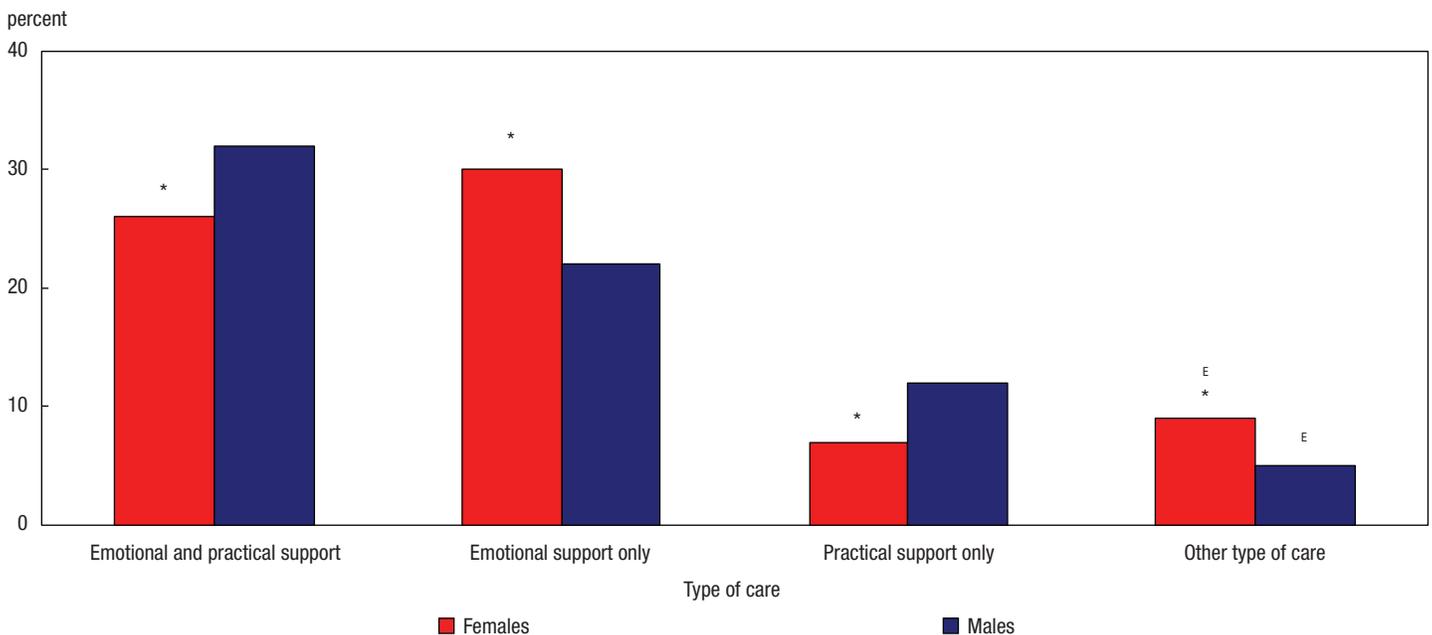
Providing care to a family member with a mental health problem can take a physical and emotional toll on the caregiver.^{4,9} In 2012, about two-thirds (66%) of caregivers reported that their family member's mental health had caused them to become worried, anxious or depressed (data not shown). Furthermore, about one-fifth (19%) of caregivers reported having experienced symptoms themselves of a mental or substance use disorder in the previous 12 months (data not shown).

Conclusion

In 2012, about 38% of Canadians had at least one family member with a mental health problem; of those, about 35% reported that these problems had affected their time, energy, emotions, finances or daily activities. People who were affected by a family member's mental health experienced stress and symptoms of mental health problems themselves; and about 62% reported that their family member's problem had caused them to become worried, anxious or depressed. Since mental health problems are so diverse, future research would benefit from an examination of the impact of specific types of mental health conditions on family members and their caregivers.

Caryn Pearson is an analyst with the Health Statistics Division.

Chart 3
Type of care¹ provided by people affected by their family member's mental health problem, by sex, 2012



* significantly different from males ($p < 0.05$)

^E use with caution (these data have a coefficient of variation from 16.6% to 33.3%)

1. Questions on caregiving were only asked of respondents who reported that their family member's mental health problems had affected their time, energy, emotions, finances and daily activities, "a lot" or "some of the time."

Source: Statistics Canada, 2012, Canadian Community Health Survey – Mental Health.

Data source, method and definitions

Data source

Estimates for this study were based on the 2012 **Canadian Community Health Survey–Mental Health (CCHS–MH)**. The CCHS–MH is a cross-sectional survey used to collect information about mental health status, access to, and perceived need for formal and informal mental health services and supports, functioning and disability, and factors determining health status. The survey included the population 15 years of age and over who lived in the ten provinces. Excluded from the survey's coverage were: persons living on reserves and other Aboriginal settlements; full-time members of the Canadian Armed Forces and the institutionalized population. Altogether, these exclusions represented about 3% of the target population.

Method

Weighted frequencies and cross-tabulations were used to estimate the percentage of people who: had one or more family members with a mental health problem, were affected by their family member's mental health problem, and were providing care to at least one family member with a mental health problem. These were examined by a variety of selected characteristics. Significant differences were determined using a p-value of 0.05. P-values provide an indication of whether the differences between the estimates are real.

Definitions

Financial difficulty: respondents who reported that, given their current household income, they had difficulty with basic expenses such as food, shelter and clothing.

Life affected by a family member's mental health problems: respondents who reported that a family member's mental health problems had affected their time, energy, emotions, finances and daily activities, "a lot" or "some of the time" (versus "a little" or "none"). This measure was used for consistency with previous research.^{5,6}

Life satisfaction (high) was based on a scale that measured the respondent's responses to the question "How do you feel about your life as a whole right now?" Those who were categorized as "very satisfied" or "satisfied" (versus "neutral," "dissatisfied" or "very dissatisfied") were considered to have "high" life satisfaction.

Providing care: included respondents who perceived that their lives had been affected by a family member's mental health, and reported they provided a family member with help with emotional, practical, or other things, over and above what they would normally do because of their family member's mental health problems. Questions measuring caregiving were only asked to people who reported that their family member's problems with mental health had affected their time, energy, emotions, finances and daily activities, "a lot" or "some of the time." This may have excluded some respondents who were providing care. About 71% of people who perceived that their lives had been affected provided care to a family member.

Selected mental or substance use disorder (12-month): respondents who reported having experienced symptoms themselves consistent with at least one of the six disorders (major depressive episode, bipolar disorder, generalized anxiety disorder, and abuse of or dependence on alcohol, cannabis or other drugs) measured in the survey, in the previous 12 months. The survey measured the disorders in accordance with the World Health Organization - Composite International Diagnostic Interview (WHO-CIDI) 3.0, which classifies respondents, according to selected mental or substance use disorders on the basis of their reported symptoms.

Stress (high): Respondents who reported that most of their days were "quite a bit" or "extremely" stressful (versus "a bit," "not very," or "not at all" stressful).

Limitations

In this study, using the 2012 CCHS–MH, it was not possible to determine the family relationship between respondents and their family member who had a mental health problem, that is, whether a respondent's family member was part of their immediate family (i.e., parent or child), or member of the respondent's extended family (i.e., aunt or cousin).

Caregiving questions were only asked to respondents who reported that their lives were affected by their family member's mental health problems. This may have excluded some respondents who were providing care.

References and notes

1. Mental Health Commission of Canada. 2012. Changing Directions, Changing Lives: The Mental Health Strategy for Canada. Calgary: Alberta.
<http://strategy.mentalhealthcommission.ca/download/>
2. Pearson C, T. Janz, and Ali J. 2013. "Mental and substance use disorders in Canada." *Health at a Glance*. September. Statistics Canada Catalogue no. 82-624-X.
<http://www.statcan.gc.ca/pub/82-624-x/2013001/article/11855-eng.htm>
3. Symptoms consistent with at least one of the following disorders: major depressive episode, generalized anxiety, bipolar disorder, alcohol, cannabis or other drug abuse or dependence.
4. Mental Health Commission of Canada. 2009. *Toward Recovery & Well-being: A Framework for a Mental Health Strategy for Canada*. Calgary: Alberta.
<http://www.mentalhealthcommission.ca/English/document/241/toward-recovery-and-well-being>
5. Pirkis, J., P. Burgess, J. Hardy, M. Harris, T. Slade and A. Johnston. 2010. "Who cares? A profile of people who care for relatives with a mental disorder." *Australian and New Zealand Journal of Psychiatry*. Vol. 44, p. 929-937.
6. Ennis, E. and B.P. Bunting. 2013, "Family burden, family health and personal mental health." *BMC Public Health*. Vol. 13.
7. MØller, T., C.B. Gudde, G.E. Folden and O.M Linaker. 2009. "The experience of caring in relatives to patients with serious mental illness: gender differences, health and functioning." *Scand J Caring Sci*. Vol. 23, p.153-160.
8. A family member's problems related to: autism, Alzheimer's or other neurological disorders and developmental disabilities, were not measured in the survey.
9. Sinha, M. 2013. "Portrait of caregivers, 2012: Spotlight on Canadians: Results from the General Social Survey." Statistics Canada Catalogue no. 89-652-X.
<http://www.statcan.gc.ca/pub/89-652-x/89-652-x2013001-eng.htm>