

The Community Health Reporter

From the [Community Health & Well-Being in Southwestern Ontario: A Resource for Planning](#) Report
Volume 2, Issue 4

Did you know . . .

In Southwestern Ontario:

- 19.5% of children and youth aged 4-16 have one or more mental health problems?
- The most commonly reported mental health problem for adults is anxiety?
- The number of elderly with dementia is expected to triple by the year 2031?

Mental Health of Children and Youth

Over 80% of Southwestern Ontario children and youth, aged 4-16, report no mental health problems (conduct and emotional disorders, hyperactivity, etc.). However, this leaves approximately 19.5% who do have one or more problems, and there is some evidence that rates of mental health problems in children and youth are increasing.

Most children do not receive any kind of mental health service. Only 16.1% of children with one or more disorders report receiving mental health and social services in the previous six months. Currently, there are 7,000 children in the Province of Ontario on waiting lists for services, and the average length of time spent on a list is 6 months. In the City of London, the demand for children's mental health services greatly exceeds capacity. For example, Madame Vanier Children's Services can only provide service for approximately 60% of those who are referred to them.

Appropriate interventions can make a difference in

Your health & tomorrow's health care system

Fact: Ontario's mental health system is being reformed. The London/St. Thomas Psychiatric hospital will be closed. A new long-term care facility will be built.

Situation: The Government of Ontario's restructuring implementation goals are to ensure that core mental health services and supports:

- are provided within a comprehensive service continuum developed to meet client needs and based on best practices;
- are part of the broader health and social services continuum;
- are appropriately linked to other services and supports within geographic areas;
- facilitate a shared service approach to serving the needs of individuals with serious mental illness who have multiple service needs;
- achieve clear system/service responsibility and accountability through the development of explicit operational goals and performance indicators; and
- are simplified and streamlined according to the client's needs.

Solution: With this restructuring, we need to ensure that resources are available to enhance the quality of life of members in our community with mental health needs.

What can I do?

reducing mental health problems among youth in need of help, as they will not necessarily "mature" out of these problems on their own. Without such help these youth are at an increased risk for delinquency, drug use, unemployment, teen pregnancy, lower school achievement, and so on. These interventions are most effective if they can occur at an early age or at an early stage of the problem. Truly, "an ounce of prevention is worth a pound of cure."

Mental Health in Adults

In Southwestern Ontario, 22% of adults aged 15 to 64 reported at least one mental health problem in the previous year, compared to 19% in Ontario. The most common mental health problem was anxiety, reported by 14%, followed by depression and substance abuse, each reported by 5% of the respondents.

There are differences in mental health problems between the sexes. Women tend to have significantly more anxiety and depression while men tend to have more substance abuse/dependence problems and antisocial behaviours. When the percentage of persons with mental disorders are broken down into age categories, the 15-24 year age group is higher than the 25-44 and 45-64 year age groups for all disorders.

Special Needs of the Elderly

One of the primary mental health concerns among seniors is dementia, defined as a syndrome with severe loss of cognitive and emotional abilities, and which interferes with daily functioning and quality of life. Alzheimer's disease is the most common form of dementia in the elderly, accounting for 64% of all cases of dementia in Canada. The other categories include vascular dementia (19%), Parkinson's disease, other specific causes, and unidentified causes.

Approximately half of people with dementia live in institutions, while the other half live in the community, with care provided by informal (and typically unpaid) caregivers. Various support services are available for caregivers who need assistance. One option for relieving the stress on families of people with dementia is home care.

Assuming the rates of dementia remain unchanged, the number of persons with this syndrome is expected to triple by the year 2031. Currently, there is a great deal of research under way to identify risk factors for this syndrome and to develop strategies for prevention and

- If you feel you may have a mental health problem, see your family physician for help.
- If you feel someone in your family may have a problem, particularly youth or the elderly, ensure that they get the help they need.

Community Resources

Alzheimer Society of London and Middlesex
(519) 680-2404

Alzheimer Community Support Services
(519) 439-9336

London and District Distress Centre
(519) 667-6711

The Canadian Mental Health Association, London-Middlesex Branch
(519) 434-9191

Information London
(519) 432-2211

[Community Health and Well-being in Southwestern Ontario: A Resource for Planning](#)

To order a full copy of the report please contact:

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treatment.



[Medicine](#), and the [Middlesex-London Health Unit](#). Data compiled by 16 health-research experts from ten Southwestern Ontario organizations.

Information throughout the newsletter is provided courtesy of Dr. Barrie Evans of the [Madame Vanier Children's Centre](#), Dr. Shahe Kazarian of the [London/St. Thomas Psychiatric Hospital](#), and Dr. Christian Keresztes of the [Queen's Health Policy Research Unit](#), Queen's University.



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