



Mental Health

An analysis of mental health, illness and wellbeing data in the Southwestern Public Health region

Community Health Status Report
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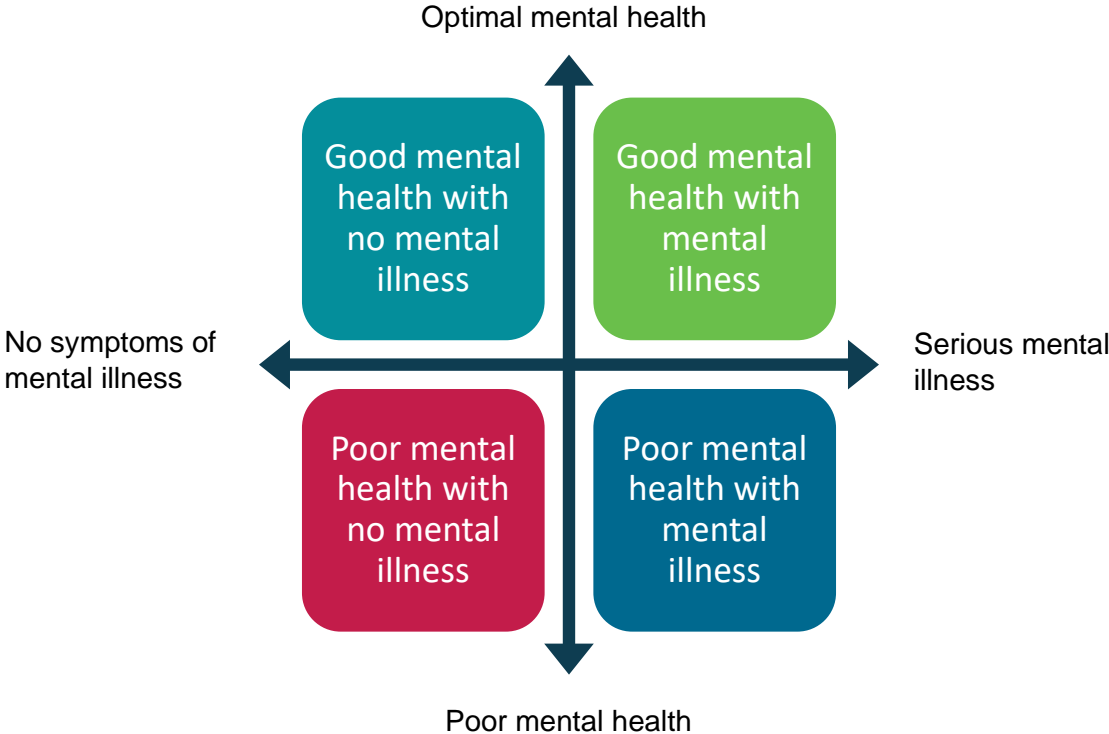
Summary

- The data suggests that the mental health of the population has declined in recent years, both locally and provincially
- Poor mental health is more evident in younger age groups
- Rates of intentional self-harm, poor self-reported mental health and suicidal thoughts are highest in younger females
- Parents tend to perceive their youth's mental health as better than youth perceive their own mental health
- Rates of emergency department visits and hospitalizations for mood and anxiety disorders are higher among females, while rates for substance use and addictive disorders are higher among males
- Suicide rates are 4x higher among males compared to females

Introduction

Mental health is the status of one’s overall psychological, emotional and social well-being, encompassing one’s emotions, feelings of connection to others, thoughts and resilience.¹ Everyone has mental health and experiences it along a continuum throughout their life. A mental illness, such as depression or anxiety, is a disorder or disease that causes disruptions in the way a person thinks, feels and behaves.² Although mental health and mental illness are different concepts, they intersect and are related to one another, as illustrated by the *Two Continua Model of Mental Health and Mental Illness* (Figure 1).^{2,3} A person may have good mental health with a mental illness or poor mental health without a mental illness.

Figure 1. Two Continua Model of Mental Health and Mental Illness



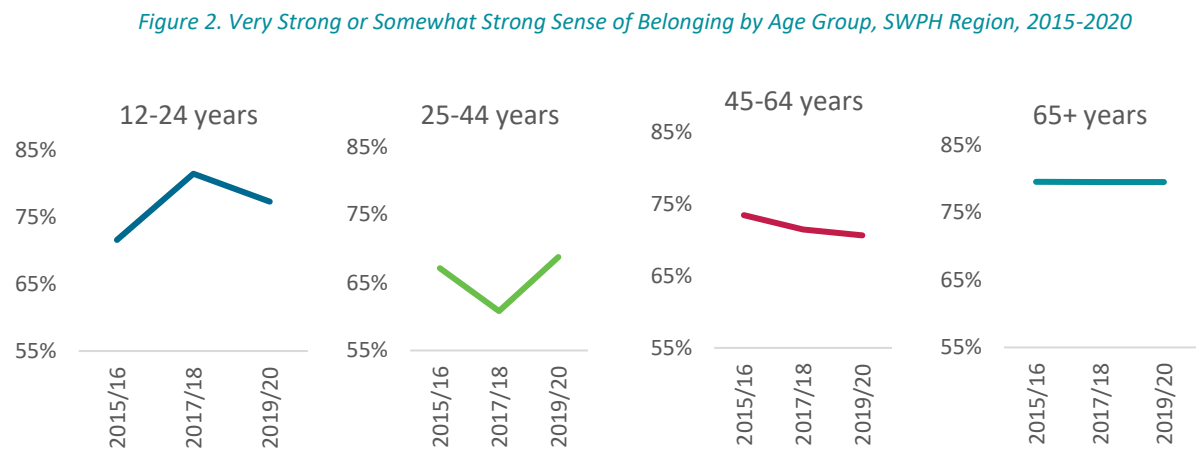
An individual’s mental health can be protected or undermined by a number of complex and interacting factors.⁴ These factors can be individual, such as emotional skills or genetics, or structural or social. For example, exposure to poverty, violence or inequality, increase the risk of experiencing poor mental health. Examples of protective factors that strengthen resilience include positive social interactions, strong community and safe neighbourhoods. While risk factors can occur at any point in one’s life, those that occur during childhood are especially detrimental.⁴

Mental Health, Illness and Wellbeing

Sense of Community Belonging

The Canadian Community Health Survey (CCHS) asks participants how they would describe their sense of belonging to their local community. Just over 7 in 10 Southwestern Public Health (SWPH) residents aged 12+ reported feeling a very strong or somewhat strong sense of belonging to their local community (73.1% in 2019/20). Overall, sense of belonging was highest among SWPH residents aged 65 and over and lowest among those aged 25-44 (Figure 2).

Data Source:  Self-reported mental health, illness and wellbeing data comes from the Canadian Community Health Survey (CCHS) and the Canadian Health Survey on Children and Youth (CHSCY), conducted by Statistics Canada.

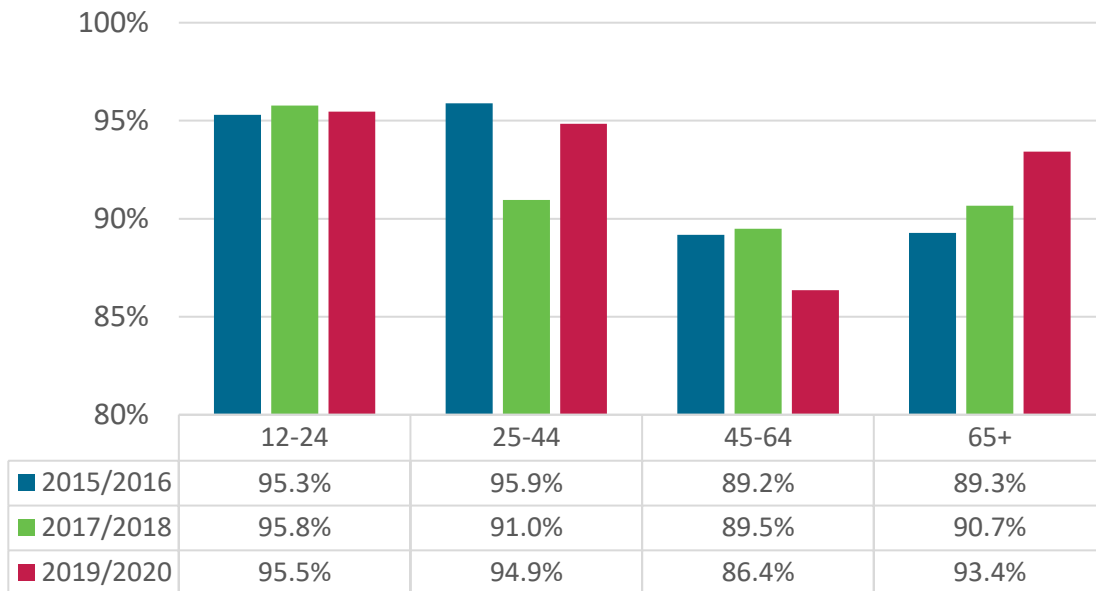


*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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Life Satisfaction

Similar to the province, 9 in 10 SWPH residents reported being satisfied or very satisfied with life in general (91.7% in 2019/20). Overall, satisfaction with life was highest among SWPH residents aged 12-24 and lowest among those aged 45-64 (Figure 3). Satisfaction with life has been increasing among those 65 and over since 2015/16 (Figure 3).

Figure 3. Satisfied or Very Satisfied with Life by Age Group, SWPH Region, 2015-2020



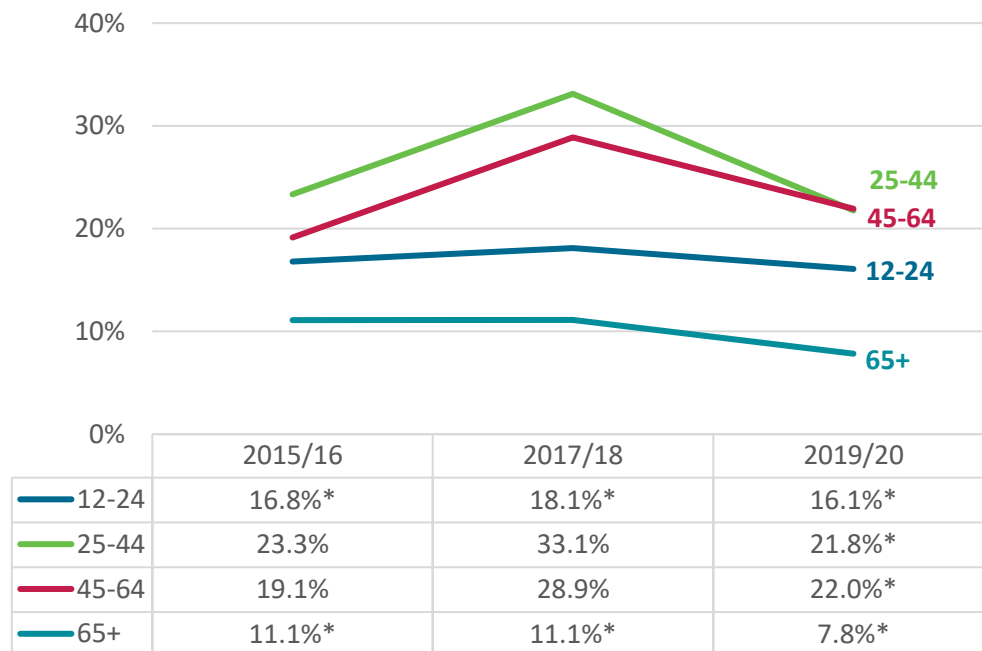
Satisfaction with life was also part of the Canadian Health Survey on Children and Youth (CHSCY) in 2019. Among local youth aged 12-17, males were more likely to report being satisfied or very satisfied with life in general compared to females (91.7% vs. 81.1%, respectively).

Stress

In 2019/20, 17.8% of SWPH residents reported that their life was either extremely stressful or quite a bit stressful. Residents aged 65+ reported the lowest levels of stress, while those aged 25-44 and 45-64 reported the highest stress levels (Figure 4). The sources contributing most to stress varied, with family, work, and financial concerns being the top 3. When asked about stress at work, 22.4% of people in this region reported that most days at work were quite a bit or extremely stressful (2019/20). Females were more likely to report stress at work compared to males (27.2% vs. 18.0%*, respectively).

Among SWPH youth aged 12-17, 17.2%* described most of their days as either quite a bit or extremely stressful. This was higher among female youth at 24.8%* (1 in 4).

Figure 4. Most Days are Quite a Bit or Extremely Stressful by Age Group, SWPH Region, 2015-2020

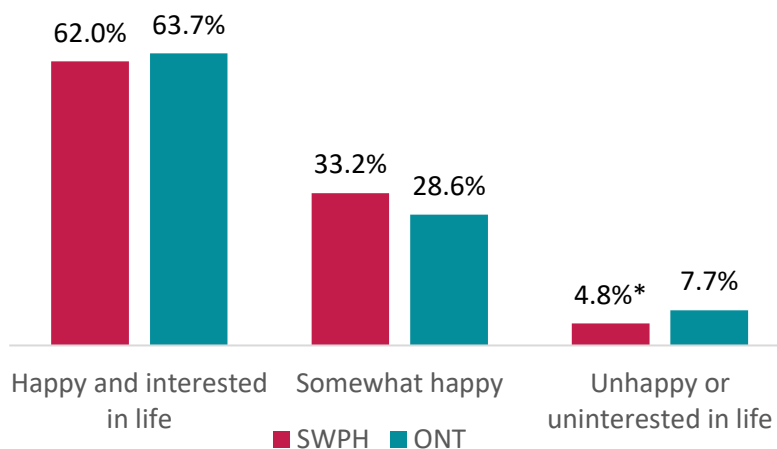


*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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Youth Happiness, Anxiety and Sadness

In 2019, 62.0% of local youth aged 12-17 described themselves as usually happy and interested in life, which was similar to the province (Figure 5). One third of SWPH youth described themselves as somewhat happy (33.2%). A small percentage of youth (4.8%*) described themselves as usually unhappy or uninterested in life.

Figure 5. Self-perceived Happiness Among Youth Aged 12-17, SWPH Region and Ontario, 2019



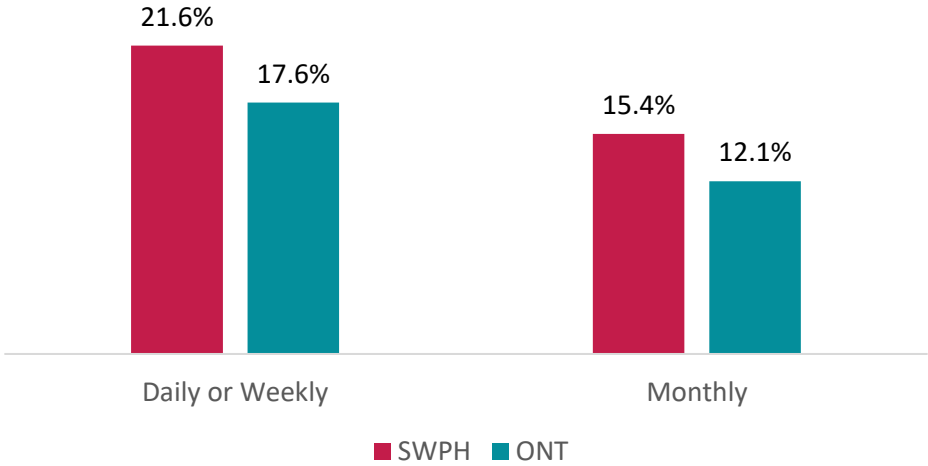
Local youth who live in rural areas were more likely to report that they were usually happy and interested in life (67.9%) compared to youth who live in urban areas (56.2%). For this analysis, urban areas included St. Thomas, Aylmer, Tillsonburg, Ingersoll and Woodstock, while rural areas included all other communities in Oxford and Elgin counties.

In the SWPH region, male youth were more likely to report they are usually happy and interested in life (68.4%) compared to female youth (55.6%).

The CHSCY administers two different questionnaires; one to the 'Person Most Knowledgeable' (PMK) about the selected child or youth and one directly to selected youth aged 12-17. PMKs are typically one of the parents of the child or youth. PMKs were asked how often their child/youth seems very anxious, nervous or worried. Locally, 21.6% of PMKs reported that their child/youth aged 5-17 seems very anxious, nervous or worried on a daily or weekly basis (Figure 6). PMKs of local children/youth living in urban areas were more likely to report that their child/youth appears anxious on a daily or weekly basis (25.6%) compared to those living in rural areas (17.0%*).

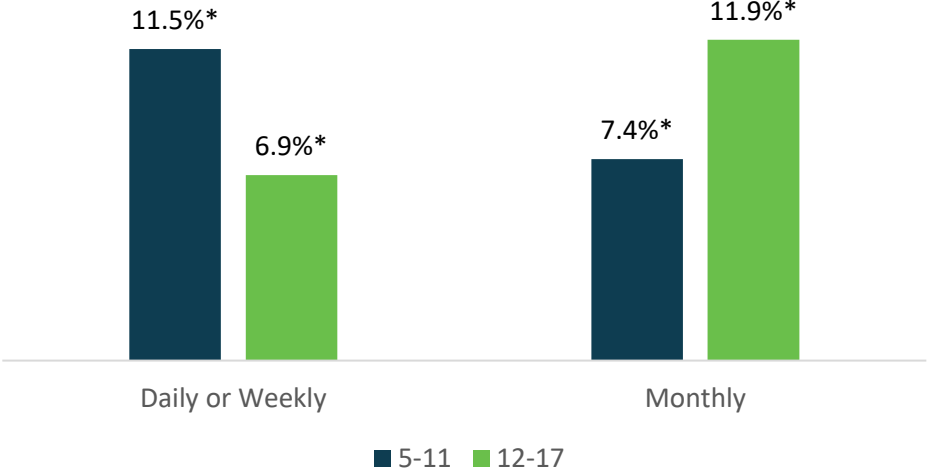
*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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Figure 6. Child/Youth Aged 5-17 Appears Anxious, Nervous or Worried, SWPH Region and Ontario, 2019



PMKs were also asked how often their child/youth, aged 5-17, seemed very sad or depressed. SWPH PMKs were less likely to report that their child/youth seemed very sad or depressed on a daily or weekly basis (9.4%*) compared to appearing anxious, nervous or worried (21.6%). Local PMKs of 5–11 year olds were more likely to report that their child seemed sad or depressed on a daily or weekly basis (11.5%*) compared to 12-17 year olds (6.9%*) (Figure 7).

Figure 7. Child/Youth Appears Very Sad or Depressed by Age Group, SWPH Region, 2019

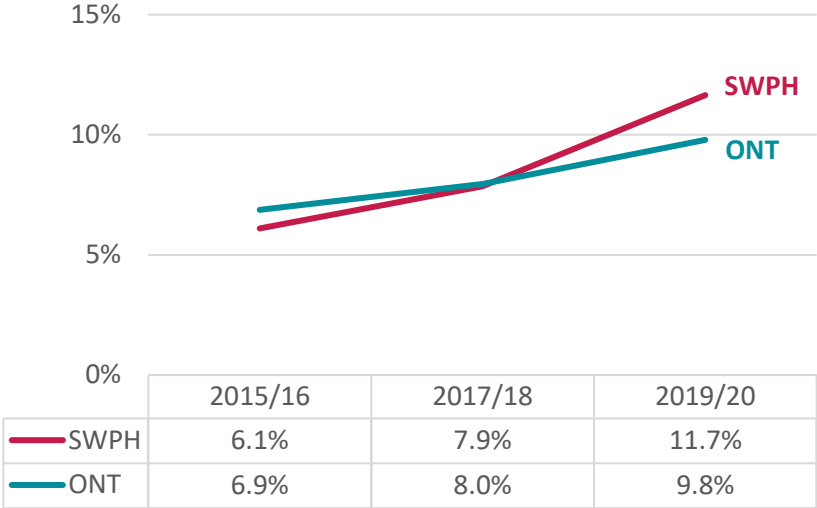


*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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Perception of Mental Health

The proportion of respondents, aged 12 and over, who rated their mental health as either fair or poor has increased over time, both locally and provincially. Locally, the proportion almost doubled (6.1% vs. 11.7%) between the 2015/16 and 2019/20 cycles of the CCHS (Figure 8).

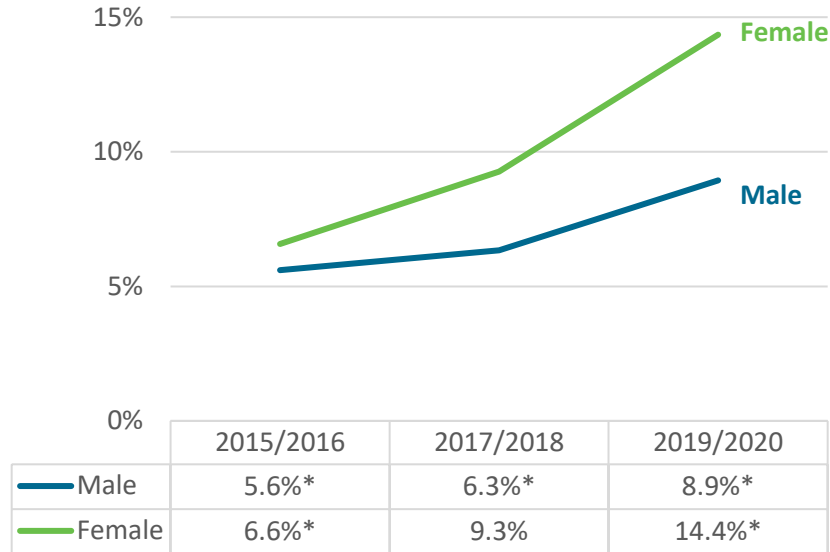
Figure 8. Fair or Poor Perceived Mental Health, SWPH Region and Ontario, 2015- 2020



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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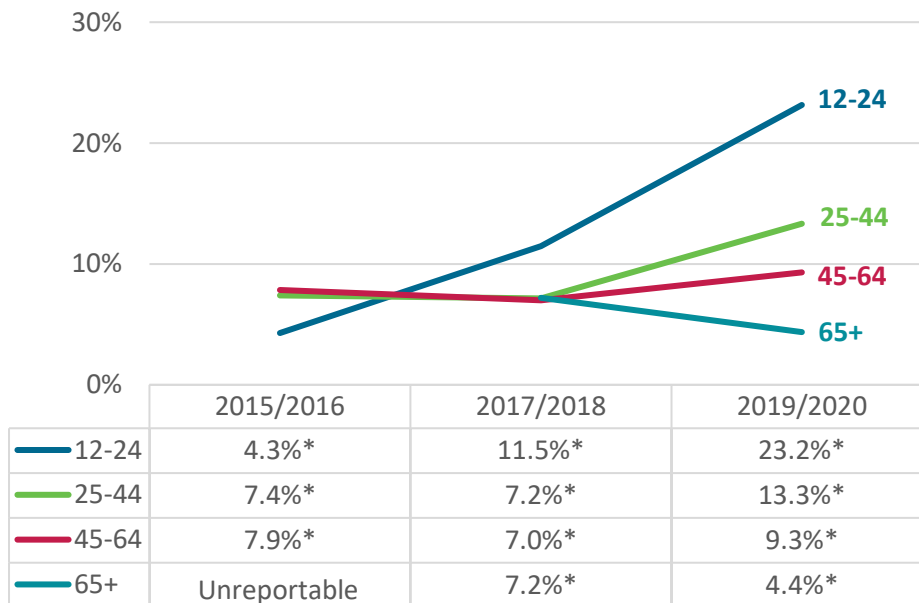
Locally, the proportion of females who rated their mental health as fair or poor was higher and increased faster over time compared to males (Figure 9).

Figure 9. Fair or Poor Perceived Mental Health Among Males and Females, SWPH Region, 2015- 2020



Examining self-perceived mental health by age group, it can be seen that the proportion of respondents aged 12-24 years old who rated their mental health as poor or fair was over 5x higher in 2019/20 compared to 2015/16 (4.3% vs. 23.2%) (Figure 10).

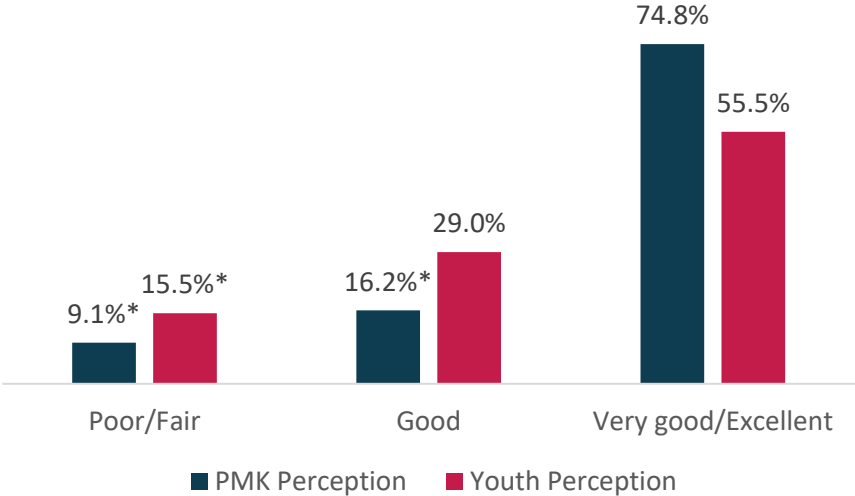
Figure 10. Fair or Poor Perceived Mental Health by Age Group, SWPH Region, 2015- 2020



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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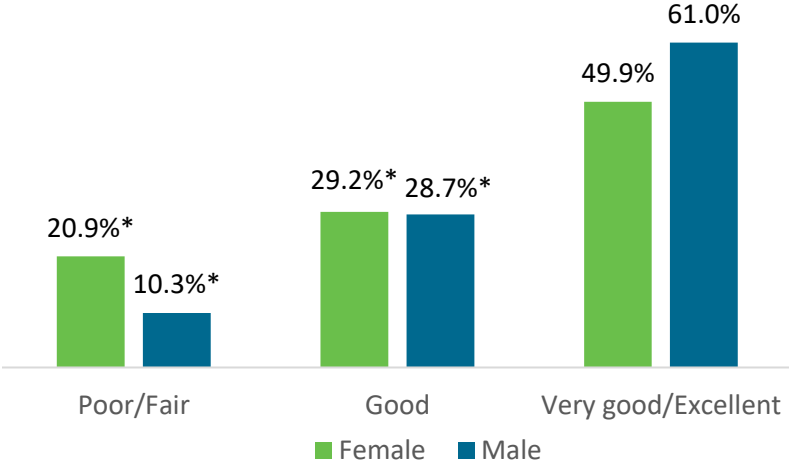
Perception of mental health was also included in the CHSCY. PMKs (typically parents) were asked about their perception of their youth’s mental health. Youth aged 12-17 were also surveyed directly and asked how they would rate their own mental health. In 2019, 15.5%* of local youth aged 12- 17 rated their mental health as fair or poor (Figure 11). PMKs of youth aged 12-17 were more likely to perceive their youth’s mental health as very good or excellent and less likely to perceive their youth’s mental health as poor or fair compared to how youth rated their own mental health (Figure 11).

Figure 11. Perceived Mental Health of Youth Aged 12-17, SWPH Region, 2019



Female youth were twice as likely to rate their mental health as fair or poor compared to male youth (20.9%* vs. 10.3%*) (Figure 12).

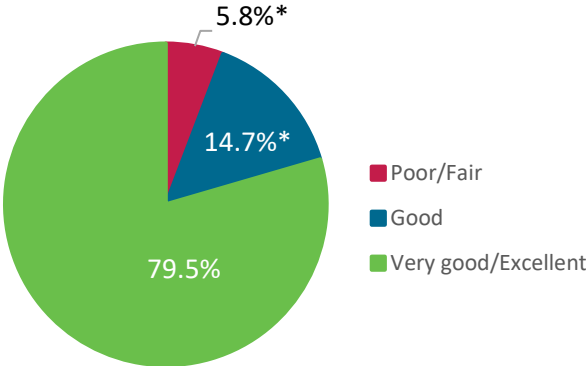
Figure 12. Self-Perceived Mental Health Among Male and Female Youth Aged 12-17, SWPH Region, 2019



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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Children aged 5-11 were not asked directly about their own mental health, however, 4 in 5 local PMKs (79.5%) rated their child’s mental health as very good or excellent (Figure 13).

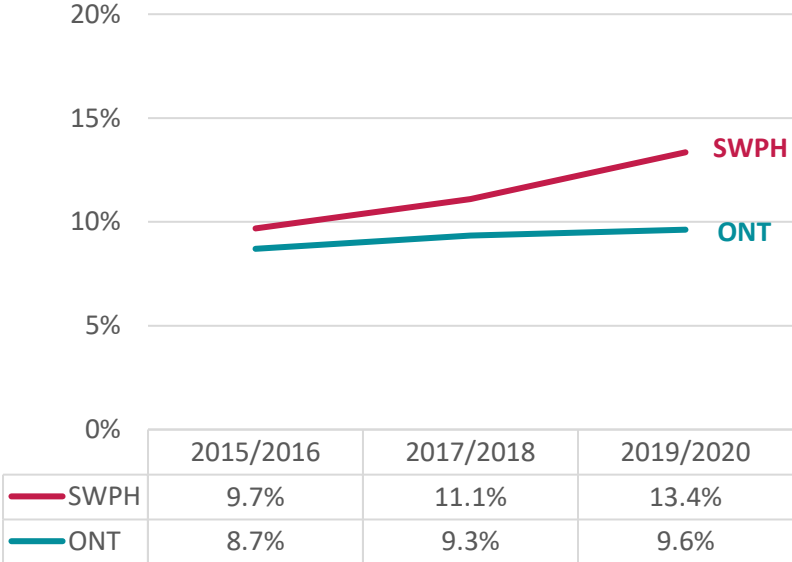
Figure 13. PMK Perceived Mental Health of Children Aged 5-11, SWPH Region, 2019



Anxiety and Mood Disorders

The CCHS asks respondents if they have a mood disorder such as depression, bipolar disorder, mania or dysthymia. In 2019/20, 13.4% of SWPH respondents aged 12 and over reported having a mood disorder which was an increase from previous years and higher compared to the province (Figure 14). It’s important to note that anxiety and mood disorders were self-reported and may not have been diagnosed by a healthcare professional.

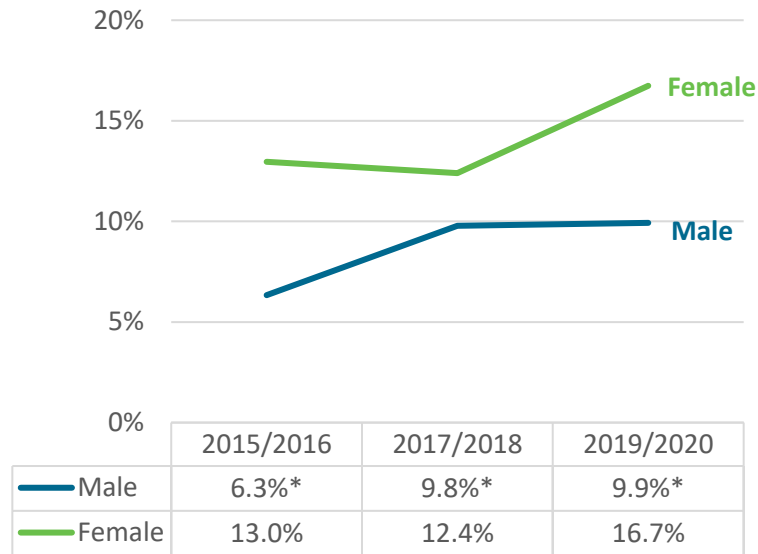
Figure 14. Mood Disorders, SWPH Region and Ontario, 2015-2020



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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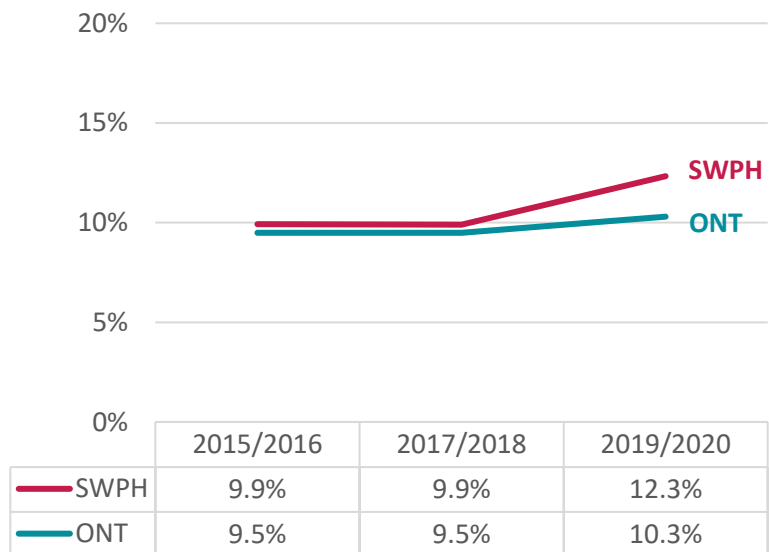
Locally, females were more likely than males to report having a mood disorder. In 2019/20, 16.7% of female respondents reported that they had a mood disorder compared to 9.9%* of males (Figure 15).

Figure 15. Mood Disorders Among Males and Females, SWPH Region, 2015-2020



CCHS respondents were also asked if they had an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder. In 2019/20, 12.3% of SWPH respondents aged 12 and over reported having an anxiety disorder (Figure 16).

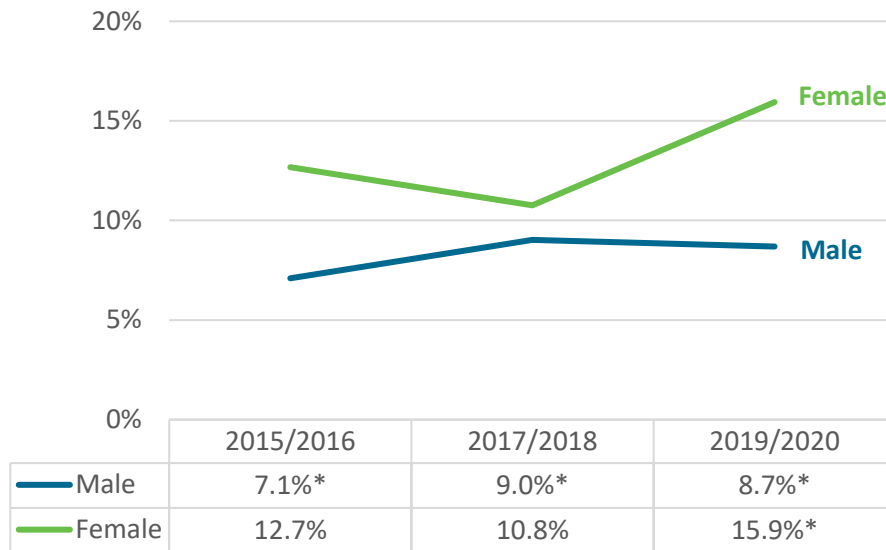
Figure 16. Anxiety Disorders, SWPH Region and Ontario, 2015-2020



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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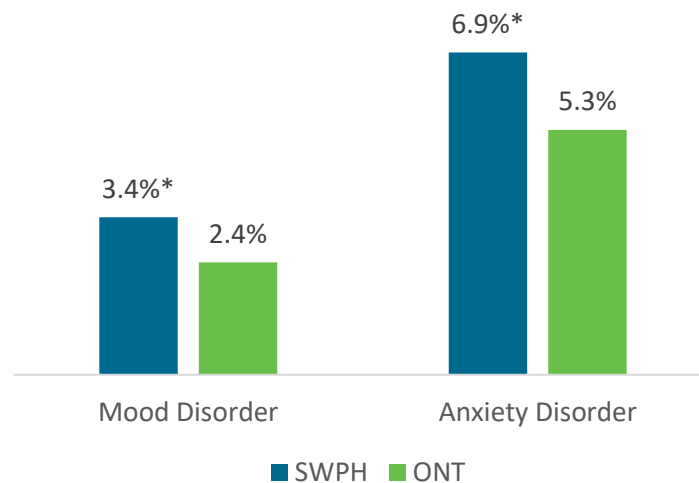
Locally, females were more likely to report having an anxiety disorder compared to males. In 2019/20, 15.9%* of female respondents reported that they had an anxiety disorder compared to 8.7%* of males (Figure 17).

Figure 17. Anxiety Disorders Among Males and Females, SWPH Region, 2015-2020



Anxiety and mood disorders were also asked about on the CHSCY. PMKs were asked if their child or youth, aged 5-17 had been diagnosed with a mood or anxiety disorder. Children and youth were more likely to have been diagnosed with an anxiety disorder compared to a mood disorder (6.9%* vs. 3.4%*) (Figure 18).

Figure 18. Mood and Anxiety Disorders Among Children and Youth Aged 5-17, SWPH Region and ONT, 2019

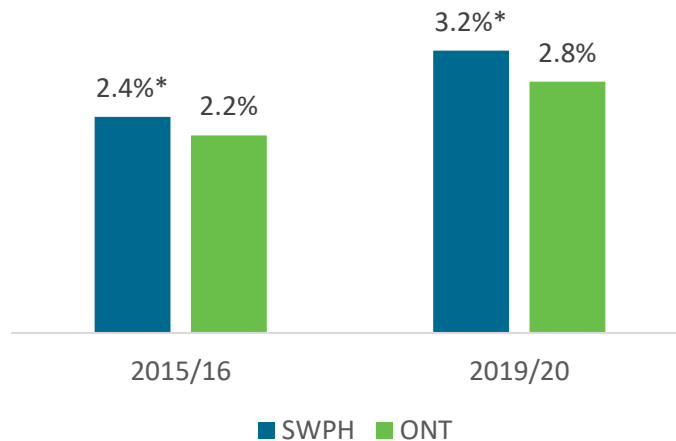


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Suicidal Thoughts and Feelings of Hopelessness

In 2019/20, 3.2%* of local respondents reported that they had considered suicide in the past 12 months, which was similar to the province at 2.8% (Figure 19).

Figure 19. Considered Suicide in the Past 12 Months, SWPH Region and ONT, 2015-2020



Youth aged 15-17 were asked if, in the past 12 months, they ever felt so sad or hopeless almost every day, for 2 weeks in a row or more, that they stopped doing some usual activities. One in 5 SWPH youth responded 'yes' (19.6%*), which was lower than the province (27.6%). Locally, almost 1 in 3 female youth responded 'yes' (31.8%*).

Youth aged 15-17 were asked if, in the past 12 months, they had ever seriously considered attempting suicide or taking their own life. One in 5 SWPH youth responded 'yes' (20.6%*), compared to about 1 in 6 youth provincially (15.6%) . Among female youth in the SWPH region, 1 in 3 responded 'yes' (33.8%*).

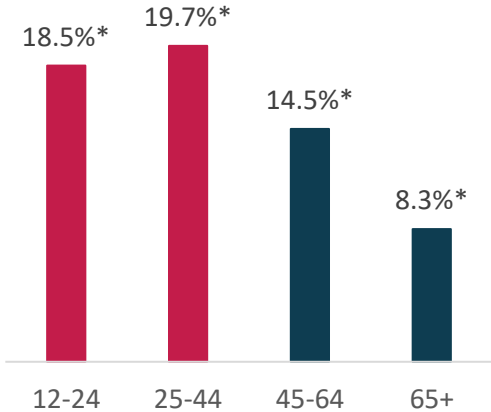
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Service Use

Consultations with Mental Health Professionals

In 2019/20, 15.3% of SWPH residents reported that they had seen or talked to a health professional about their mental health in the last 12 months. Females were twice as likely to consult with a health professional compared to males (20.2% vs. 10.3%^{*}). Local respondents living in urban areas were more likely to report consulting with a health professional compared to those living in rural areas (19.2% vs. 11.0%^{*}). In addition, those in younger age groups were more likely to report consulting with a mental health professional compared to those in older age groups (Figure 20).

Figure 20. Consulted with a Mental Health Professional in the last 12 months by Age Group, SWPH Region, 2019-2020



Among local PMKs, 6.7%^{*} responded that their child/youth (aged 1-17) required or received services for mental health issues over the past year. Among those who required or received services, 35.2%^{*} reported that they had difficulty accessing these services. The most common difficulty reported was long wait times.

Among PMKs of youth aged 12-17, 9.2%^{*} reported that their youth required or received services for mental health issues over the past year. This is lower than the proportion of youth that reported poor or fair mental health (15.5%^{*}), however, it is similar to the proportion of PMKs that perceive their youth’s mental health as poor or fair (9.1%^{*}). This suggests that some youth may

^{*}Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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not be getting the help they require because their parents are unaware of their need for services.

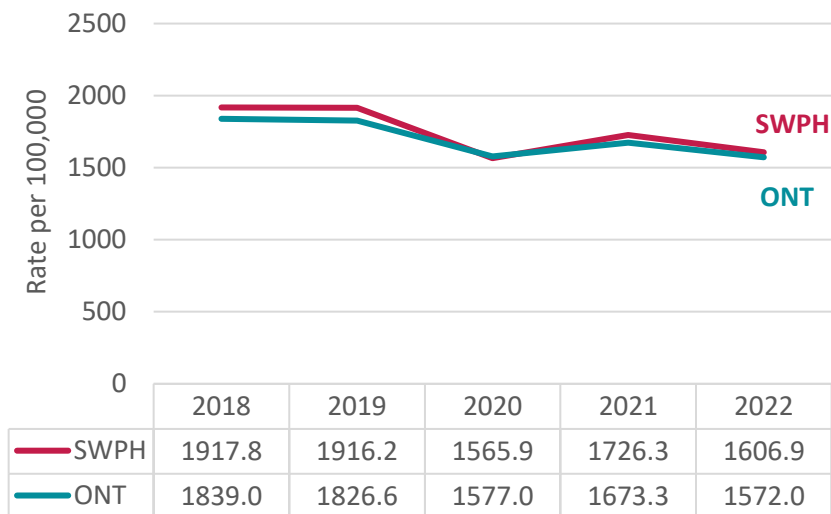
Mental Illness Emergency Department Visits

In this report, emergency department (ED) visits for mental illness include visits for conditions such as mood disorders, anxiety disorders and substance-related and addictive disorders, among others. Between 2018 and 2022, the local rate of ED visits for mental illness was similar to the province (Figure 21).



Data Source:
Emergency department visit data is from the National Ambulatory Care Reporting System (NACRS), accessed via IntelliHEALTH

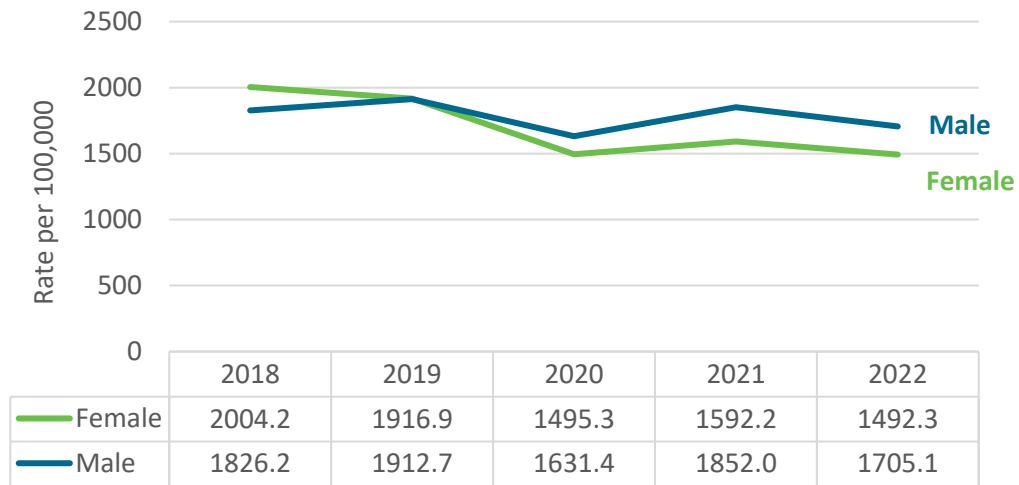
Figure 21. Mental Illness Emergency Department Visit Rates, SWPH Region and ONT, 2018-2022



Looking at all mental illness conditions combined, males in the SWPH region have had a slightly higher rate of ED visits compared to females since 2020 (Figure 22).

*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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Figure 22. Mental Illness Emergency Department Visit Rates Among Males and Females, SWPH Region, 2018-2022



When substance-related and addictive disorders were separated from mood and anxiety disorders, different trends were observed. The rate of ED visits for mood, anxiety, psychotic and personality disorders was higher compared to ED visits for substance-related and addictive disorders (Figure 23 and Figure 24). SWPH residents had a higher rate of ED visits for mood, anxiety, psychotic and personality disorders compared to the province and a lower rate of ED visits for substance-related and addictive disorders (Figure 23 and Figure 24).

Figure 23. Emergency Department Visit Rates for Mood, Anxiety, Psychotic and Personality Disorders, SWPH Region and ONT, 2018-2022

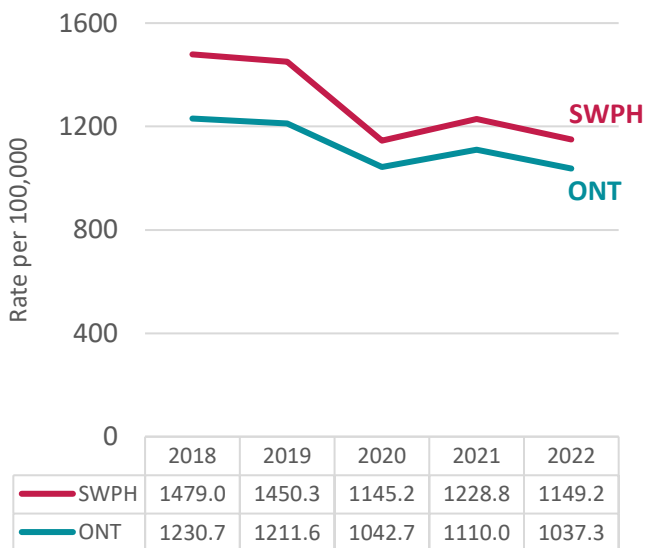
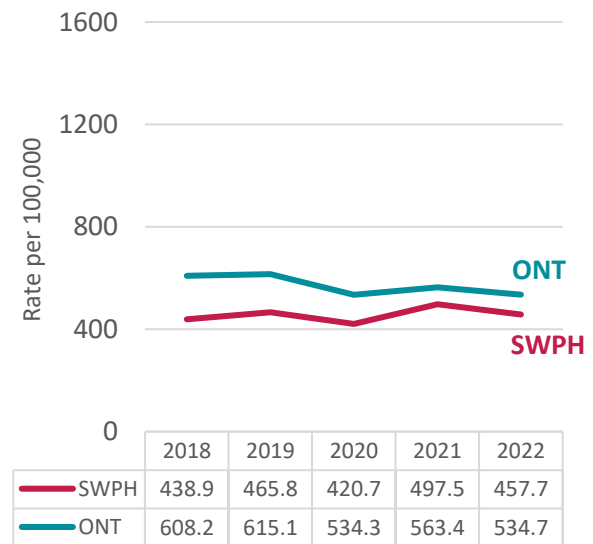


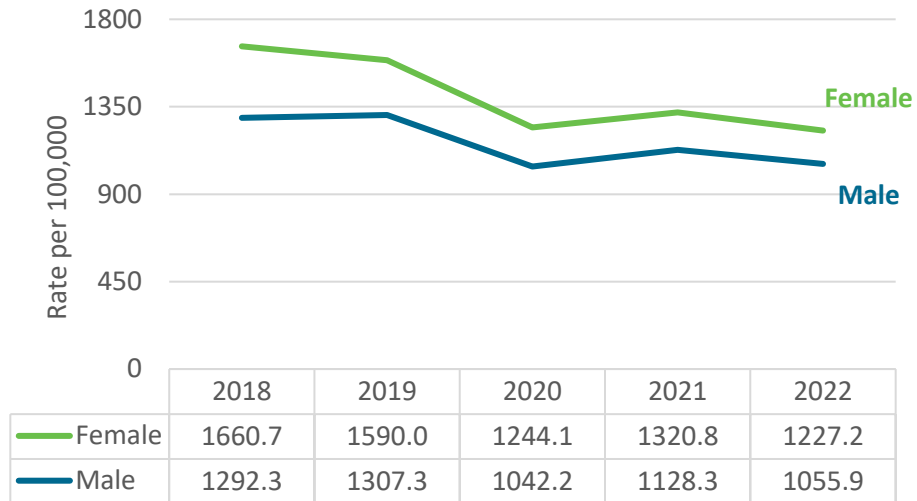
Figure 24. Emergency Department Visit Rates for Substance-Related and Addictive Disorders, SWPH Region and ONT, 2018-2022



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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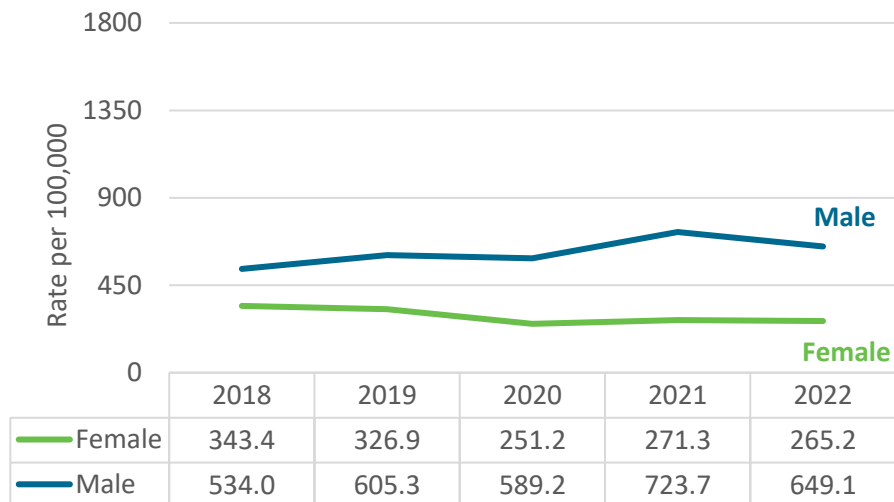
Locally, the rate of ED visits for mood, anxiety, psychotic and personality disorders was higher among females compared to males (Figure 25).

Figure 25. Emergency Department Visit Rates for Mood, Anxiety, Psychotic and Personality Disorders Among Males and Females, SWPH Region, 2018-2022



Locally, the rate of ED visits for substance-related and addictive disorders was higher among males compared to females (Figure 26).

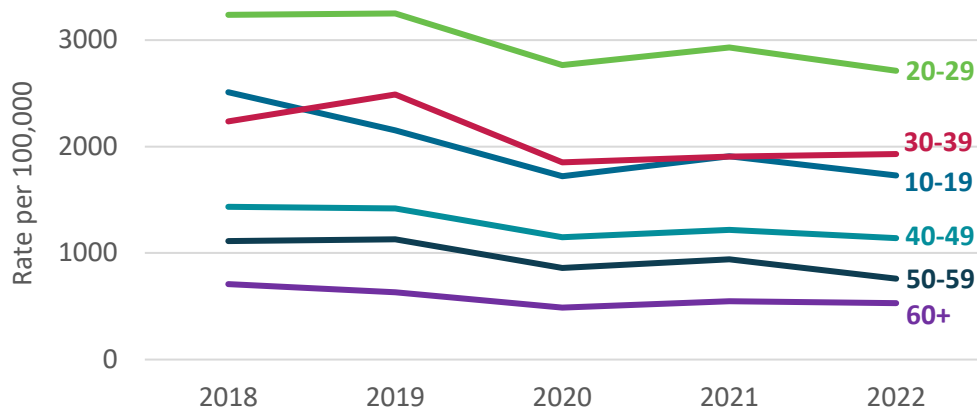
Figure 26. Emergency Department Visit Rates for Substance-Related and Addictive Disorders Among Males and Females, SWPH Region, 2018-2022



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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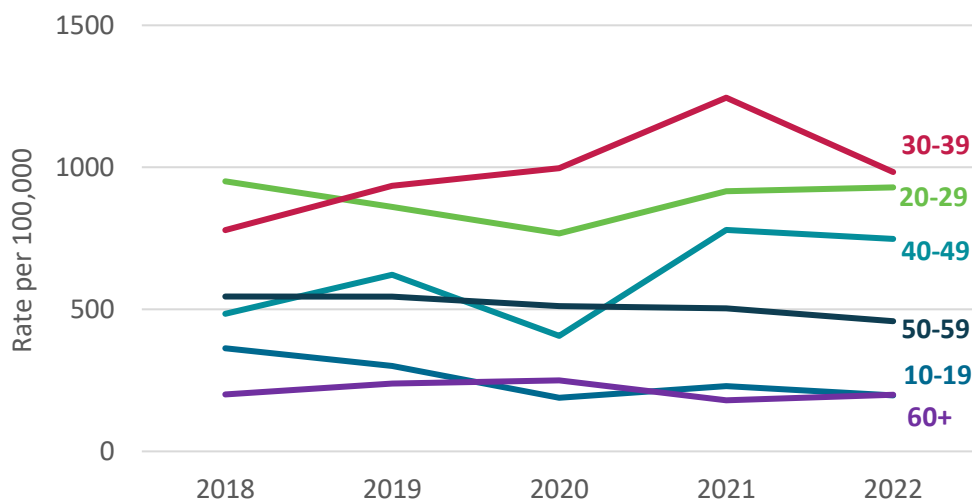
While the rate of ED visits for mood, anxiety, psychotic and personality disorders was highest among those aged 20-29, it did decline between 2018 and 2022 (Figure 27).

Figure 27. Emergency Department Visit Rates for Mood, Anxiety, Psychotic and Personality Disorders by Age Group, SWPH Region, 2018-2022



From 2019 to 2022, the rate of ED visits for substance-related and addictive disorders was highest among the 30-39 age group, followed by those aged 20-29 (Figure 28).

Figure 28. Emergency Department Visit Rates for Substance-Related and Addictive Disorders by Age Group, SWPH Region, 2018-2022



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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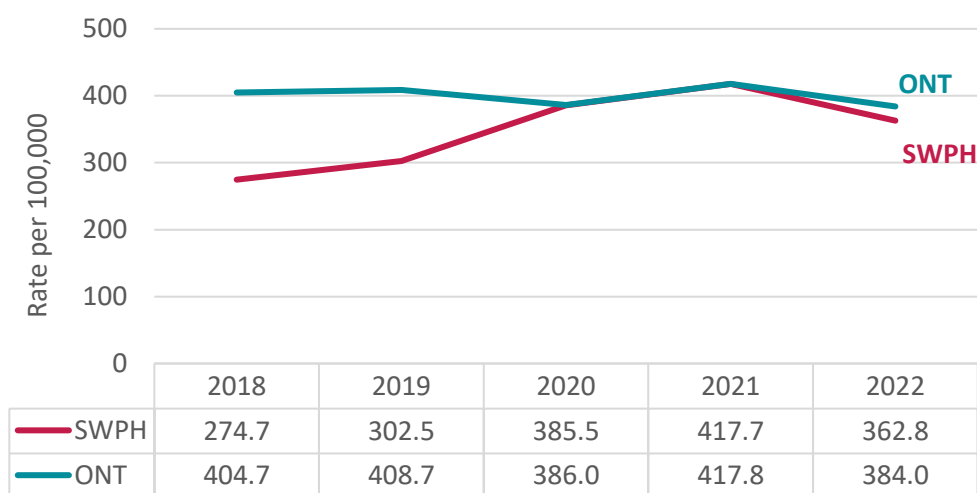
Mental Illness Hospitalizations

In this report, hospitalizations for mental illness include hospitalizations for conditions such as mood disorders, anxiety disorders and substance-related and addictive disorders, among others. Locally, there was an increase in the rate of hospitalization for mental illness between 2018 and 2021 (Figure 29).

Data Source: 

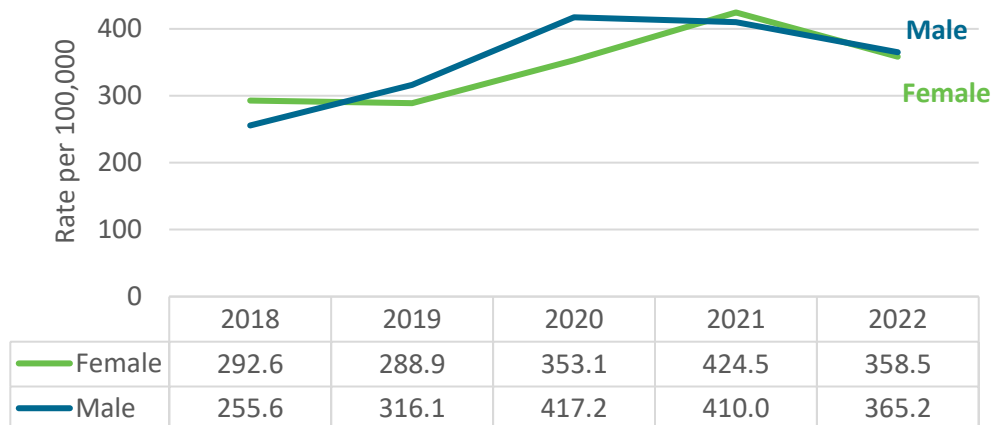
Hospitalization data is from the Discharge Abstract Database (DAD) and the Ontario Mental Health Reporting System (OMHRS), accessed via IntelliHEALTH

Figure 29. Mental Illness Hospitalization Rates, SWPH Region and ONT, 2018-2022



Overall, males and females in the SWPH region have similar rates of hospitalization for mental illness (Figure 30).

Figure 30. Mental Illness Hospitalization Rates Among Males and Females, SWPH Region, 2018-2022



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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Residents in the SWPH region had a lower rate of hospitalization for mood and anxiety disorders compared to the province in 2018 and 2019, however hospitalizations rates in more recent years were similar (Figure 31). The rate of hospitalizations for mood, anxiety, psychotic and personality disorders was higher compared to hospitalizations for substance-related and addictive disorders (Figure 31 and Figure 32).

Figure 31. Hospitalization Rates for Mood, Anxiety, Psychotic and Personality Disorders, SWPH Region and ONT, 2018-2022

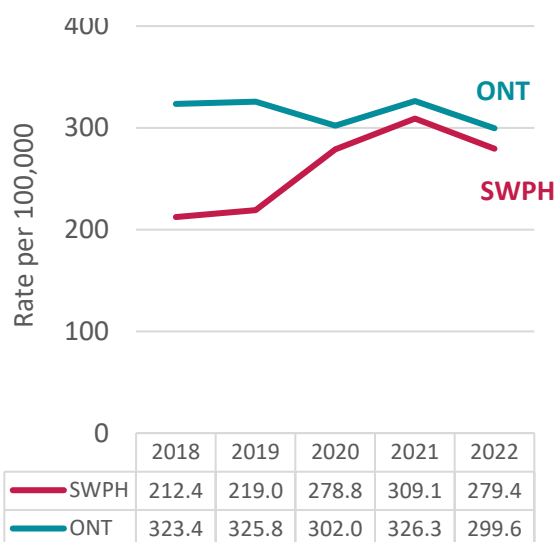
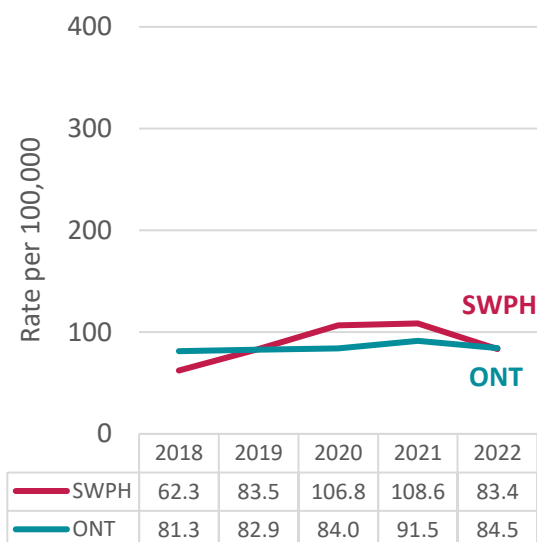
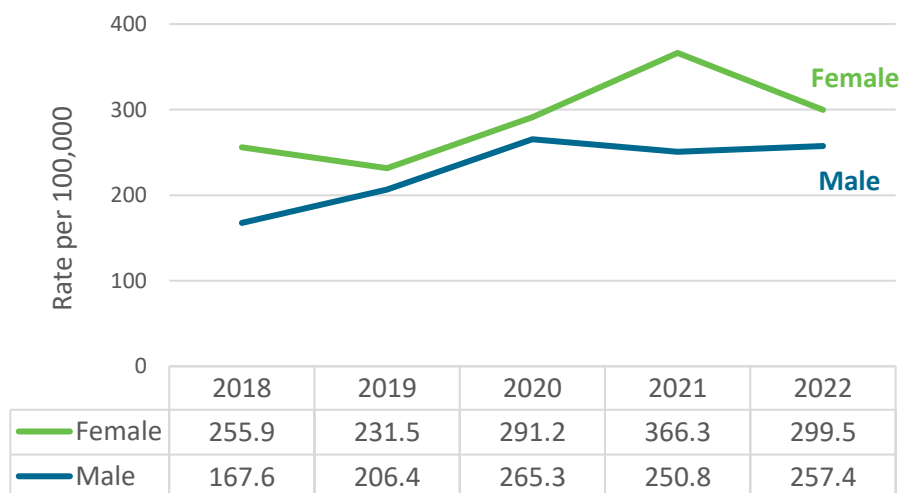


Figure 32. Hospitalization Rates for Substance-Related and Addictive Disorders, SWPH Region and ONT, 2018-2022



Locally, females tended to have a higher rate of hospitalization for mood and anxiety disorders compared to males (Figure 33).

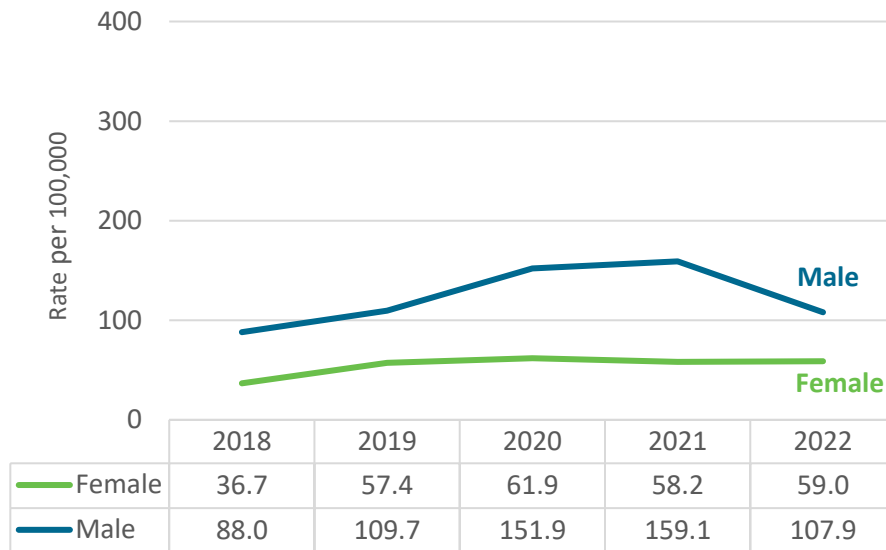
Figure 33. Hospitalization Rates for Mood, Anxiety, Psychotic and Personality Disorders Among Males and Females, SWPH Region, 2018-2022



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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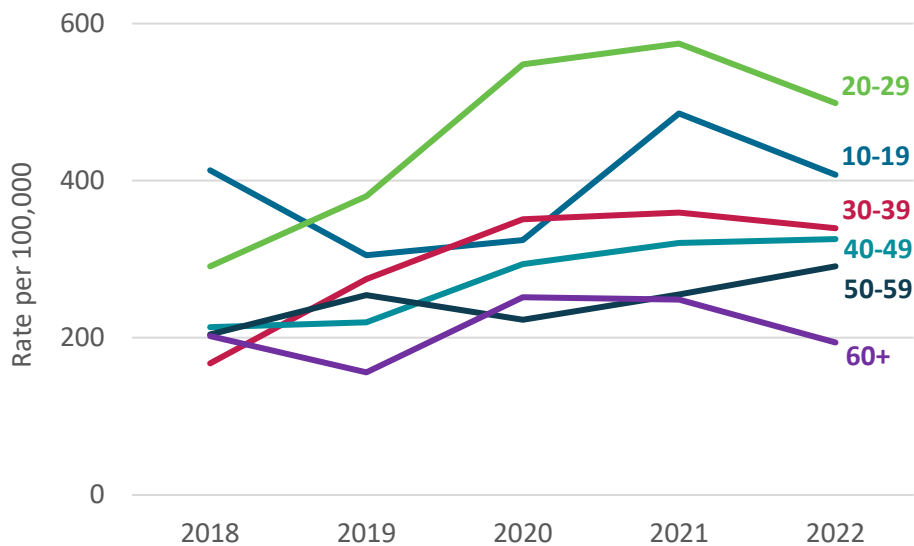
Males had a higher rate of hospitalization for substance-related and addictive disorders compared to females (Figure 34).

Figure 34. Hospitalization Rates for Substance-Related and Addictive Disorders Among Males and Females, SWPH Region, 2018-2022



Between 2019 and 2022, the local rate of hospitalization for mood, anxiety, psychotic and personality disorders was highest among those aged 20-29 and the rate for this age group doubled between 2018 and 2021 (Figure 35).

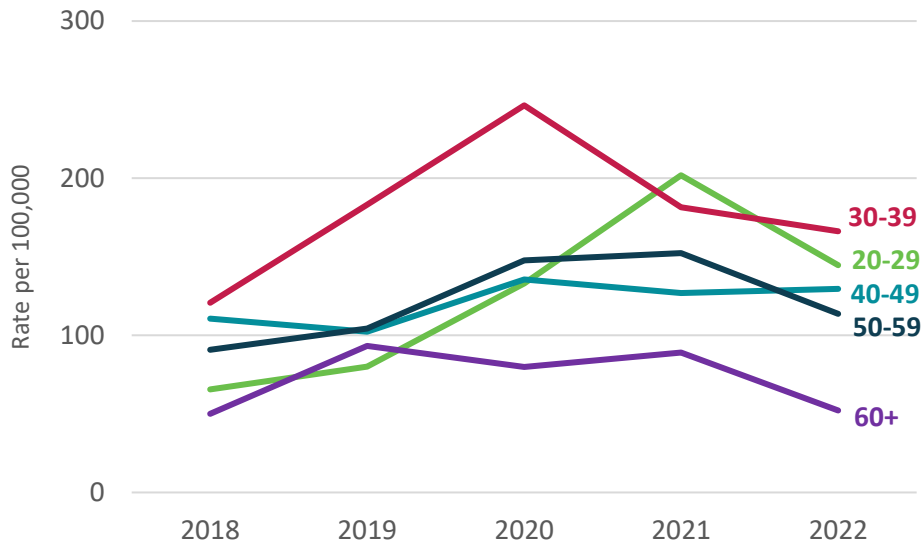
Figure 35. Hospitalization Rates for Mood, Anxiety, Psychotic and Personality Disorders by Age Group, SWPH Region, 2018-2022



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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The local rate of hospitalization for substance-related and addictive disorders was highest among those aged 30-39 for most years examined and increased steeply among this group between 2018 and 2020 (Figure 36). The rate among those aged 20-29 more than tripled between 2018 and 2021, with this age group having the highest rate in 2021 (Figure 36).

Figure 36. Hospitalization Rate for Substance-Related and Addictive Disorders by Age Group, SWPH Region, 2018-2022*



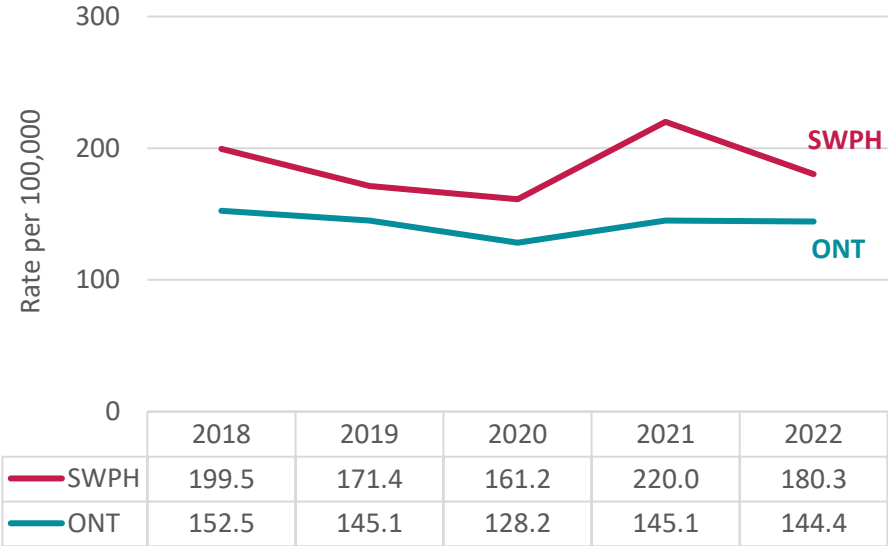
Hospitalization counts among the 10-19 year age group were very low, which created unstable rates that were not included in this figure.

*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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Intentional Self-Harm Emergency Department Visits

The local rate of ED visits for intentional self-harm has been consistently higher than the provincial rate, peaking in 2021 (Figure 37). In the SWPH region, intentional self-poisoning followed by intentional self-harm with a sharp object were the most common forms of self-harm.

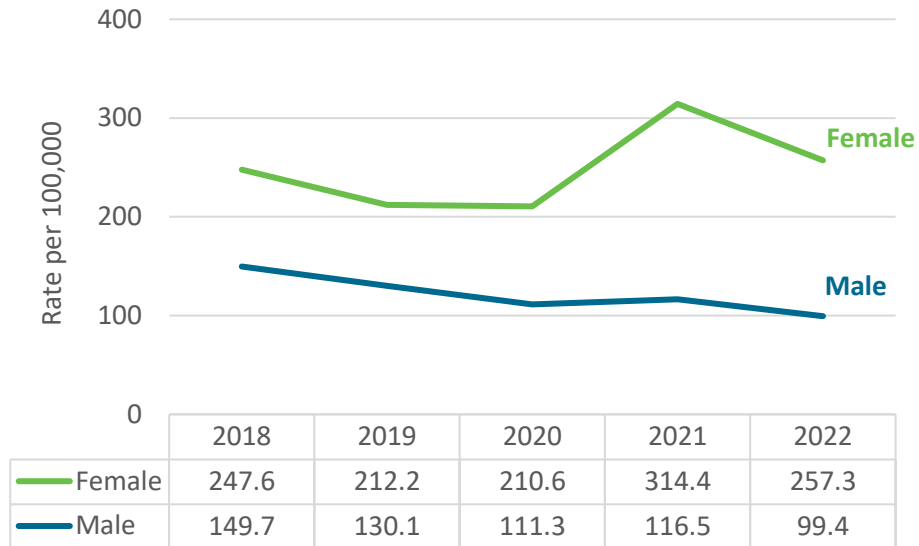
Figure 37. Intentional Self-Harm Emergency Department Visit Rates, SWPH Region and ONT, 2018-2022



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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The rate of ED visits for intentional self-harm in SWPH was lower among males compared to females, which follows the provincial trend. In 2021, the rate peaked among females, which wasn't observed in males.

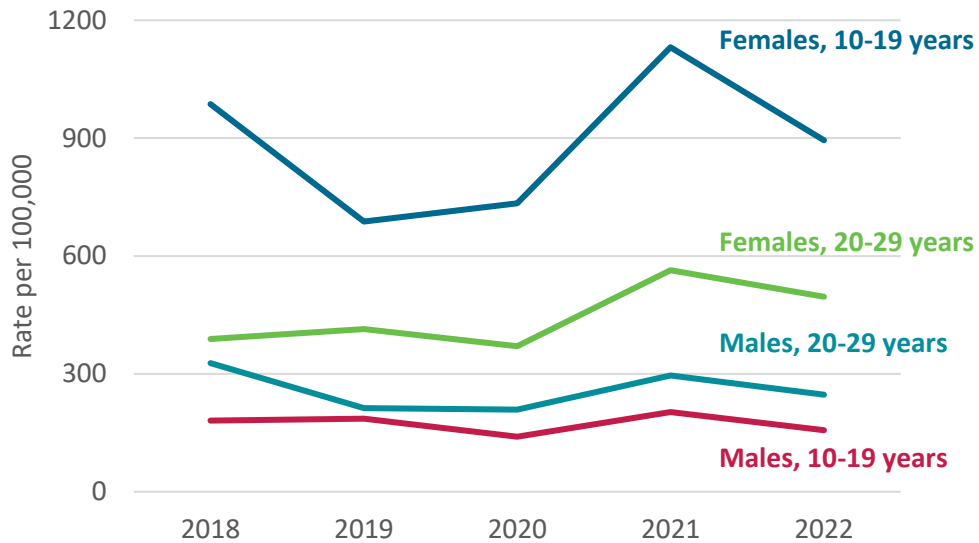
Figure 38. Intentional Self-Harm Emergency Department Visit Rates Among Males and Females, SWPH Region, 2018-2022



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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Locally, females aged 10-19 had the highest rates of ED visits for intentional self-harm, followed by females aged 20-29 (Figure 39).

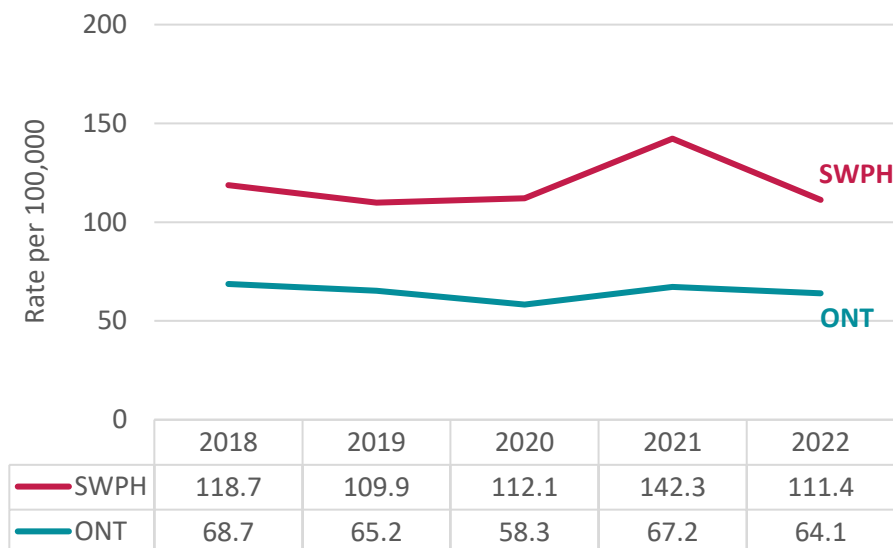
Figure 39. Intentional Self-Harm Emergency Department Visit Rates by Sex and Age Group, SWPH Region, 2018-2022



Intentional Self-Harm Hospitalizations

The local rate of hospitalizations for intentional self-harm has been consistently higher than the province over time, peaking in 2021 (Figure 40).

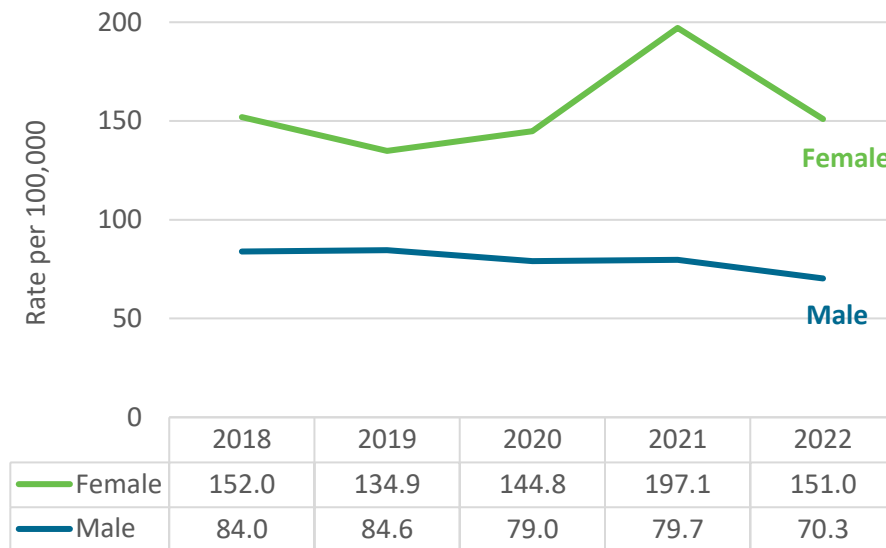
Figure 40. Intentional Self-Harm Hospitalization Rates, SWPH Region and ONT, 2018-2022



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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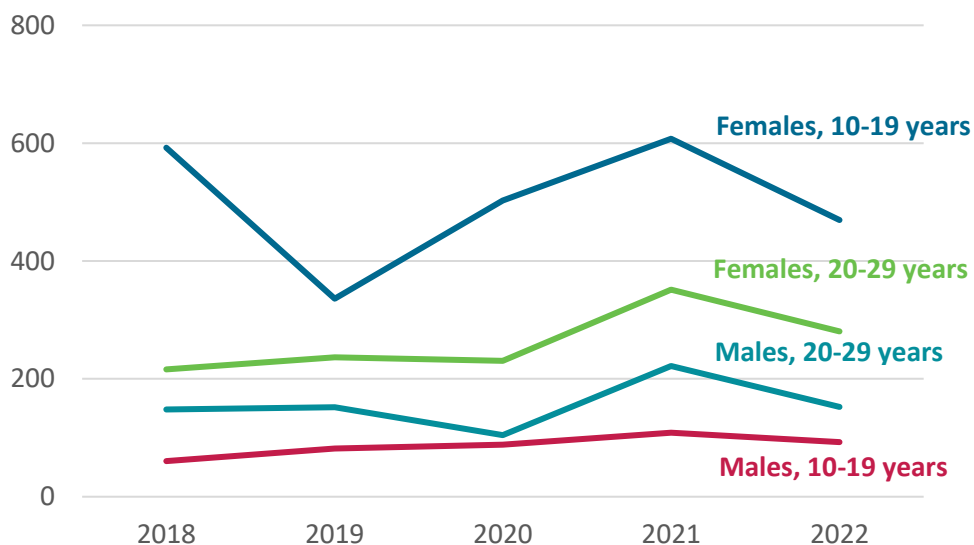
Similar to the province, the rate of hospitalizations for intentional self-harm in the SWPH region was lower among males compared to females (Figure 41). The rate increased among females in 2021, which did not occur among males.

Figure 41. Intentional Self-Harm Hospitalization Rates Among Males and Females, SWPH Region, 2018-2022



Locally, females aged 10-19 have the highest rates of hospitalizations for self-harm, followed by females aged 20-29.

Figure 42. Intentional Self-Harm Hospitalization Rates by Sex and Age Group, SWPH Region, 2018-2022



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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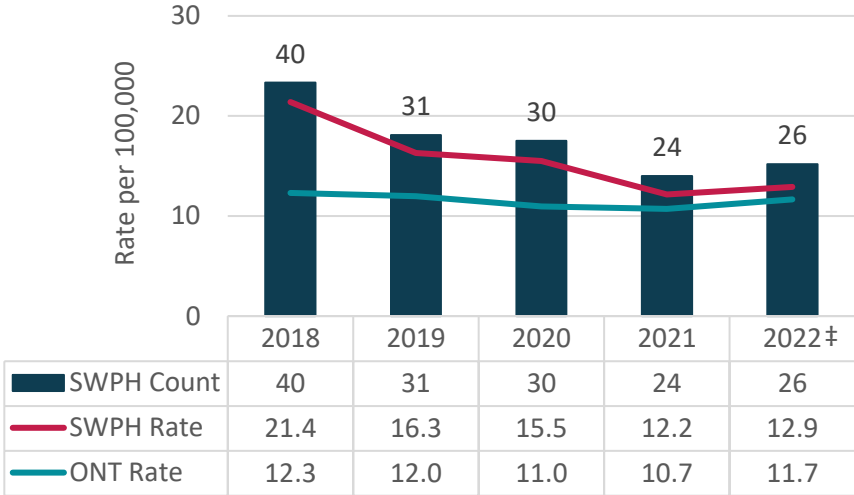
Suicide Deaths

Overall, the local suicide rate decreased during the time period examined. While the local rate was 1.7x higher than the province in 2018, more recent rates are only slightly higher than the province (Figure 43).



Data Source:
Suicide data is from the Office of the Chief Coroner for Ontario.

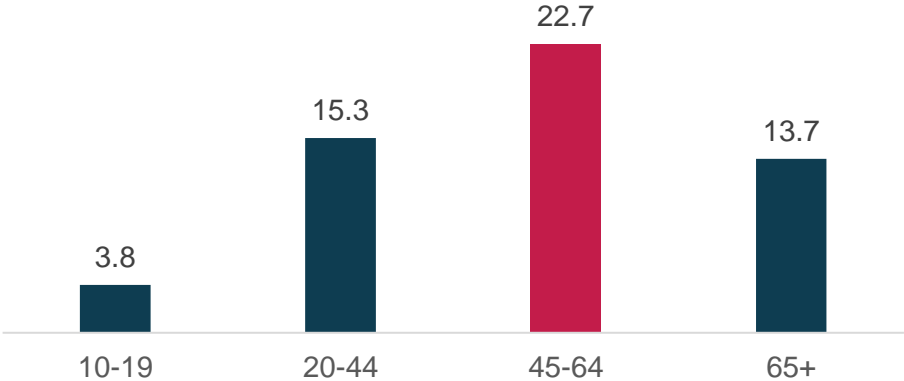
Figure 43. Suicide Rates, SWPH Region and ONT, 2018-2022



‡2022 data is preliminary and subject to change

Locally, the 5-year average rate (2018-2022) of suicide deaths was 4x higher among males compared to females (25.2 vs. 6.2 per 100,000). The 5-year average rate was highest among those aged 45-64 (Figure 44).

Figure 44. 5-year Average Rate of Suicide Deaths per 100,000 by Age Group, SWPH Region, 2018-2022



*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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*Marginal co-efficient of variation: Data is reportable but has high sampling variability and should be interpreted with caution
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