

What Adults Know About Youth Mental Health

Prepared For The Alberta Centre for Child Family and Community Research

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Key Messages

There are meaningful gaps in Albertans' knowledge of youth mental health issues:

- 80% of Albertans were not aware that about 1 in 5 youth (aged 12 to 19) suffer from mental health problems.
- 89% of Albertans were not aware that only 1 in 4 youth with mental health problems receive treatment for these issues.
- Two thirds of Albertans could not identify that mental health problems can develop at any age.

Most respondents reported that they would be comfortable or very comfortable interacting with youth with moderate mental health problems in work, school, social and community settings. Those most likely to be comfortable include those:

- Ages 18-24;
- With high school or further education;
- Who self identified as Caucasian ;
- With annual household income above \$40,000/year.

The Alberta Centre for Child, Family and Community Research (The Centre) commissioned this research on adults' perception of youth mental health based on gaps revealed by the recent Alberta Benchmark Survey: What Adults Know About Child Development². Results of the Benchmark Survey revealed that adults' understanding of child development is limited, and questions were raised regarding knowledge about youth and mental health.²

This study of knowledge and attitudes about youth mental health assessed Albertans' knowledge about the proportion of youth (aged 12-19) affected by mental illness, the proportion who received treatment, the age at which mental health problems could develop, and their comfort interacting with youth with moderate mental health problems in a variety of settings. The survey respondents were a random sample of adults in Alberta and the results are likely generalizable across the province.

Understanding Albertans' knowledge and attitudes about mental illness can inform strategies to improve mental health literacy. Mental health literacy is defined as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention".³

Introduction and Background

The World Health Organization defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”^{4, 5} Mental disorders are the most common cause of disability for youth;⁶ the prevalence of child and adolescent mental disorders is nearly 20%.^{7, 8}

Canada does not have national data on the prevalence of mental illness;⁹ however, it is estimated that 10.4% of Canadians have a mental illness at any point in time.⁸ Despite this prevalence, (which is similar to that of asthma)¹⁰ 33% of Canadians believe that mental health problems are rare, and 42% of Canadians would not want to reveal that they had a mental illness.⁸

Young adults are more likely than any other age group to report having a mental illness;^{8, 10} it is estimated that 70-75% of mood and anxiety disorders emerge during childhood and adolescence.^{11, 12} A 2009 report indicated that 1.2 million children and youth are affected by a mental illness at any given time, which represents 15% of the child and youth population.⁸

Behavior and emotional difficulties may lead to the development of more serious mental illnesses, particularly in the absence of treatment and services.¹ However, there is a shortage of appropriate services for child and adolescent mental disorders in Canada;¹³ only about 25% of youth who require services receive them,¹⁴ meaning 75% of those with mental disorders never receive any treatment.^{8, 14}

In Alberta, 2.7% of children under the age of 15 access mental health services annually, which is much lower than estimated prevalence rates.¹⁵ While not specific to children, the most common diagnoses associated with accessing mental health services were: mood disorders (25%), anxiety disorders (17%) and substance-related disorders (13%).¹⁵ In 2007-2008 57,108 children and youth saw a physician for their mental health problems;¹⁶ this accounts for approximately 7% of all Albertans under 18.

The majority of individuals with mental illnesses have unmet needs; only 39.1% of children with mental health in Alberta needs gain access to services within 7 days of referral and 9.4% of children wait more than three months before receiving treatment.¹⁷

In summary, the prevalence of youth with mental health problems is of concern, and understanding public knowledge and attitudes towards youth and mental health may inform strategies to improve mental health literacy. This survey was designed to determine what adults in Alberta knew about youth mental health.

“An estimated 2.7 million Canadian children and adolescents are reported by their parents to suffer from severe emotional or behavioral difficulties”

Methods

The Alberta Survey is an annual survey which explores public opinion on a wide range of public policy concerns. Questions on a variety of subjects and issues are asked, including those relevant to the Alberta social environment. This report includes responses to questions submitted by The Alberta Centre for Child, Family and Community Research (The Centre) as well as demographic information about the population surveyed. The University of Alberta's Population Research Laboratory (PRL) conducted The 2010 Alberta Survey from May to July 2010; 1203 Albertans over the age of 18 participated, with approximately equal representation from men and women, and the same number of individuals from Calgary, Edmonton and the rest of the province. The overall response rate for this survey was 21.2%.

The Centre submitted the following questions for inclusion in this survey:

1. Generally, what percentage of youth between the ages of 15 to 19 do you think have some kind of mental health problem? (An estimate is ok).
2. Generally, what percentage of children between the ages of 12 to 14 do you think have some kind of mental health problem?
3. What percentage of those between the ages of 12 to 19 with a mental health problem receive treatment? (An estimate is ok).
4. At what age do you think a mental health problem can develop?
5. How comfortable do you think you would feel in the company of a child or youth between the ages of 12-19 who has a moderate mental health problem in the following settings?
 - a. Work
 - b. School
 - c. Social setting (i.e. family gathering or party with friends or work colleagues)
 - d. Community setting (i.e. sports, recreational activities, or church)

The following definition of a moderate mental health problem was provided to survey participants upon request: *An individual with a moderate mental health problem exhibits chronic and pervasive behaviours that interfere with the functioning and safety of the individual and other individuals around him/her.*

Typically a moderate mental health problem is characterized by a number of maladaptive behaviours, such as:

- *An inability to establish or maintain satisfactory relationships with peers or adults;*
- *A general mood of unhappiness or depression;*
- *Inappropriate behaviour of feelings under ordinary conditions;*
- *Continued difficulty in coping with the everyday situations in spite of remedial intervention;*
- *Physical symptoms or fears associated with personal, work or school problems;*
- *Difficulties in accepting the realities of personal responsibility and accountability; and/or*
- *Physical violence toward other persons and/or physical destructiveness toward the environment.*

Statistical tests were used to determine what factors predicted Albertans' comfort in interacting with youth with moderate mental health problems and if either knowledge level or comfort was different among various groups (i.e. those who lived in rural vs. urban settings, those who were currently employed vs. unemployed, etc).

Demographics

This information describes the respondents to the survey and reveals how comparable they were to the Alberta population based on the most recent Canadian Census (2006) Census.

About the respondents

Respondents were eligible to participate if they were over 18 years of age and resided in Alberta. Households were selected by random-digit dialing and respondents were selected by gender to ensure equal representation of males and females.

Approximately one third of respondents lived in Calgary, one-third in Edmonton and one-third in the rest of Alberta; about half of respondents were male. This was a sampling strategy to ensure responses reflected the urban and rural distribution of residents in Alberta.

Most respondents were employed – either full-time (60.1%) or part-time (14.8%); this is consistent with Census findings that 70.9% of adults aged 15 and older were employed. About 15% of respondents were members of a visible minority, which is comparable to the Census report that 13.9% of Albertans were non-Caucasian. Visible minorities in this sample were a diverse group that consisted of individuals of Aboriginal, African, Asian, Caribbean, and South America decent.

Just over 70% of respondents were married or in a common-law relationship and 30% were single, divorced, separated or widowed. This is contrasted slightly with the finding from the 2006 Census which indicate that about 65% of Albertans over the age of 20 were married or in a common-law relationship.

What It Means

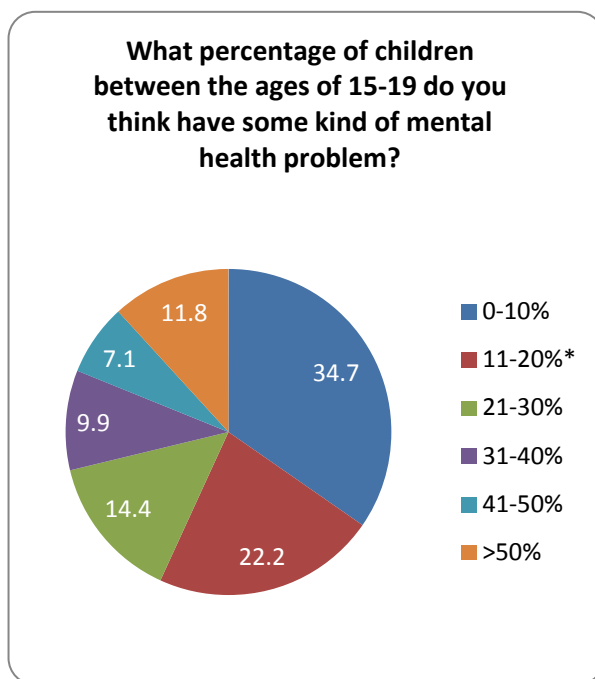
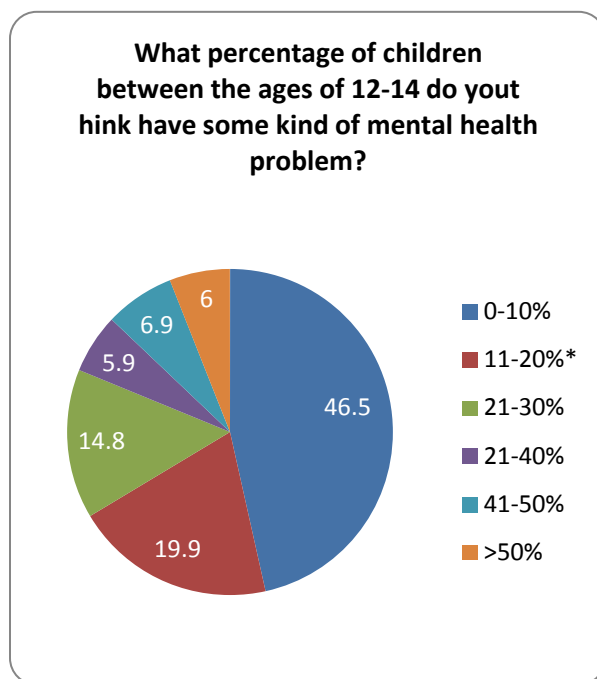
Since the respondents from the Alberta Survey have generally the same characteristics as the population, the results of this report likely reflect the knowledge and attitudes of Albertans.

Respondents' Beliefs about Youth Mental Health

Respondents identified the percentage of youth they thought had mental health problems, what proportion of youth with mental health problems received treatment and at what age they thought a mental health problem could begin to develop.

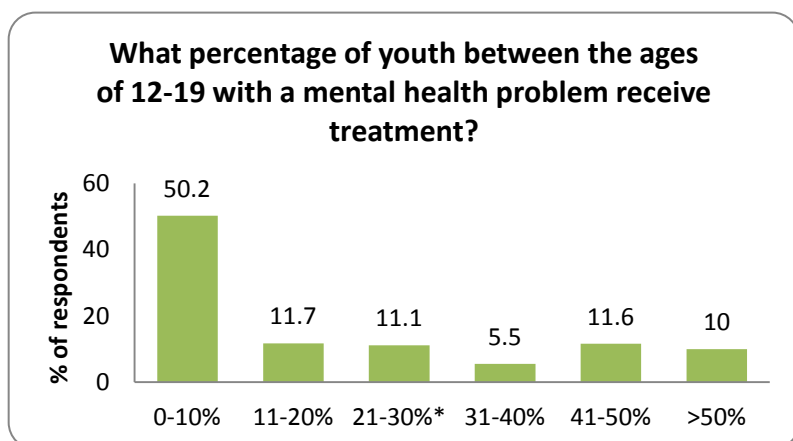
What we learned

We asked respondents to estimate the percentage of youth from 12-14 years and 15-19 years who live with a mental health problem. Approximately 80% of Albertans were unable to answer these questions correctly. Nearly 20% of Albertans were able to correctly identify the percentage of youth between the ages of 12 and 14 who suffer from mental health problems, while 22% correctly identified the percentage of youth between the ages of 15-19 (the correct response for both age groups was 11-20%).



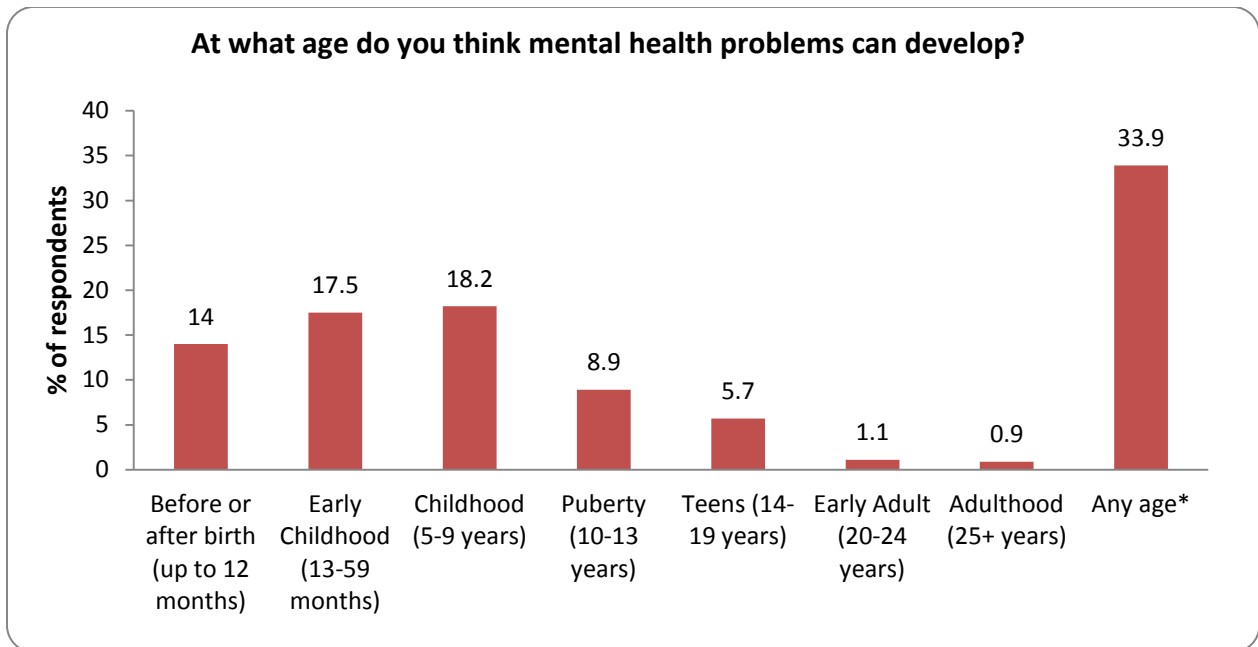
* correct response

88% of respondents were unaware that 21 to 30% of youth aged 12-19 with mental health problems received treatment for these issues. Indeed half of the respondents believed that 10% or fewer received treatment for their mental health problems.



*Correct Response

Almost 34% of respondents correctly identified that mental health problems can develop at any age.



*Correct Response

What It Means

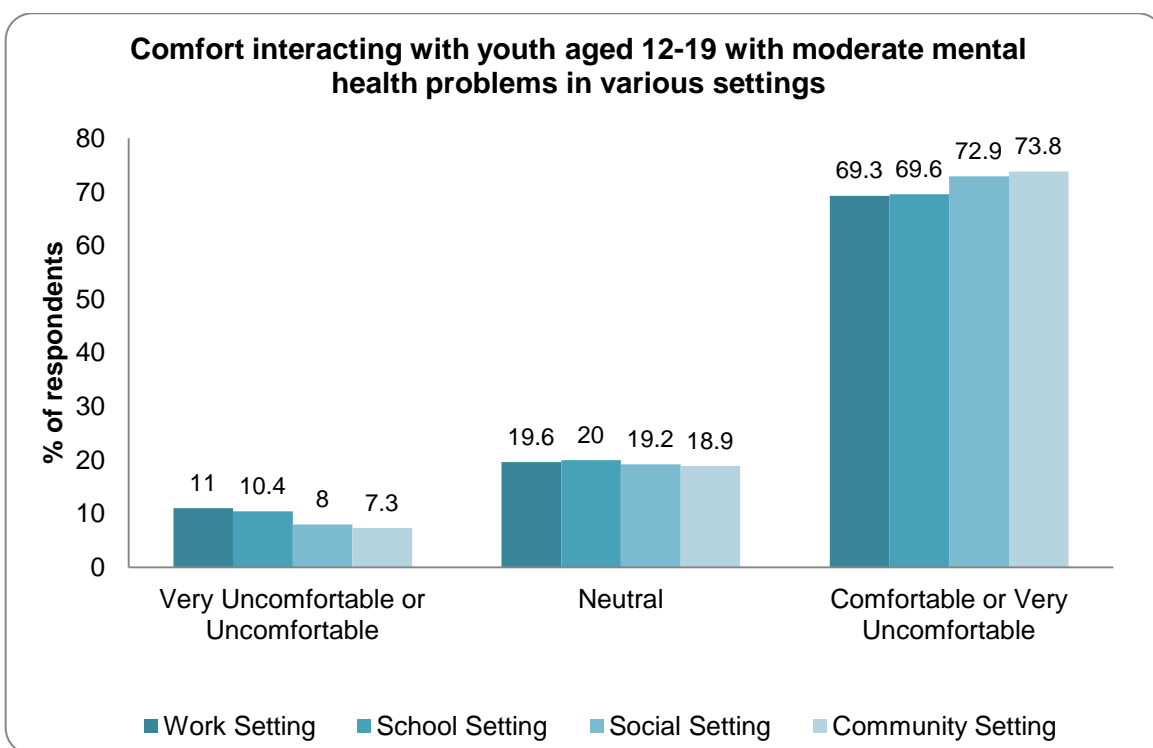
The majority of respondents didn't know the prevalence of youth mental health problems and less than 35% of Albertans knew that mental health problems can develop throughout the lifespan (i.e. at any age). Further, respondents believed that the vast majority of youth with mental health problems do not receive treatment.

Comfort Interacting with Youth with Mental Health Problems

There is some evidence that people who have information about mental illness are more supportive of others who have mental health problems.¹⁸⁻²⁰ Stigma is often assessed by asking people about their level of comfort with various situations of increasing social proximity (social distance measures).²¹ Respondents were asked how comfortable they would be interacting with youth with moderate mental health problems in various settings.

What We Learned

About 70% of respondents reported that they would be comfortable or very comfortable interacting with youth with moderate mental health problems in work, school, social and community settings. Only 10% of Albertans reported that they would be uncomfortable or very uncomfortable interacting with youth with moderate mental health problems in work, school, social and community settings. Comfort in interaction was slightly less for social and community settings than it was for work and school settings.



Comparing Participants' Responses

In the following pages, respondents were grouped according to various characteristics and compared to respondents in other groups. This was done to see if certain characteristics made respondents more or less likely to give a certain answer. Respondents were compared based on the following characteristics:

- Relationship status (married/common law vs. other relationship status)
- Employment status (employed (full or part time) vs. unemployed/retired)
- Educational attainment (completed high school or less vs. completed further education)
- Age
- Ethnicity
- Annual household income (high-income vs. low-income households)
- Area of residence (large cities vs. more rural areas)
- Gender (male vs. female)
- Parenting status (parents vs. non-parents)
- Religious affiliation (those who self-identify as religious vs. those who do not)

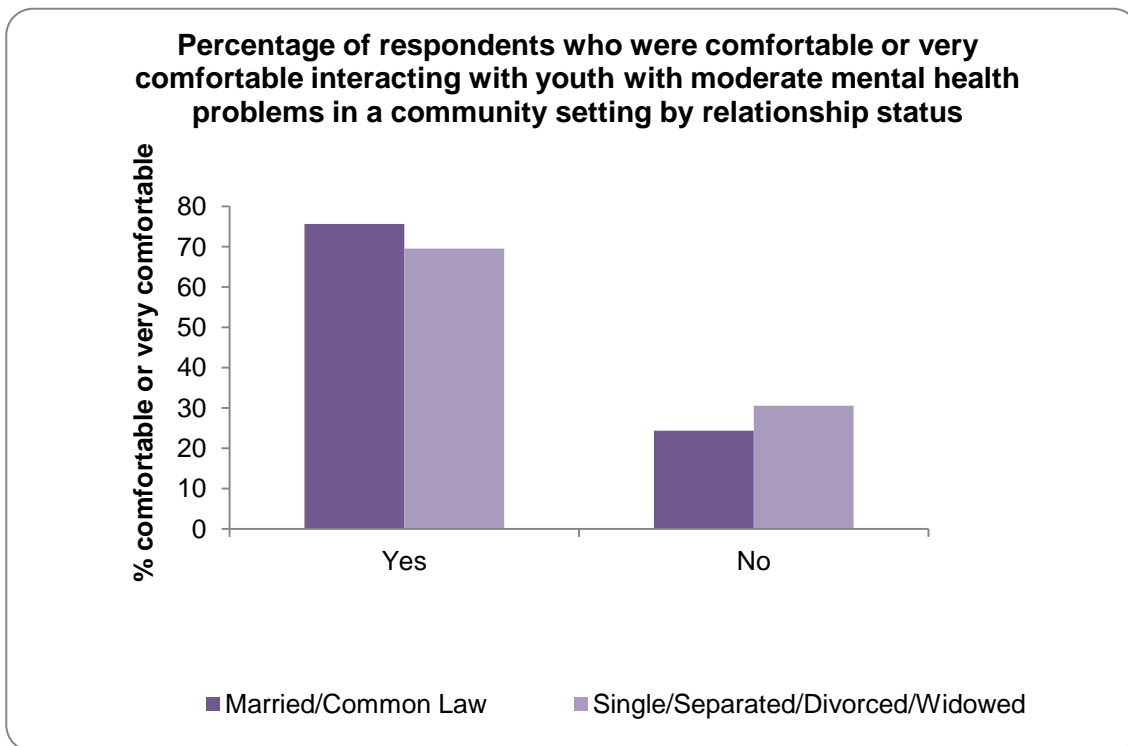
Comparing Respondents by Relationship Status

Responses were compared to see if relationship status was associated with knowledge or attitudes about youth mental health problems or comfort in interacting with youth with moderate mental health problems.

What We Learned

The majority (about 70%) of individuals were comfortable interacting with youth with moderate mental health problems. Individuals who were married or in a common law relationship compared to those who were single, divorced, separated or widowed were significantly more likely to report that they would be comfortable or very comfortable interacting with youth with moderate mental health problems in a community setting. Respondents' comfort in interacting with youth with moderate mental health problems in work, school or social settings did not differ by relationship status.

Further, no significant differences existed based on marital status regarding respondents' beliefs about youth mental health issues.



What It Means

Over 70% of respondents were comfortable interacting with youth with moderate mental health problems. Relationship status did not influence comfort in interacting in a school, work or social setting, however, those who were married were more comfortable interacting with youth with moderate mental health problems in a community setting than those who were single, divorced, separated or widowed.

Comparing Respondents by Employment Status

Responses were compared to determine if employment was associated with knowledge or attitudes about youth mental health problems or comfort in interacting with youth with moderate mental health problems.

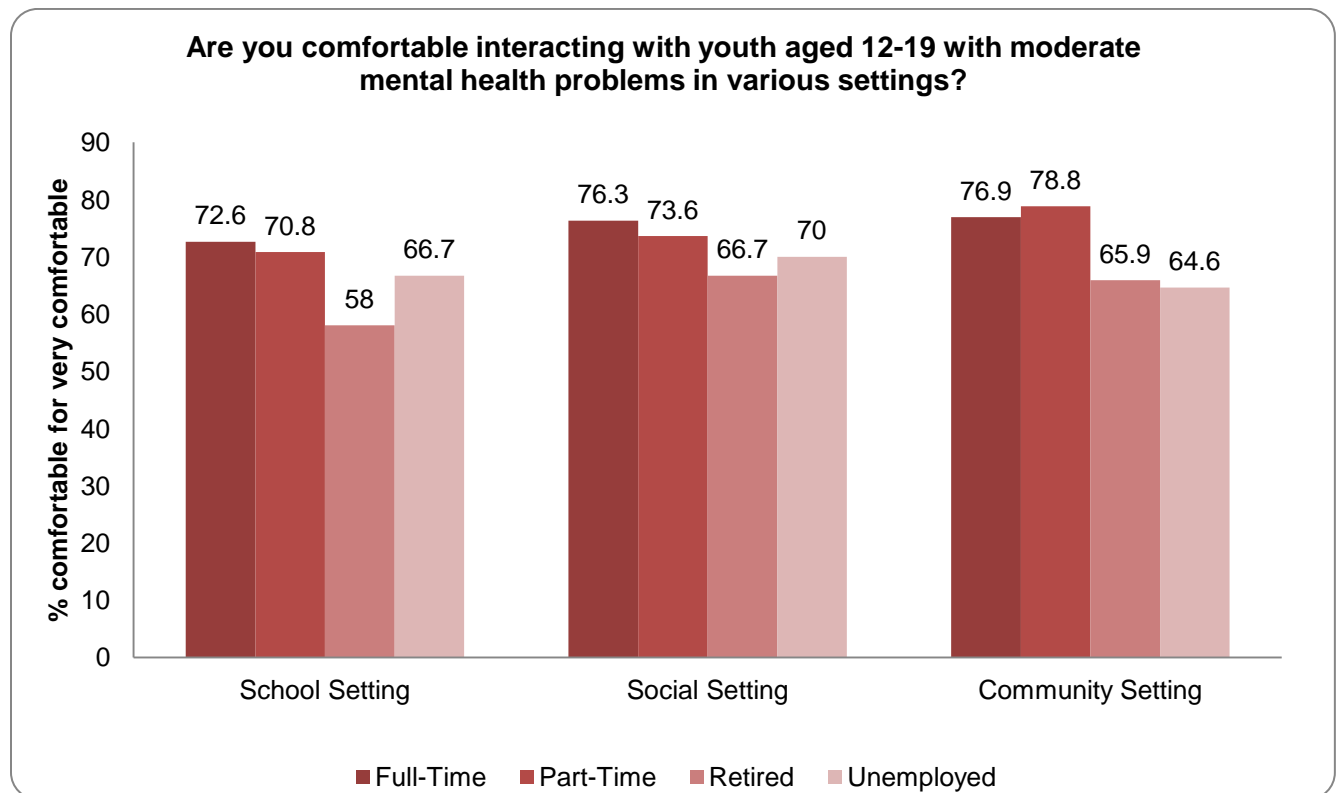
What We Learned

The majority of respondents were comfortable interacting with youth with mental health problems. Individuals who were employed (full-time or part-time) were significantly more likely to report that they were comfortable or very comfortable interacting with youth with moderate mental health problems in school, social and community settings compared to those who were unemployed or retired.

Employment status was not associated with comfort in interacting with youth with moderate mental health problems in work settings.

What It Means

Individuals who were employed were generally more comfortable interacting with youth who have moderate mental health problems than individuals who were unemployed or retired.



Comparing Respondents by Education

Responses were compared to determine if education was associated with knowledge or attitudes about youth mental health problems or comfort interacting with youth with moderate mental health problems.

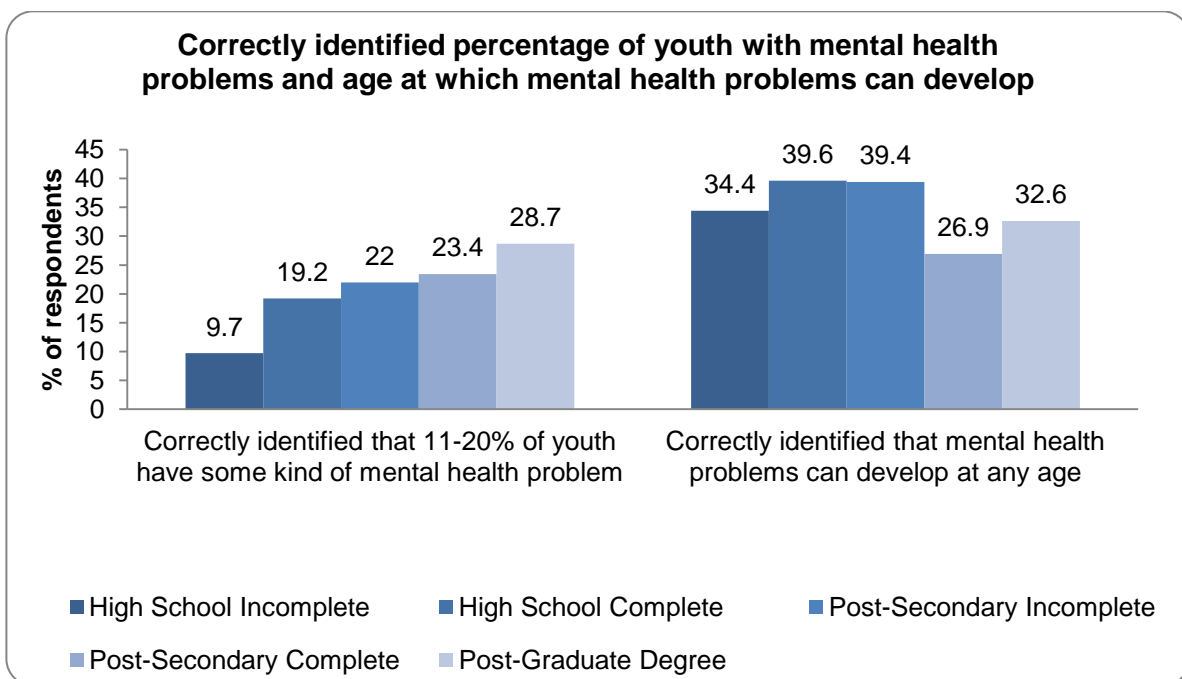
What We Learned

Small but statistically significant differences existed in regards to the relationship between educational attainment and the correct identification of the proportion of youth aged 15-19 affected by mental health problems, and the age at which mental health problems can develop. Those with less education were less likely to identify the correct proportion of youth who experience mental health problems. Those with post secondary education were least likely to identify that mental health problems can emerge at any age.

Educational attainment was not associated with comfort interacting with youth with moderate mental health problems in work, social or community settings. Less than half of respondents who did not complete high school reported being comfortable or very comfortable interacting with youth with moderate mental health problems in a school setting compared to over 70% of all other groups (data not shown). Although this difference was statistically significant, it may reflect exposure to school and not attitudes towards mental health

What It Means

Educational attainment was not associated with attitudes about youth mental health issues and comfort interacting with youth with moderate mental health problems in work, social and community settings.

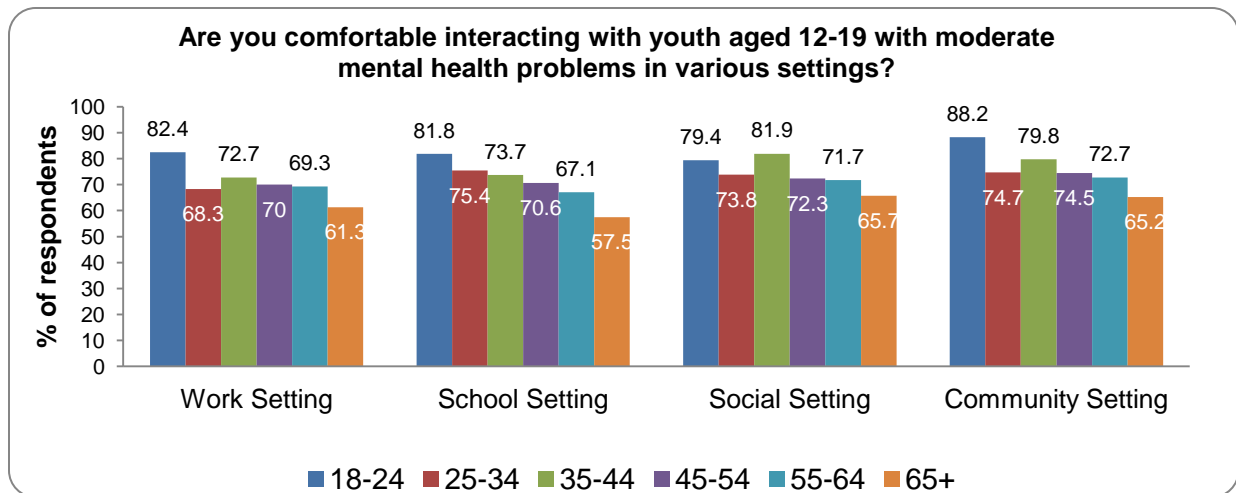


Comparing Respondents by Age

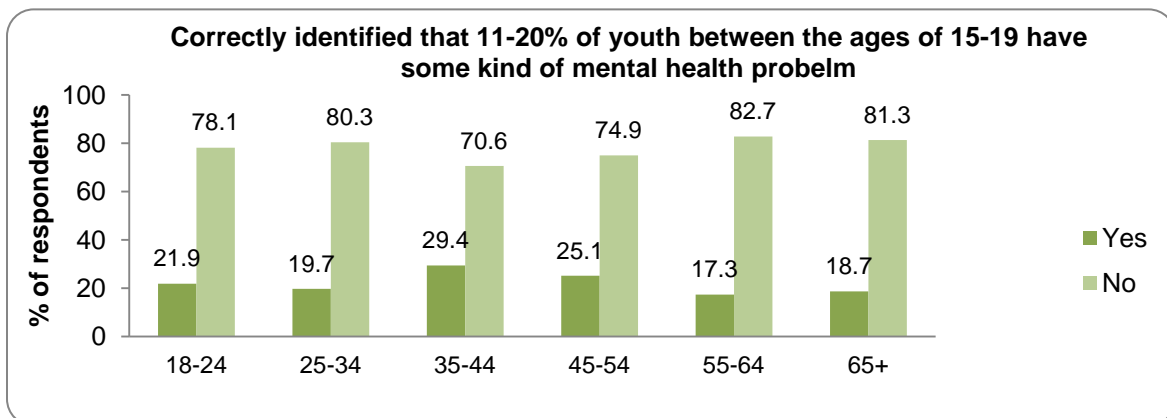
Responses were compared to determine if age was associated with knowledge and attitudes about youth mental health problems or comfort interacting with youth with moderate mental health problems. Respondents were grouped by age: 18-24, 25-34, 35-44, 45-54, 55-64, and 65 and over.

What We Learned

Statistically significant differences existed by age groups regarding respondents' comfort interacting with youth with moderate mental health problems in work, school, social and community settings.. Respondents over 65 were least likely to report feeling comfortable interacting with youth with moderate mental health disorders.



Small but statistically significant differences existed by age group for estimates related to the proportion of youth aged 15-19 affected by mental health problems. Age was not related to awareness about when mental health problems can develop, or an understanding of the proportion of youth with mental health problems that are receiving treatment



What It Means

Individuals over 65 were less comfortable interacting with youth with moderate mental health problems in a variety of settings.

Comparing Respondents by Ethnicity

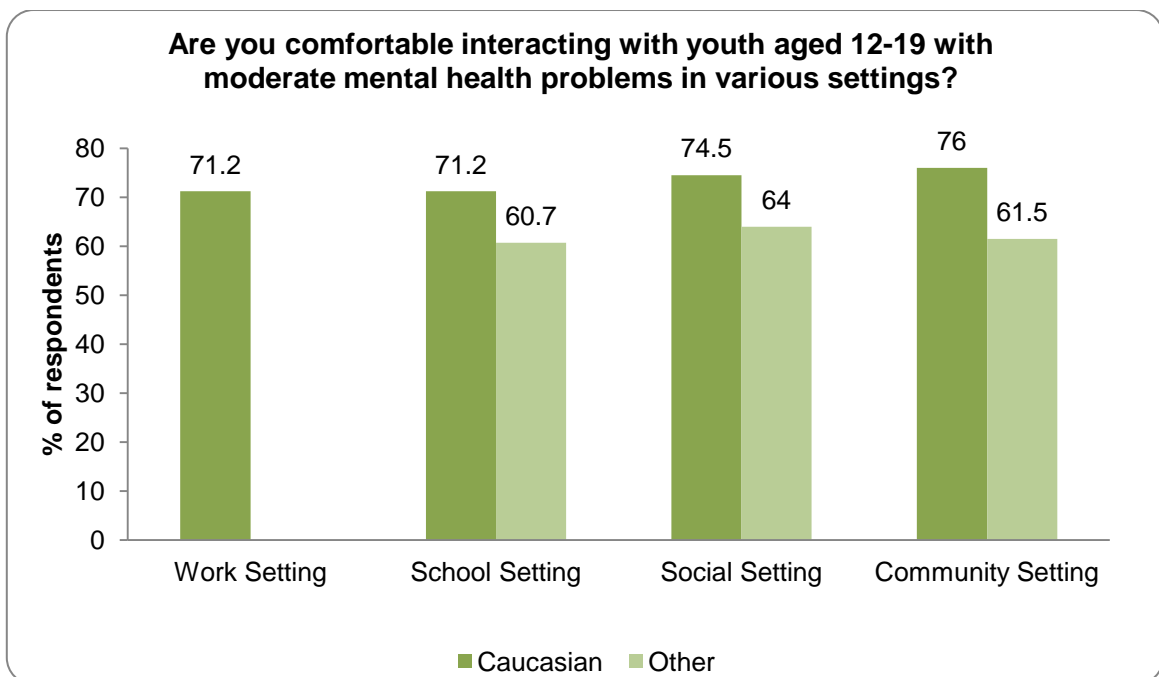
Responses were compared to determine if ethnicity was associated with knowledge and attitudes about youth mental health problems or comfort interacting with youth with moderate mental health problems. For this comparison, respondents were identified as Caucasian or non-Caucasian.

What We Learned

Caucasians were more likely than non-Caucasians to report being comfortable or very comfortable interacting with youth with moderate mental health problems in work, school, social and community settings.

What It Means

Caucasians were more comfortable interacting with youth with moderate mental health problems than non-Caucasians.



Comparing Respondents by Annual Household Income

Responses were compared to determine if there was an association between income and knowledge or attitudes about youth mental health problems or comfort interacting with youth with moderate mental health problems. For this comparison, respondents were identified as having an annual household income of less than \$39,999, between \$40,000 and \$79,999 or over \$80,000.

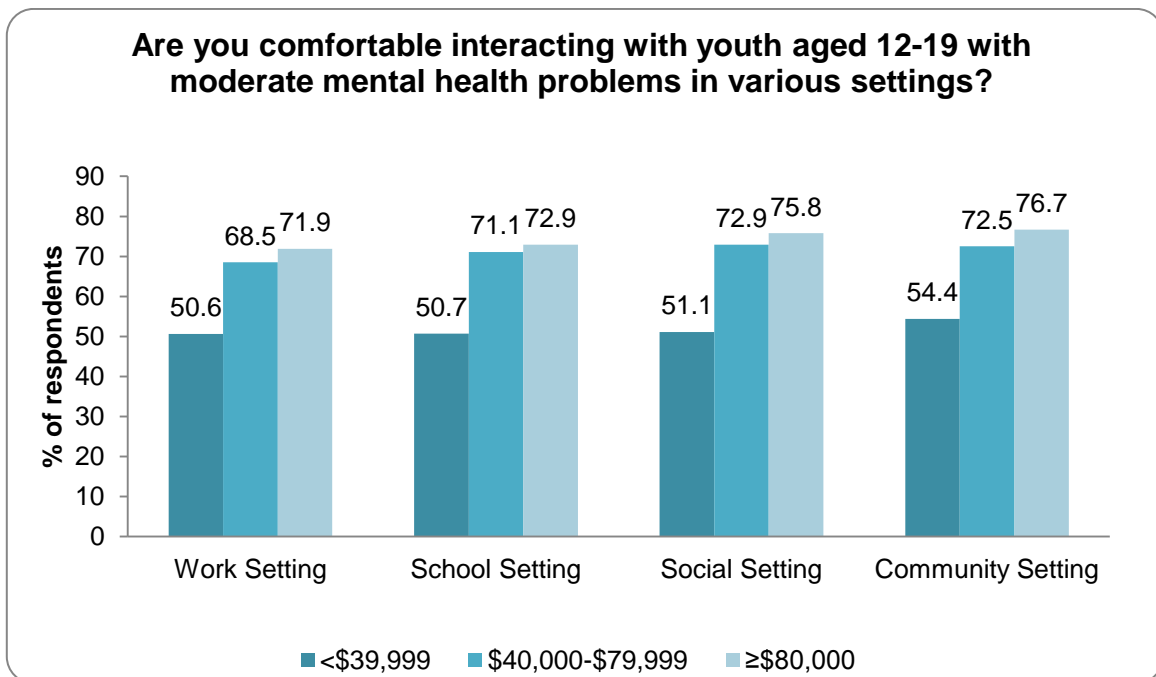
What We Learned

Those with the highest income were most likely to respond that they were comfortable or very comfortable interacting with youth with moderate mental health problems in a variety a settings.

No statistically significant differences were found among income groups with regards to their knowledge about youth mental health issues (data not shown.)

What It Means

Albertans with high annual household incomes were more likely to report being comfortable or very comfortable interacting with youth with moderate mental health problems than those with lower household incomes.



Comparing Respondents by Area of Residence

Responses were compared to see if there were any differences between those in large cities and more rural areas regarding their beliefs or knowledge about youth mental health problems or their comfort interacting with youth with moderate mental health problems

What we learned

Where respondents lived did not influence their beliefs about youth mental health issues or their comfort interacting with youth with moderate mental health problems in work, school, social or community settings.

What It Means

Albertans across the province, regardless of whether they lived in a city, town, village or rural area had similar beliefs about youth mental health problems and were equally comfortable interacting with youth with moderate mental health problems in work, school, social and community settings.

Comparing Respondents by Gender

Responses were compared to see if there were any differences between males and females regarding their beliefs or knowledge about youth mental health problems or their comfort interacting with youth with moderate mental health problems

What We Learned

Men and women had similar beliefs about youth mental health problems and were equally comfortable interacting with youth with moderate mental health problems in work, school, social or community settings.

What It Means

Gender did not influence respondents' beliefs about youth mental health problems or their comfort in interacting with youth with moderate mental health problems. Men and women were equally comfortable interacting with youth with moderate mental health problems in a variety of settings.

Comparing Respondents by Children in the Household

Responses were compared to see if having children in the household influenced beliefs or knowledge about youth mental health problems or comfort interacting with youth with moderate mental health problems. For this comparison, those who had children currently living in their home were compared to those who did not.

What We Learned

No statistically significant differences were found for Albertans' beliefs about youth mental health issues or comfort interacting with youth with moderate mental health problems between those who have children currently living in their homes and those who do not.

What It Means

Having children in the home does not influence Albertans' beliefs about youth mental health issues or their comfort in interacting with youth with moderate mental health problems.

Comparing Respondents by Religious Affiliation

Responses were compared to see if religiosity influenced knowledge or attitudes about youth mental health problems or comfort interacting with youth with moderate mental health problems. For this comparison, respondents were grouped as those who considered themselves to be religious and those who did not.

What We Learned

No statistically significant differences were found for Albertans' beliefs about youth mental health issues or comfort interacting with youth with moderate mental health problems by persons who considered themselves to be religious and those who did not.

What It Means

Considering oneself to be religious or not does not influence Albertans' beliefs about youth mental health issues or their comfort in interacting with youth with moderate mental health problems.

What It Means...

Key predictors of comfort interacting with youth with moderate mental health problems in a work setting were young age, Caucasian ethnicity and high household income.

Key predictors of comfort interacting with youth with moderate mental health problems in a school setting were completing high school, young age and Caucasian ethnicity.

Key predictors of comfort interacting with youth with moderate mental health problems in a social setting were completion of high school, young age, Caucasian ethnicity and high household income.

Key predictors of comfort interacting with youth with moderate mental health problems in a social setting were being married or in a common law relationship, young age, Caucasian ethnicity and high household income.

Conclusions

There are meaningful gaps in Albertans' knowledge about youth mental health issues. About 80% did not know that 11 to 20% of youth experience moderate mental health problems, while nearly 90% did not know that only 20 to 30% get treatment. The majority of Albertans were unaware that mental health problems can develop at any age. However, the majority of Albertans report being comfortable or very comfortable interacting with youth with moderate mental health problems in work, school, social and community settings.

Having completed high school and having an annual household income above \$40,000/year were predictors of comfort interacting with youth with moderate mental health problems. Individuals of Caucasian ethnicity were consistently more likely than visible minorities to be comfortable interacting with youth with moderate mental health problems. While the reasons for this are unknown, this may reflect varying degrees of identification of and stigma associated with mental health problems in different cultures.

Of particular note, over half of Albertans believed that only a small percentage (10% or less) of youth with mental health problems were able to receive specialized treatment for these disorders. The true proportion of children receiving specialized mental health services is difficult to estimate as these services are offered by many providers and are funded by various ministries, including specialized educational and social support services, however, it is estimated that approximately 20-30% of children and youth who need these services are able to access them.¹⁴

The results of this study suggest that a needs assessment related to service provision for children and youth with mental health problems may be timely and may partially restore the public's faith that children and youth are able to access these medically necessary services. However, coordination of services between providers and ministries is essential to ensure that patients are able to navigate their way through the system. This is particularly relevant for the treatment of children and youth with mental health problems as the costs for this treatment (or in some cases, lack of treatment), are not borne by the health care sector alone. Untreated mental health conditions have cost implications in a variety of sectors including education, justice, and social services. As so many Albertans report being comfortable interacting with youth with moderate mental health problems in a variety of settings, this study also indicates that there may be a greater opportunity for community-based support for children and youth dealing with mental health problems.

The Alberta Centre for Child, Family and Community Research is a public-sector, innovative resource for evidence. The Centre develops, supports and integrates research across sectors and disciplines to provide a strong, evidence-based foundation for identifying and promoting effective public policy and service delivery to improve the well-being of children, families and communities in Alberta, Canada, and internationally.

Vision

Improve the well-being of children, their families and communities in Alberta, Canada and internationally, by mobilizing evidence into policy and practice.

Mission

Collaboratively develop, support and integrate evidence across sectors and disciplines to provide a strong foundation for identifying and promoting effective public policy and service delivery to improve the well-being of children, families, and communities.

The Centre has six key areas of focus:

- Developing a policy-relevant research agenda
- Funding unique research driven by and meeting the needs of policy makers, while providing current knowledge to fill in gaps
- Gathering, analyzing and disseminating relevant and emerging national and international research that is of relevance to Alberta's child well-being agenda
- Mobilizing evidence into policy and practice
- Building transdisciplinary and cross-sectoral research capacity
- Analyzing government administrative data to inform policy through the Child and Youth Data Laboratory

The Centre works in conjunction with Alberta Children and Youth Services, eight other Alberta child-serving ministries, the Government of Canada and numerous other partners and collaborators to improve the well being of children by:

- Identifying the needs for evidence;
- Supporting high priority initiatives of Children and Youth Services and the Government of Alberta;
- Supporting research capacity building;
- Providing direction to leading edge research initiatives; and
- Developing an extensive network of collaborative partnerships.
- The Centre also manages The Child and Youth Data Laboratory (CYDL) Initiative that analyses linked data from nine ministries to provide a comprehensive profile of the trajectories and outcomes children and youth experience as they access multiple programs across several provincial government programs.

For more information, please visit www.research4children.com

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