

Summarize the prevalence and patterns of mental disorders in Canada and around the globe.

What is Mental Disorder?

Mental disorder refers to “alterations in thinking, mood or behaviour...associated with significant distress and impaired functioning” (Public Health Agency of Canada, 2015). The diagnostic criteria for mental disorders are defined and categorized in two documents, the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, compiled by the American Psychiatric Association, and the *International Classification of Diseases (ICD)* produced by the World Health Organization. The majority of the world’s psychiatrists (70 percent) use the *ICD* (Clay, 2012). The term **mental illness** is sometimes used interchangeably with mental disorder. However, some scholars make a distinction between “sickness” and “illness.” In this case, *sickness* refers to a pathology of the body with a specific etiology (for example, the symptoms of a specific disorder). **Illness**, in contrast, refers to the individual’s overall experience of that pathology, which is embedded in a complex system of meaning and understanding in everyday life (Schneider & Conrad, cited in Symbaluk and Bereska, 2018).

Conversely, **mental health** refers to “a state of well-being in which the 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 own community” (Mental Health Commission of Canada, 2013a, p. 3). People without mental disorders can still experience poor mental health. Conversely, people who have been diagnosed with one or more mental disorders can still experience good mental health if their disorders are effectively managed and treated.

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Each one of us has a certain level of mental health, which can fluctuate over time and in different circumstances. For instance, the stressful period of final exams can interfere with

many students' good mental health. In 2015, the Pharmacy Students Association at the University of Alberta (APSA) created a YouTube video to educate students about protecting their mental health. As you watch the following video, note some of the techniques that are suggested for protecting one's mental health during stressful times.

APSA (2015). APSA Mental Health Awareness. Retrieved from https://www.youtube.com/watch?v=0_P4I7J5eHk.

Prevalence and Patterns of Mental Disorders

In any given year, approximately 20 percent of people (in Canada and globally) live with a mental disorder. This number is greater than it is for people who experience other types of illness (see Figure 1).

Figure 1. Number of Canadians who experienced various illnesses in 2011.

Mental illness is most common in young adults (ages 20–29). Among young adults, 28 percent experience a mental disorder in any given year. By the age of 40, half of Canadians will have experienced a mental illness at some point in their lives, and by the age of 90, that proportion rises to 65 percent to 70 percent (Mental Health Commission of Canada, 2013a).

Certain disorders are more common in women (for example, depression, anxiety), while others are more common in men (for example, substance abuse, antisocial personality disorder). The majority of disorders that are more prevalent in childhood (for example, attention deficit hyperactivity

disorder, conduct disorder, oppositional defiance disorder) are found in boys rather than girls; children who experience those disorders are at a much greater risk of developing other mental disorders, such as anxiety, in adulthood (Mental Health Commission of Canada, 2013a).

Mental illness has a complex etiology. It emerges from genetic, biological, psychological, social, and economic factors. For some disorders, and in some people, biological or genetic factors may play a more substantial role. For others, economic or social factors may be more significant; for example, members of various marginalized groups (such as youth living in certain Indigenous communities, refugees, LGBTQ youth, and first responders) are at greater risk of developing mental disorders. In your introductory sociology class, you learned that the single greatest predictor of health and illness is socioeconomic status. Thus, mental illness is more prevalent in lower socioeconomic status groups than in higher socioeconomic status groups; you will learn more about the nature of this relationship in the assigned reading.

Outline the costs associated with mental illness for individuals, their families, and society.

Mental illness carries costs for individuals with those disorders, their families, and for society more broadly. When disorders are not treated effectively, these costs can be considerable. Individuals can experience delays in education, lower levels of education, more absences from work, higher levels of unemployment, and lower incomes (as can family members and friends who may take on caregiving roles). Family relationships can become strained and create greater family instability (Bereska, 2018). At the societal level, the costs of mental illnesses are considerable. In Canada alone, the costs of mental illness are conservatively estimated to be more than \$50 billion annually, and these are projected to rise to almost \$90 billion by 2023 (Mental Health Commission of Canada, 2013a).

Effective prevention of mental illness would reduce these costs. Reducing the incidence of mental illness in Canada by only 10 percent would generate savings of \$4–5 billion annually. For example, “Triple-P” parenting programs have been found to be effective in preventing and treating behavioural disorders in children that if left untreated, frequently contribute to other types of mental disorders in adulthood (Mental Health Commission of Canada, 2013a). Parents and practitioners who work with children can learn more about Triple-P parenting at <https://www.triplep-parenting.ca/alb-en/triple-p/>.

Providing early access to mental health treatment for people of all ages improves the effectiveness of treatment, which generates cost savings. Reducing the number of people who require hospitalization, or who fall through the cracks of the mental health care system and thus enter the criminal justice system, would also generate savings.

Explain how mental disorders are subject to social control through (1) the stigmatization of mental illness and (2) the medicalization of mental illness.

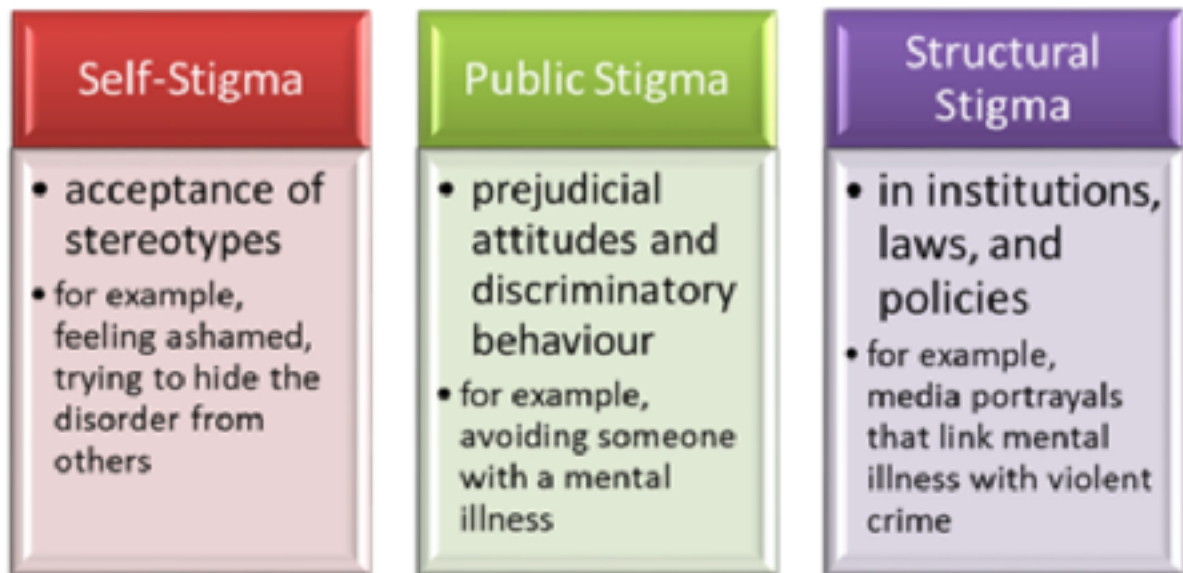
Stigmatization

People who have mental disorders frequently face stigmatization and some form of rejection on the basis of that disorder. As you will learn in the assigned reading, negative perceptions of people with mental disorders are pervasive in society, even among mental health professionals. Stigmatization can take a variety of forms, including self-stigma (see Figure 3).

Figure 3. Types of stigmatization.

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Some types of stigma impose *informal* measures of social control, such as hiding one's disorder from others, believing that you can't trust people with mental disorders, or avoiding someone with a mental illness. Other types of stigma are manifested in *formal* measures of social control, such as a management company that refuses to rent an apartment to someone with a mental illness, or a TV crime drama that portrays many of its criminal characters as having a mental disorder. While the implications of being stigmatized by others are easily recognizable (for example, the inability to gain employment), self-stigma generates significant consequences as well. People who experience significant self-stigma are less likely to seek treatment or conform with treatment protocols.



Medicalization

A behaviour or characteristic is “medicalized” when it is defined, identified, and treated by medical professionals. You have read about medicalization as a form of social control in a number of previous modules. For example, tobacco use, obesity, and anorexia have all been medicalized. Mental illness is also medicalized: Medical professionals define which thoughts, feelings, and behaviours make up particular mental disorders in the first place (which are then listed in the *DSM* or *ICD*); they diagnose certain individuals with those disorders; and they provide a variety of treatments that range from counselling to medication. The medicalization of mental illness began in the late 19th century, with the emergence of what were commonly called “insane asylums,” and the practice of medicalization continues with a range of medical and psychosocial supports available today (see Figure 4). You will learn more in the assigned reading about the changing measures of social control directed at people with mental illnesses.



Describe the efforts that are made to reduce the stigmatization of mental illness and to improve the resources that are available to people with mental disorders.

Reducing Stigmatization

One of the ways that we are able to see the deviance dance within the context of mental illness is via individuals and groups that work to reduce the stigmatization of mental illness in society. In the assigned reading, you will learn about the various ways that individuals with mental disorders fight back against stigmatization, such as by using moments of stigmatization as opportunities to educate people about mental illness.

Organizations work to reduce the stigmatization of mental illness as well. For example, Canadian media giant Bell spearheads a “Let’s Talk” campaign, based on the idea that starting a conversation about mental illness is an important means to reduce stigmatization. Each January, a variety of fundraising events are held across Canada to commemorate Bell Let’s Talk Day (<http://letstalk.bell.ca/en/>).

Improving Resources for Treatment

Another way we see the deviance dance within the context of mental illness is in the fight against inadequate funding and treatment resources.

Beginning in the 1960s, the medicalization of mental illness came to be characterized by **deinstitutionalization**—a movement that aimed to shift treatment from institutional settings to community settings. Several factors contributed to the deinstitutionalization movement (see Figure 4).

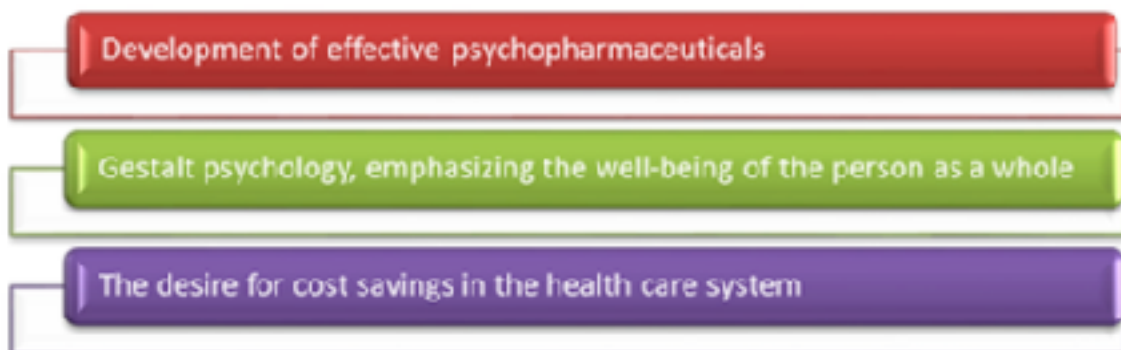


Figure 5. Factors that contributed to the deinstitutionalization movement.

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At its start, the deinstitutionalization movement was based on a number of assumptions. In the assigned reading, you will learn about these assumptions and the extent to which they were or were not realized in practice. One of these assumptions was that adequate resources would be provided outside of psychiatric institutions at the community level. Overall this has not been the case, and there are insufficient resources available to people who experience mental health problems. Thus, various individuals and groups work to increasing funding and improve resources. For example, in response to the efforts of veterans' groups and an Auditor's General report that condemned the federal government's treatment of mental health problems experienced by members of the Armed Forces, the government announced in 2014 that \$200 million would be spent (over 6 years) to address mental health issues among the Canadian Forces (Canadian Broadcasting Corporation, 2014).

Assess the limitations of the diagnostic handbooks used by mental health professionals.

The diagnostic handbooks used by mental health professionals, and in particular the *DSM*, which is compiled by the American Psychiatric Association, have been subjected to a variety of criticisms that include concerns about specific categories of mental disorders, methodological shortcomings, and the structures and processes of power that underlie the creation and revision of these manuals

Summarize Rosenhan's classic study on mental illness and identify the consequences of his research.

American psychologist David L. Rosenhan (1929-2012) was not particularly concerned with the diagnostic manuals used by psychiatrists, but rather with the nature of diagnosis in the everyday practices of mental health professionals. He asked the question, "If sanity and insanity exist, how shall

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we know them?" Is diagnosis objective in the sense that it is based entirely on the symptoms expressed by an individual? Or is it subjective in that social factors influence diagnosis?

In his classic study (Rosenhan, 1973), he had eight "pseudo-patients" (including himself) attempt to have themselves admitted to various psychiatric institutions for observation. All eight were successful in their efforts. In keeping with the experiment's design, upon being admitted they were to behave normally, state that they were no longer experiencing any symptoms, and attempt to be discharged from the hospital. Getting discharged was much more difficult than being admitted: It took between one week and almost two months for all of them to be discharged. In addition, although none of the individuals actually had any type of mental disorder, all they were released from the respective institutions with psychiatric diagnoses (most often schizophrenia). Rosenhan stated misdiagnosis was understandable at the time of admission (because psychiatrists need to err on the side of caution), but that it was not justified after a lengthy period of observation and treatment. He argued that social factors—those associated with the process of labelling (which you learned about in Module 3) — influenced diagnosis. You will learn about the practical and theoretical implications of Rosenhan's research in the assigned reading.