



From the common cold, to the flu, to diabetes, physical illnesses range in severity and symptoms. Likewise, mental health issues range from mild to serious and short to long-term. Regardless of the type, mental health issues affect all Canadians, either directly or indirectly. Approximately 20% of Canadians will experience a mental illness at some point in their life, and the remaining 80% will be affected indirectly by a mental illness in their family members, friends, or co-workers (Health Canada, 2002).

# COMMON MENTAL HEALTH ISSUES

While there are many types of mental health issues, four of the most common are described below.



## Anxiety Disorders

Anxiety can be a normal reaction to a stressful situation, but for some people, it's an unmanageable problem. Anxiety disorders are the most common mental health issue, affecting 1 in 10 Canadians (Mood Disorders Society of Canada, 2009).

Anxiety disorders can be further broken down into different types (e.g., phobias, obsessive compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder). Phobias (i.e., an intense and persistent fear of a situation, activity, thing, animal, or person) and obsessive compulsive disorder are the most commonly reported anxiety disorders.

Symptoms of anxiety disorders include nausea, trembling, muscle tension, and headache. Specific to phobias, many people avoid the situation or thing they fear, often limiting their ability to live a

“normal” life. Exposure to their phobia causes extreme anxiety and panic (e.g., heart palpitations, shortness of breath, dizziness, a fear of dying).

## Anxiety vs. an Anxiety Disorder

Feeling nervous or anxious before a big test or interview is normal. On the other hand, anxiety disorders produce a reaction of fear or distress that is out of proportion to the situation (e.g., feeling as though your life is in danger at the grocery store). These thoughts and feelings can last for a prolonged period of time and usually affect the behavior, emotions, physical health, and social involvement of a person.

## Obsessive Compulsive Disorder (OCD)

OCD is an anxiety disorder that affects approximately 1.8% of Canadian adults (Mood Disorders Society of Canada, 2009). Obsessions are persistent thoughts or impulses that cause anxiety in a person. To deal with the anxiety, the person often performs repetitive behaviours (compulsions). Common obsessions include fear of contamination, repeated



doubts, focus on order, and a fear of hurting yourself or others. Common compulsions include excessive cleaning/washing, repeated checking (e.g., that doors are locked, appliances turned off), hoarding, and mental rituals such as counting or praying.

## When is it OCD?

When the obsessions and compulsions interfere with a person's life (i.e., they take up more than one hour a day or cause significant distress in the person), it's classified as OCD.

## Depression

Everyone experiences hard times where things don't seem to go their way. It's normal to feel sad or unhappy during these times. However, when these feelings get worse or last for a prolonged period of time, it could be depression. Depression is a medical term used to describe an all-encompassing low mood accompanied by low self-esteem, and by loss of interest or pleasure in normally enjoyable activities. Depression is the most common "mood disorder" in the mental health field, along with seasonal affective disorder and bi-polar disorder. In Canada, approximately 8% of adults will experience depression during their lifetime (Mood Society of Canada, 2009).

Some of the symptoms of depression include feelings of hopelessness or worthlessness, a detachment from life and social interactions, loss of appetite, change in sleep patterns. In serious cases, hallucinations and thoughts of suicide may occur.

## Seasonal Affective Disorder (SAD)

SAD is a mood disorder in which depressive symptoms occur in the winter months. SAD affects two to three percent of Canadians, but up to 15% have a mild version of it, known as the "winter blues." A higher number of cases are documented in northern areas where winters are longer and darker (Mood Disorders Society of Canada, 2009).

The causes of SAD are unknown, but it's believed that a decrease in exposure to sunlight is a factor. During the fall and winter months, shorter exposure to natural light impacts the daily rhythm of your body (circadian rhythm). The impact this has on your circadian rhythm may lead to feelings of depression.



Mental health problems are much more common than we think. If you're concerned that you or someone you know is experiencing a mental health issue, speak to your health care provider. Due to the wide variety of issues, keep track of the symptoms, how and when they develop, and when you started to notice them. This information will provide the health care provider with some of the facts they need to ensure a proper diagnosis and treatment.

## Are You "Feeling Down" or is it Depression?

Depression is defined by a period in which a person feels worthless and hopeless, and exhibits the other symptoms of depression for more than two months at a time.



The symptoms of SAD are similar to depression, but are only present in the winter months. Change in appetite (i.e., cravings for carbohydrates and sweet foods), decreased energy, fatigue, difficulty concentrating, change in sleep patterns, detachment from social situations, and irritability are some of the common symptoms associated with SAD. In some cases light therapy is used, under the direction of a health care professional, to increase light exposure in the hopes of decreasing symptoms.

## Are you Depressed or SAD?

Generally speaking, SAD symptoms are only present in the winter months. If symptoms occur for at least two consecutive winters, psychiatrists may diagnose the problem as SAD.

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