

MENTAL HEALTH & CHRONIC DISEASE

Key stats

Chronic diseases are a leading global cause of morbidity and mortality.¹

Approximately

87%

of Canadians will be affected by chronic disease throughout their lifetime.²

About

50%

of Canadians will be affected by a **mental health problem** or **illness** in their lifetime.³

An estimated

25-50%

of individuals living with chronic disease will experience **depression**.⁴

What are chronic diseases?

Chronic (or non-communicable) diseases last for at least three months, are not passed between people, and progress over time.

Examples include:

arthritis

cancer

cardiovascular disease

chronic respiratory diseases

dementia

diabetes mellitus

epilepsy

frailty

Huntington's disease

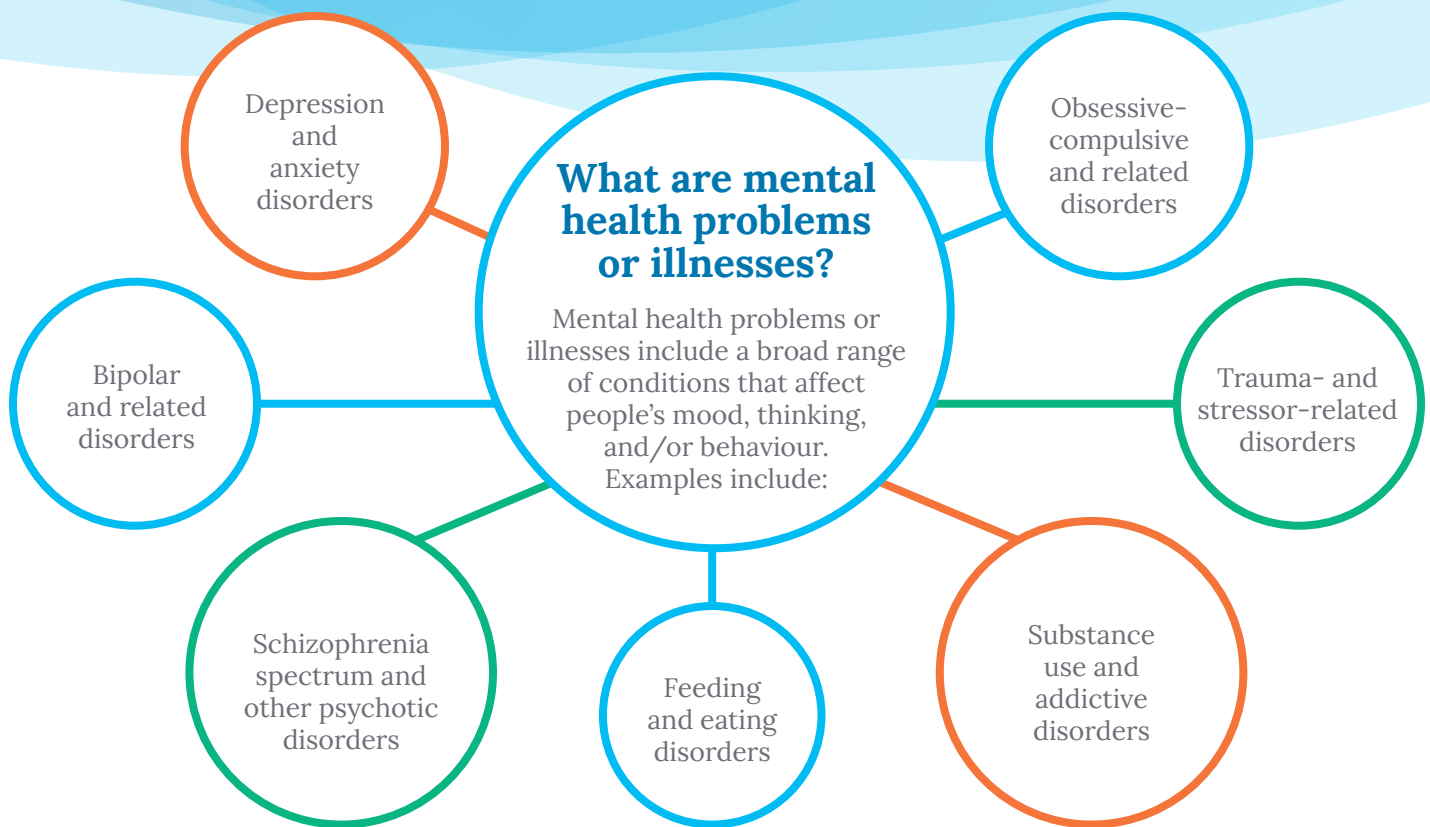
inflammatory bowel disorders (ulcerative colitis and Crohn's disease)

kidney disease

metabolic syndrome

obesity

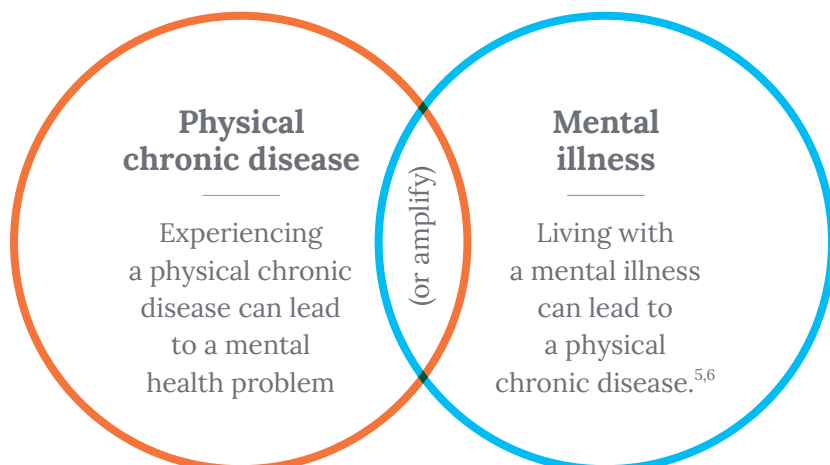
Parkinson's disease



How do chronic diseases and mental health interact?

Physical chronic diseases often co-occur with mental health problems and illnesses.

This relationship works in both directions:



The following factors can contribute to concurrent illnesses:^{7,8,9}

genetic background

early life experiences

illness experience (e.g., biological changes, medication, stress)

environmental factors (e.g., allergens/toxins, working conditions, pollution)

health behavioural risk factors (e.g., diet, physical activity, smoking, substance use)

social determinants of health (e.g., income, housing, education)

What can we do about it?

There are several ways to support those living with concurrent physical chronic disease and mental health problems or illnesses:

1 **Awareness and education**

Tackle stigma with a public health awareness campaign

Provide cross-training for health-care providers in diagnosis and treatment of concurrent illnesses

2 **Navigation, access, and quality of services**

Ensure health and mental health services are culturally safe and appropriate, person- and family-centred, and focused on shared decision making

Improve collaboration and integration between social services, allied health, mental health, primary care, and speciality care

Expand e-health and e-mental health solutions (e.g., stepped care, telehealth)

3 **Research and policy**

Research causes, conditions, and treatment of concurrent illnesses

Research prevention, screening, and appropriate treatment for populations at higher risk for cancer and other chronic diseases, and mental health problems and illnesses such as immigrant, refugee, ethnocultural and racialized communities; First Nations, Inuit, and Métis communities; people living in rural and remote areas; the 2SLGBTQ+ community; and linguistic minorities

Ensure that research and policy include the voices of people with lived and living experience, their families, and caregivers

Want to know more?

The key messages in this fact sheet are taken from the 2021 MHCC report: *Towards Better Mental and Physical Health: Preventing and Managing Concurrent Mental and Physical Conditions: A Scoping and Rapid Realist Review*.

Access the full report at mentalhealthcommission.ca/resource/preventing-and-managing-concurrent-mental-and-physical-conditions.

About the Mental Health Commission of Canada

The Mental Health Commission of Canada (MHCC) is an arms-length, non-partisan organization funded by Health Canada. It leads the development and dissemination of innovative programs and tools to support the mental health and wellness of people in Canada.

About the Canadian Partnership Against Cancer (the Partnership)

As the steward of the *Canadian Strategy for Cancer Control* (the Strategy), the Partnership works with Canada's cancer community to ensure fewer people get cancer, more people survive cancer and those living with the disease have a better quality of life. This work is guided by the Strategy, which is a 10-year roadmap to improve equity in the cancer system and drive measurable change for all Canadians affected by cancer from 2019 to 2029.

- ¹ GBD 2015 Mortality and Causes of Death Collaborators. (2016). Global, regional, and national life expectancy, all-cause mortality, and cause-specific mortality for 249 causes of death, 1980-2015: A systematic analysis for the Global Burden of Disease Study 2015. *Lancet*, 388(10053), 1459-1544. [https://doi.org/10.1016/S0140-6736\(16\)31012-1](https://doi.org/10.1016/S0140-6736(16)31012-1)
- ² Health Partners. (2015). *Chronic disease and mental health report*. https://healthpartners.ca/sites/default/files/HealthPartners_Chronic_Disease_and_Mental_Health_Report_June17_2015.pdf
- ³ Mental Health Commission of Canada. (2013). *Making the case for investing in mental health in Canada*. <https://mentalhealthcommission.ca/resource/making-the-case-for-investing-in-mental-health-in-canada/>
- ⁴ Health Partners. (2015). *Chronic disease and mental health report*.
- ⁵ Bloom, D. E., et al. (2011). *The global economic burden of noncommunicable diseases*. www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf
- ⁶ World Health Organization. (2009). *Global health risks: Mortality and burden of disease attributable to selected major risks*. https://apps.who.int/iris/bitstream/handle/10665/44203/9789241563871_eng.pdf?sequence=1&isAllowed=y
- ⁷ Grigoleit J.-S., et al. (2011). Dose-dependent effects of endotoxin on neurobehavioral functions in humans. *PLoS One*, 6(12), Article e28330. <https://doi.org/10.1371/journal.pone.0028330>
- ⁸ Goldstein, B. I., et al. (2009). Inflammation and the phenomenology, pathophysiology, comorbidity, and treatment of bipolar disorder: A systematic review of the literature. *Journal of Clinical Psychiatry*, 70(8),1078-1090. <https://doi.org/10.4088/JCP.08r04505>
- ⁹ Berk, M., et al. (2013). So depression is an inflammatory disease, but where does the inflammation come from? *BMC Medicine*, 11, Article 200. <https://doi.org/10.1186/1741-7015-11-200>

