

Introduction

Siobhan O'Donnell, MSc, Guest Editor

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We are pleased to bring you the second of two special issues on mood and anxiety disorders focussing on data from the 2014 Survey on Living with Chronic Diseases in Canada—Mood and Anxiety Disorder Component (SLCDC-MA).¹ In December of 2016, we published the first issue, which included three articles describing various aspects of Canadian adults with a self-reported diagnosed mood and/or anxiety disorder including their sociodemographic characteristics,² health status, activity limitations and level of disability³ and factors associated with well-being.⁴ The three articles in this (second) issue investigate topics related to the management of these disorders.⁵⁻⁷ Collectively, the articles explore key sociodemographic factors known to influence health-related outcomes and discuss strategies aimed at promoting the recovery and well-being of Canadian adults with a self-reported mood and/or anxiety disorder diagnosis.

The first article within this issue, *Factors associated with delayed diagnosis of mood and/or anxiety disorders*,⁵ by Cheung et al., examines the association between time to diagnosis and sociodemographic and clinical characteristics, level of disability, activity limitations, perceived general and mental health, and life satisfaction. This was achieved by classifying respondents into one of three “time to diagnosis” subgroups (more than 5 years; 1 to 5 years; and less than 1 year). Results are discussed in the context of the evidence regarding the importance of early diagnosis and timely treatment of these disorders.

The second article, *Self-management of mood and/or anxiety disorders through physical activity/exercise*,⁶ by Pelletier et al., explores the self-management of mood and/or anxiety disorders through physical activity/exercise. Similarly, it examines the associations between exercise frequency in the context of managing a

mood and/or anxiety disorder (i.e. not exercising; exercising 1 to 3 times per week; and exercising 4 or more times per week) and sociodemographic and clinical characteristics, perceived general and mental health, and life satisfaction. In addition, it explores facilitators and barriers to engaging in exercise as a means to help manage these disorders. Findings are discussed in relation to the evidence regarding the benefits of physical activity/exercise and ways to support the uptake and ongoing engagement of this self-management strategy.

The last article, *Use of medication and psychological counselling among Canadians with mood and/or anxiety disorders*,⁷ by O'Donnell et al., reports on the use of prescription medications and psychological counselling in the management of mood and/or anxiety disorders, the sociodemographic and clinical characteristics associated with their use; and the reasons for not using them. This study is the first to report national-level data on the use of medication and counselling among community dwelling Canadian adults with a self-reported mood and/or anxiety disorder diagnosis. Results are discussed in the context of factors known to influence individuals' choice and use of these treatments.

About the data source

The 2014 SLCDC-MA, a cross-sectional follow-up survey to the 2013 Canadian Community Health Survey (CCHS), is the only national survey to collect information on the experiences of Canadians self-reporting a professionally diagnosed mood and/or anxiety disorder. It surveyed Canadians aged 18 years and older living in private dwellings in the 10 provinces identified through the 2013 CCHS as having responded “yes” to having received a mood and/or an anxiety disorder diagnosis from a health professional that had

lasted or was expected to last six months or more. The 2014 SLCDC-MA provides detailed information on a wide variety of topics related to mood and anxiety disorders, including disorder-attributable impacts on usual and work-related activities; clinical and self-management approaches used to manage them; and barriers to care and self-management. The full questionnaire and supporting documentation is available on Statistics Canada's website at: <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5160>.

References

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Tribute to Dr. Elliot Goldner

October 29, 1953–November 27, 2016



Dr. Elliot Goldner, MD, FRSPC (Psychiatry), MHSc, Professor, Associate Dean (Research) and Director of the Centre for Applied Research in Mental Health & Addiction, Faculty of Health Sciences, Simon Fraser University

The authors of both issues wish to pay tribute to an esteemed colleague and a co-author of two articles within this collection, Dr. Elliot Goldner, who passed away unexpectedly on November 27th, 2016. Elliot began his career as a psychiatrist helping individuals with mental illness and addiction in Vancouver's Downtown Eastside. A founding member of the Faculty of Health Sciences at Simon Fraser University, Elliot's research program addressed the full range of mental health and addiction problems. In addition, he mentored many faculty and students in both the undergraduate and graduate programs over the years. Among his many extraordinary contributions and accomplishments, Elliot developed a research unit specifically to provide research support to governments in their efforts to advance mental health and addiction services, including providing expert input into the development of the Public Health Agency of Canada's Positive Mental Health Surveillance Indicator Framework. Elliot's dedication and passion for the work coupled with a warm, kind and humble demeanor set him apart. His passing is a huge loss to those who had the privilege of working with him and to the mental health community at large.