MEPERCEIVED NEED AND HELP-SEEKING FOR MENTAL HEALTH PROBLEMS AMONG CANADIAN PROVINCES AND TERRITORIES

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ABSTRACT

Perceived need for mental health care, professional help-seeking, use of self-help groups, and reasons for not seeking professional care for mental health problems were investigated in the Canadian Community Health Survey (*N* = 129,543). Regional differences were found for all variables. The greatest level of *Perceived Need Without Seeking Help*, *Professional Help-Seeking*, and *Use of Self-Help Groups* were found in the Yukon/Northwest Territories/Nunavut. These findings likely reflect rural isolation and differences in socioeconomic levels associated with different regions in Canada. Regional differences indicate that efforts to improve the delivery of care need to be tailored to specific areas in Canada.

INTRODUCTION

To date, there is a lack of nationally representative information on the number of people in Canada who need mental health services. Assessing the number of people in need of mental health services (formal and/or informal) and understanding why some individuals seek help while others do not, are challenging tasks. Internationally, the most common method of assessing the number of people in need of mental health services is by using DSM criteria (American Psychiatric Association, 1994) to estimate the prevalence of mental disorders (Andrews, Henderson, & Hall, 2001; Bijl, van Zessen, & Ravelli, 1998; Kessler et al., 1994; Offord et al., 1996). Assessing the need for mental health intervention based on prevalence of psychiatric diagnosis alone has been criticized (Narrow, Rae, Robins, & Regier, 2002; Regier et al., 1998) because even though a DSM diagnosis has been found to be a significant predictor of help-seeking (Katz et al., 1997), it has been determined that diagnoses of disorders do not simply reflect the need for help or intervention (Mojtabai, Olfson, & Mechanic, 2002). Results from the Ontario Health Survey indicated that 75% of individuals with a past-year psychiatric diagnosis did not seek help, while 27% of those who sought help did not meet the DSM criteria for diagnosis (Lin, Goering, Offord, Campbell, & Boyle, 1996). This imbalance in the relationship between diagnoses and help-seeking has placed emphasis on the multiple stages of help-seeking (Goldberg & Huxley, 1980; Mojtabai et al., 2002) and the important influence that perceived need has on the decision to seek help for mental health problems (Katz, et al., 1997; Meadows, Burgess, Fossey, & Harvey, 2000; Mojtabai et al., 2002; Rabinowitz, Gross, & Feldman, 1999).

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Past research has demonstrated that the decision to seek help for a mental health problem is a complex process that involves multiple stages (Bland, Newman, & Orn, 1997; Goldberg & Huxley, 1980; Huxley, 1996; Mojtabai et al., 2002; Verhaak, 1995). The stages of help-seeking include: (1) experiencing symptoms; (2) evaluating the severity and consequences of the symptoms; (3) assessing whether treatment is required; (4) assessing benefits and costs of treatment; and (5) choosing to seek treatment (Goldberg & Huxley, 1980; Mojtabai et al., 2002). The initial stages of help-seeking occur when individuals experience mental health symptoms and possibly develop a perceived need for help. Although perceiving a need for mental health care has been shown to be a predictor of help-seeking behaviour, some individuals who perceive a need for care do not seek help. The research on multiple stages of help-seeking indicates that after an individual perceives a need for mental health care, it is the individual's assessment of the costs and benefits of the intervention that will determine if help is sought (Mojtabai et al., 2002). Assessing help-seeking options may lead to further insights into possible reasons that deter an individual from getting help.

The current investigation utilized a contemporary, nationally representative Canadian survey to examine perceived need and help-seeking for emotional symptoms across Canadian provinces and territories. Previous studies using Canadian samples have demonstrated that living in major urban centres versus isolated rural residencies has been found to be positively associated with health. Large metropolitan and major urban centres correspond with higher socioeconomic levels and have the highest life expectancy and disability-free years in Canada (Shields & Tremblay, 2002). Conversely, living in isolated northern areas in Canada corresponds with lower socioeconomic levels and the lowest life expectancy and disability-free years in the country (Shields & Tremblay, 2002). In addition, Canadians living in small towns, rural areas, and northern regions are less likely to report excellent self-perceived health relative to the national average (Mitura & Bollman, 2003). Since Canada is a geographically and socioeconomically diverse country, it is likely that disparities in *Perceived Need Without Seeking Help*, *Professional Help-Seeking*, and *Use of Self-Help Groups* would be found across various regions.

The purposes of the present investigation were to determine the prevalence of *Perceived Need Without Seeking Help*, *Professional Help-Seeking*, and *Use of Self-Help Groups* at the provincial and territorial level in Canada. The current research also inquired about a specific subset of reasons that may prevent care among provinces and territories in order to understand why some individuals who perceive a need for professional mental health care did not seek help. It was hypothesized that since Canada is a large and diverse country that the data would reveal regional differences in levels of *Perceived Need Without Seeking Help*, *Professional Help-Seeking*, and *Use of Self-Help Groups* and stated reasons for not seeking help from health care professionals would also vary by region.

METHODS

Sample

The participants for the analysis were selected from the Canadian Community Health Survey (CCHS) Cycle 1.1. The CCHS was a large epidemiological survey designed to produce data representative at the sub-provincial level in Canada. The objectives of the CCHS were to provide information regarding health determinants,

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health status, and health service utilization among Canadians (Statistics Canada, 2003a). The content of the CCHS was derived after extensive consultations with key health experts and federal, provincial, and community health region stakeholders. The questionnaire was divided into two parts. The first section of the CCHS questionnaire consisted of a common set of questions on several health issues, which was asked of all respondents. The second part of the questionnaire contained optional content. Each health region selected sections from the optional content to address the specific topics of interest in their area (Beland, 2002). The current research only used information from the first section of the CCHS questionnaire, which was asked to all respondents at the provincial level. Respondents were informed about the survey objectives and gave their consent to participate (Statistics Canada, 2003b).

The trained interviewers used computer-assisted interviewing (CAI) to administer the questionnaire. The CAI is a very efficient method of interviewing because it provides on-screen prompts and allows for online entry of responses and edits (Beland, 2002). In 2000-2001, a three frame, multistage, stratified sample design was used to collect the data from respondents aged 12 and older (Statistics Canada, 2003c). The response rate for the CCHS was 84.7% (Statistics Canada, 2003c).

Measures

The items measuring *Perceived Need Without Seeking Help* and *Professional Help-Seeking* were obtained from "the contacts with mental health professionals" and "health care utilization" sections of the CCHS common content questionnaire.

Professional Help-Seeking. Respondents were asked "In the past 12 months, have you seen, or talked on the telephone, to a health professional about your emotional or mental health?" A health professional included a family doctor or general practitioner, psychiatrist, psychologist, nurse, social worker or counsellor, and any other person seen or talked to regarding emotional or mental health. Individuals who responded "yes" to this item were categorized as *Professional Help Seekers* (n = 11,239).

Perceived Need Without Seeking Help. All respondents were also asked: "In the past 12 months, was there ever a time when you felt that you needed health care but you didn't receive it?" Individuals with a "yes" response to this item were also asked "What was the type of care that was needed?" Respondents who identified need for care for "an emotional or mental health problem" as their unmet professional health care need were categorized as individuals with a *Perceived Need Without Seeking Help* (n = 724). Individuals with *Perceived Needs Without Seeking Help* and *Professional Help Seekers* were compared to those receiving no professional care and perceiving no needs for care for mental health problems (n = 117,580).

Reasons for not Seeking Professional Help. Possible reasons why individuals with a perceived need did not seek professional help were explored using items from the "health care utilization" section from the common content of the CCHS questionnaire. Respondents with a perceived mental health need were asked to identify reasons why they did not seek help from a provided list of possibilities. The specific subset of possible reasons for not seeking care included: (1) waiting time too long, (2) not available at the time required, (3) not available in the area, (4) did not know where to go, (5) cost, (6) language problems, (7) transportation problems, (8) did not get around to it, (9) felt it would be inadequate, (10) decided not to seek care, (11) too busy, (12) dislikes or is afraid of doctors, and (13) personal or family responsibilities. A "yes" response to a stated reason for not seeking care was coded as

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1, while a "no" response was coded as 0. Each respondent could endorse multiple reasons for not seeking professional help. Similar reasons for not seeking help were divided into four conceptual groups: *Inability to find time for services* (too busy, did not get around to it, and family or personal responsibilities), *Inaccessibility of services* (cost, did not know where to go, transportation problems, and language problems), *Unavailability of services* (not available in the area, not available at the time required, and waiting time too long) and *Doubts, fears or changed mind* (felt the care would be inadequate, dislikes or is afraid of doctors, and decided not to seek help). Individual scores in each category were summed together to indicate endorsement (score of 1 or greater) or non-endorsement (score of 0) of the possible reasons for not seeking care.

Use of Self-Help Groups. The use of informal mental health services (i.e., self-help) across Canadian provinces was examined. The self-help item was from the "health care utilization" section of the CCHS questionnaire. All respondents were asked: "In the past 12 months, have you attended a meeting of a self-help group such as AA or a cancer support group?" Although the question was not exclusive to self-help groups for mental health problems, a focus of all self-help groups is to help individuals handle emotions that result from their problems. Attending self-help groups was examined separately from professional mental health services and, therefore, attending self-help meetings was not a mutually exclusive group from *Perceived Need Without Seeking Help* and *Professional Help-Seeking.*

Provinces and Territories. Information regarding province or territory of residence was obtained from the "administration" section from the common content of the CCHS questionnaire. Regions were assessed at the provincial and territorial level with Yukon, Northwest Territories, and Nunavut combined as one area. The northern regions were merged by Statistics Canada to ensure anonymity of individuals from less populated areas.

Statistical Analysis

The prevalence of *Perceived Need Without Seeking Help*, *Professional Help-Seeking*, *Use of Self-Help Groups* and possible reasons for not seeking professional care were calculated for each province and territory in Canada. Multiple logistic regressions were conducted to determine the odds ratios and 99% confidence intervals for *Perceived Need Without Seeking Help*, *Professional Help-Seeking*, and *Use of Self-Help Groups* among the different regions. The odds ratio is the increase or decrease in odds of being in one outcome category relative to the independent variable (Tabachnick & Fidell, 1996). The odds ratios in the present study determined the odds of *Perceived Need Without Seeking Help*, *Professional Help-Seeking*, or *Use of Self-Help Groups* among a province or territory relative to the reference province. The 99% confidence interval confirms whether the odds ratio is statistically significant or due to chance. If the value of 1.0 is not within the 99% confidence interval, the odds ratio is statistically significant.

RESULTS

The prevalence and odds ratios for *Perceived Need Without Seeking Help* and *Professional Help-Seeking* can be found in Table 1. Significant differences were found in the prevalence of *Perceived Need Without Seeking Help* across the provinces and territories, ranging from a low of 0.3% in Prince Edward Island and

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Saskatchewan to a high of 0.9% in Yukon/NWT/Nunavut. Prince Edward Island was selected as the reference group for the *Perceived Need Without Seeking Help* multiple logistic regression. With the exception of Saskatchewan, all provinces and territories had greater odds of *Perceived Need Without Seeking Help* compared to Prince Edward Island.

Newfoundland had the lowest prevalence of *Professional Help-Seeking* and, therefore, was designated as the reference category for the *Professional Help-Seeking* multiple logistic regression. Significant differences in *Professional Help-Seeking* were also found across regions with the prevalence ranging from a low of 5.6% in Newfoundland to a high of 10.3% in Yukon/NWT/Nunavut. Compared to Newfoundland, all other provinces and territories had higher odds of *Professional Help-Seeking*.

Possible reasons for not seeking professional help among those with a perceived need are presented in Table 2. When comparing the reasons for not seeking professional care, differences can be found among the provinces and territories in Canada. *Inability to find time for services* was the greatest barrier to care in Prince Edward Island, Nova Scotia, and British Columbia. *Unavailability of services* was the largest reason for not seeking professional care in Newfoundland, New Brunswick, Manitoba, and Yukon/NWT/Nunavut. *Doubts, fears or changed mind* was the greatest reason for not seeking professional care in Ontario, Saskatchewan, and Alberta. Equally high reasons for not seeking professional care in Quebec were the *Inability to find time for services* and *Unavailability of services.* Among all categorical reasons for not seeking professional care, *Inaccessibility of services* was the least endorsed among all provinces and territories in Canada.

The *Use of Self-Help Groups* is presented in Table 3. The prevalence of attending self-help meetings differed across Canada, with Newfoundland having the lowest prevalence and Yukon/NWT/Nunavut the highest *Use of Self-Help Groups*. Compared to Newfoundland, all other regions in Canada had greater odds of using self-help groups.

DISCUSSION

The results from this investigation demonstrated that levels of *Perceived Need Without Seeking Help*, *Professional Help-Seeking*, and *Use of Self-Help Groups* differed across provinces and territories in Canada providing support for the first hypothesis. Additionally, regional differences were found in the endorsed reasons why individuals with a perceived need did not seek professional help, providing support for the second hypothesis.

Consistent with past research, the current findings indicate that there is not a direct and simple relationship between *Perceived Need Without Seeking Help* and *Professional Help-Seeking* (Mojtabai et al., 2002; Rabinowitz et al., 1999). The region with the lowest level of *Professional Help-Seeking* did not correspond with the region with the lowest level of *Perceived Need Without Seeking Help*. Low levels of *Professional Help-Seeking* may be due to higher use of informal services or social agencies. Higher levels of *Professional Help-Seeking* cannot be interpreted to mean that the needs for mental health services of the specific population are being met. Yukon/NWT/Nunavut was the region with the highest *Professional Help-Seeking*, which did correspond with the highest prevalence of *Perceived Need Without Seeking Help*. A possible reason for high *Professional Help-Seeking* in isolated northern

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TABLE 1

Professional Help-Seeking and Perceived Need Without Seeking Help by Canadian Provinces and Territories

	Professional Help Seeking			
Province/Territory	**n**	**(%)**	**[a]Odds Ratio**	**99% CI**
[b]Newfoundland	221	(5.6)	1.00	___
[c]PEI	258	(6.8)	1.22	(1.18–1.26)*
Nova Scotia	442	(7.9)	1.44	(1.41–1.46)*
New Brunswick	378	(6.9)	1.23	(1.12–1.26)*
Quebec	2045	(8.8)	1.62	(1.59–1.65)*
Ontario	3333	(7.8)	1.40	(1.38–1.43)*
Manitoba	570	(6.5)	1.15	(1.13–1.17)*
Saskatchewan	581	(7.7)	1.37	(1.34–1.40)*
Alberta	1336	(9.5)	1.73	(1.70–1.76)*
British Columbia	1831	(9.5)	1.72	(1.69–1.75)*
Yukon/NWT/Nunavut	244	(10.3)	1.86	(1.79–1.93)*
	Perceived Need Without Seeking Help			
Province/Territory	**n**	**(%)**	**[a]Odds Ratio**	**99% CI**
[b]Newfoundland	28	(0.6)	2.06	(1.77–2.41)*
[c]PEI	12	(0.3)	1.00	___
Nova Scotia	30	(0.5)	1.84	(1.58–2.13)*
New Brunswick	28	(0.6)	2.02	(1.74–2.35)*
Quebec	171	(0.8)	2.84	(2.46–3.29)*
Ontario	194	(0.5)	1.77	(1.53–2.05)*
Manitoba	37	(0.5)	1.96	(1.69–2.27)*
Saskatchewan	30	(0.3)	1.16	(0.99–1.36)
Alberta	72	(0.5)	1.98	(1.71–2.30)*
British Columbia	97	(0.5)	1.77	(1.53–2.04)*
Yukon/NWT/Nunavut	25	(0.9)	3.38	(2.84–4.03)*

a No needs, no care reference group (n = 117,580)
b Reference province for Professional Help-Seeking (n = 11,239)
c Reference province for Perceived Need Without Seeking Help (n = 724)
* $p \leq .01$
Interpretation example: 5.6% of individuals in Newfoundland were *Professional Help Seekers*, while 0.6% of individuals in Newfoundland had a *Perceived Need Without Seeking Help*.

regions may be that fewer alternatives such as community agencies are available compared to urban centres and, therefore, northern regions must rely on medical and other professional services. Because Yukon/NWT/Nunavut was the area with the highest *Perceived Need Without Seeking Help* and *Professional Help-Seeking*, it

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TABLE 2

Possible Reasons for not Seeking Professional Help Among Those With a Perceived Need (n = 724) by Canadian Provinces and Territories in Canada

	Stated Reasons for not Seeking Professional Help							
Province/ Territory	[a]Inability to find time Percent	SE	[b]Inaccessibility Percent	SE	[c]Unavailability Percent	SE	Doubts/Fears Percent	SE
Newfoundland	18.2	2.8	19.2	2.9	46.9	3.6	37.4	3.5
PEI	53.8	3.6	0.0	0.0	19.6	2.9	40.1	3.6
Nova Scotia	38.3	3.5	14.0	2.5	27.7	3.3	33.0	3.4
New Brunswick	17.7	2.8	13.7	2.5	43.2	3.6	32.0	3.4
Quebec	34.5	3.5	19.6	2.9	34.3	3.5	28.0	3.3
Ontario	26.3	3.2	17.4	2.8	35.3	3.5	40.5	3.6
Manitoba	27.6	3.3	13.8	2.5	43.1	3.6	31.6	3.4
Saskatchewan	28.8	3.3	29.0	2.9	22.9	3.1	35.2	3.5
Alberta	18.7	2.8	24.8	3.2	27.1	3.2	37.1	3.5
British Columbia	36.3	3.5	26.5	3.2	18.8	2.9	28.5	3.3
YK/NWT/NT	27.7	3.3	0.0	0.0	60.4	3.6	38.9	3.6

a *Inability to find time* includes: too busy, did not get around to it, and personal or family responsibilities.

b *Inaccessibility of services* includes: cost, did not know where to go, transportation problems, and language problems.

c *Unavailability of services* includes: not available in the area, not available at the time required, and waiting time too long.

d *Doubts, Fears or Changed Mind* includes: felt it would be inadequate, dislikes or is afraid of doctors, and decided not to seek care.

Interpretation example: 18.2% of individuals in Newfoundland with a perceived need did not receive professional care because of the inability to find time, 19.2% stated that services were inaccessible, 46.9% stated that services were unavailable and 37.4% of individuals doubted the intervention, feared doctors or changed their mind. (Note: respondents were asked to state all reasons that applied.)

identifies the region with the greatest needs for mental health resources in Canada. Previous research has indicated that the poorest health, lowest life expectancy, and greatest unmet health needs are found in populations of low socioeconomic status and in isolated northern areas of Canada (Mitura & Bollman, 2003; Shields & Tremblay, 2002). Findings from the present research are consistent with previous studies by identifying the isolated northern area as the region with the greatest need for mental health care.

Levels of *Perceived Need Without Seeking Help* and *Professional Help-Seeking* alone cannot determine the healthiness of a population. High levels of *Professional Help-Seeking* are a reflection that services are needed and are being used. Receiving care for a mental health problem can be challenging. Therefore, high levels of *Professional Help-Seeking* may also indicate persistence of individuals in the specified population. Conversely, low levels of *Professional Help-Seeking* may not indicate a lower need for services, especially when coupled with a high level of *Perceived Need*

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TABLE 3

Use of Self-Help Groups by Canadian Provinces and Territories

	Use of Self-Help Groups (n = 4,611)			
Province/Territory	**n**	**(%)**	**[a]Odds Ratio**	**99% CI**
[b]Newfoundland	79	(1.9)	1.00	___
PEI	216	(4.9)	2.72	(2.60–2.85)*
Nova Scotia	164	(2.7)	1.49	(1.44–1.54)*
New Brunswick	139	(2.5)	1.37	(1.33–1.42)*
Quebec	660	(2.5)	1.33	(1.29–1.37)*
Ontario	1266	(2.6)	1.42	(1.38–1.47)*
Manitoba	296	(3.5)	1.91	(1.85–1.97)*
Saskatchewan	314	(3.7)	2.03	(1.97–2.10)*
Alberta	536	(3.7)	2.05	(2.00–2.12)*
British Columbia	805	(3.7)	2.02	(1.96–2.08)*
Yukon/NWT/Nunavut	136	(5.4)	3.02	(2.88–3.18)*

a Did not attend self-help groups reference group
b Reference province for self-help groups
* $p \leq .01$
Interpretation example: 1.9% of individuals in Newfoundland attended self-help groups in the last 12 months.

Without Seeking Help. Specifically, prevalence of *Professional Help-Seeking* may be low because individuals with perceived needs are not seeking care.

According to the multiple stages of help-seeking, the evaluation of the benefits and costs of the intervention precedes the decision to seek professional help. Numerous reasons for not seeking care may arise during this stage of help-seeking. All of the possible reasons from the specific list included in this research were endorsed to various degrees as reasons for not seeking care. Of the four categories of possible reasons for not seeking care, *Inaccessibility of services* was perceived as the least prevalent. Interestingly, the cost related issues within the *Inaccessibility of services* category (cost and transportation problems) were not endorsed by individuals in the Yukon/NWT/ Nunavut as perceived barriers for seeking professional help, even though living in northern areas in Canada corresponds with lower socio-economic levels (Shields & Tremblay, 2002). A possible reason for this may be that availability of services is more of a problem than accessing services that are already established in a particular area. It is possible to make this interpretation from the fact that 60.4% of the individuals in the northern regions of Canada endorsed *Unavailability of services* as a reason for not seeking professional help. *Inability to find time*, *Unavailability of services*, and having *Doubts, fears or changed mind* were all highly endorsed reasons to not seek professional help for mental health problems throughout Canada. Because multiple reasons for not seeking care were highly endorsed among the provinces and territories in Canada, it is not possible to identify one main reason

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for not seeking care. Therefore, a multifaceted approach that is able to address several reasons is needed to encourage individuals to seek help.

In addition, the stages of help-seeking have traditionally been used to understand the pathway to psychiatric care (Bland et al., 1997; Goldberg and Huxley, 1980; Huxley, 1996; Mojtabai et al., 2002; Verhaak, 1995). However, it is important to recognize that some individuals benefit from informal (non-psychiatric) services or a combination of formal and informal care. Therefore, the concepts in the stages to help-seeking could be expanded to integrate informal services by including them as options of care in stages three, four, and five of the model. This alteration to the stages of help-seeking would require the term "treatment" to be replaced with "help" or "care" to incorporate a wider range of help-seeking options.

Although health care professionals comprised a wide range of providers, including: medical doctors, nurses, psychologists, social workers, counsellors and other professionals, many other options are available to an individual with mental and emotional problems. Self-help groups were investigated in addition to *Professional Help-Seeking* to try to gain some understanding of the use of informal services. Interestingly, consistent with *Professional Help-Seeking*, Newfoundland also had the lowest levels of *Use of Self-Help Groups*. The highest level of *Professional Help-Seeking* was in Yukon/NWT/Nunavut, which was also the region with the highest *Use of Self-Help Groups*. Therefore, it appears that similar patterns in the levels of help-seeking (formal or informal) were consistent across various regions.

A limitation of this study was that only self-reported *Professional Help-Seeking* behaviour rather than objective measures, such as health records, were used. However, it should be noted that the majority of past studies on perceived need and help-seeking also used self-reported measures (Lin et al., 1996; Mojtabai et al., 2002). The possible reasons for not seeking professional care in this research provided insight into why some individuals do not seek care, however the list of reasons was not exhaustive. Fear of stigma is an important reason for not seeking care for mental health problems, but was not specifically addressed in the survey. It would be interesting to determine if fear of stigma is perceived as a barrier to care or to what extent fear of stigma is considered when individuals are deciding to seek help. A more extensive list of reasons why individuals do not seek professional help is required before specific suggestions for improvement of mental health services can be made. Finally, receiving help for mental health problems is not restricted to contacts with health professionals. However, the ability to explore informal services in the current research was limited by the questions available in the survey. Large community health surveys such as the CCHS are not able to exhaustively assess multiple domains in lengthy interviews and still ensure a high response rate. It should be noted that self-help groups are only one example of the informal services that are available. Future research would benefit from investigating a wide range of community-based support services at a national level.

CONCLUSIONS

Differences in the level of *Perceived Need Without Seeking Help*, *Professional Help-Seeking*, and *Use of Self-Help Groups* were observed across provinces and territories in Canada. Specific reasons for not seeking professional care also varied by region. The reasons why individuals with perceived need did not seek help identified in the current research may be used to recognize barriers to care. Generally, the find-

ings from the current research indicate that Canada is a diverse country in terms of help-seeking for mental health problems. Further research is needed to gain a more complete understanding of the determinants required to effectively improve mental health services in each region of Canada.

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RÉSUMÉ

L'Enquête sur la santé dans les collectivités canadiennes a examiné la perception de besoin des services de santé mentale, la recherche d'assistance professsionnelle, le recours aux groupes d'entraide et les motifs de la manque de recherche d'assistance professionnel pour les troubles de santé mentale (N = 129,543). On a trouvé des différences régionales pour tous les variables. C'est au Yukon, aux Territoires du Nord-Ouest et au Nunavut qu'on a trouvé le niveau le plus élévé de perception de besoin sans recherche d'assistance, de recherche d'assistance professionnelle et de recours aux groupes d'entraide. Il est probable que ces résultats reflètent l'isolation des régions rurales ainsi que les différents niveaux sociaux et économiques des diverses régions du Canada. Ces différences régionales nous indiquent qu'afin d'améliorer la prestation des services, il faudra poursuivre des mesures spécifiques pour chaque région du Canada.

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