Social Anxiety in Nova Scotia
June 2004

The Canadian Community Health Survey (CCHS) is a series of surveys of health status, use of health services, and associated factors related to the self-reported occurrence of a mental health and/or substance use disorder. The CCHS provides baseline data on mental health and substance use disorders in Canada. The CCHS is a cross-sectional study that collects information from a representative sample of Canadians aged 15 years and older. The CCHS was first conducted in 1994, and subsequent cycles were conducted in 1996, 2000, and 2002. The current report is based on data collected as part of the CCHS Cycle 1.2, conducted between May and December of 2002, and released in November 2003. The CCHS 1.2 classifies respondents as meeting the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for Social Anxiety Disorder (see Appendix II based upon their self-report.

The national CCHS 1.2 data indicate that 3.8% of the population aged 15 and over in Nova Scotia met the DSM-IV criteria for Social Anxiety Disorder. This is the highest rate of social anxiety disorder reported in any province, and is significantly different from that among men (2.8%). Nova Scotia residents with self-reported social anxiety disorder are more likely to report feeling stressed and to have difficulty sleeping than people in other provinces. Nova Scotia residents with self-reported social anxiety disorder are more likely to have a history of suicidal thoughts or to have attempted suicide. Nova Scotia residents with self-reported social anxiety disorder are more likely to report feeling stressed than people in other provinces. Nova Scotia residents with self-reported social anxiety disorder are more likely to report feeling stressed than people in other provinces.

The CCHS 1.2 data indicate that 3.8% of the population aged 15 and over in Nova Scotia met the DSM-IV criteria for Social Anxiety Disorder. This is the highest rate of social anxiety disorder reported in any province, and is significantly different from that among men (2.8%). Nova Scotia residents with self-reported social anxiety disorder are more likely to report feeling stressed and to have difficulty sleeping than people in other provinces. Nova Scotia residents with self-reported social anxiety disorder are more likely to have a history of suicidal thoughts or to have attempted suicide. Nova Scotia residents with self-reported social anxiety disorder are more likely to report feeling stressed than people in other provinces. Nova Scotia residents with self-reported social anxiety disorder are more likely to report feeling stressed than people in other provinces.
Results

Prevalence of Social Anxiety Disorder

The CCHS 1.2 estimates the overall prevalence of self-reported social anxiety disorder in the past 12 months among Nova Scotians 15 years or older to be 4.4%. This estimate indicates that about 13,000 Nova Scotians suffered social anxiety disorder in the year prior to interview. The prevalence of self-reported social anxiety disorder is slightly higher among women (6.4%) than among men (3.8%), but not significantly different.

The occurrence of social anxiety disorder was greater in the age group 15-24 years (9.9%), than the age group 25-44 years (4.4%), but was not significantly different. The prevalence for the 65+ years age group could not be reported according to Statistics Canada guidelines (see Appendix III).

Social anxiety disorder, although prevalent among those in the lower income group at 5.3% (low + low-middle quintiles), is not significantly greater than among those in the higher income group at 4.0% (mid-high + highest quintiles).

Social anxiety disorder is slightly more prevalent in the lower education levels at 4.0% (low + secondary + secondary graduate) but it is not significantly different than the higher education levels at 4.0% (some post secondary + post secondary graduate).

Geographically, social anxiety disorder ranges from a low of 2.2% in HRMA at a high of 5.5% in DHA; but there are no statistically significant differences among the DBAs (Fig. 1).

Social Anxiety Disorder and Life Satisfaction

A person’s satisfaction with life in general is related to social anxiety disorders. There is a significantly greater prevalence of self-reported social anxiety disorder among those who were “very or somewhat dissatisfied” or “dissatisfied” with life (10.9%) compared to those who were “satisfied” or “very satisfied” with life (4.4%) (Fig. 2). Given this association, both conditions should be kept in mind when dealing with someone with social anxiety disorder.

A person’s sense of belonging to the local community has been associated with self-reported social anxiety disorder as well. Nova Scotians who report a “very or somewhat weak” sense of belonging to their local community show a higher prevalence of social anxiety disorder (7.7%) than those who report a “very or somewhat strong” (2.0%) sense of belonging (Fig. 3). Thus a self-report of lacking a sense of belonging to one’s community puts one at greater risk of also reporting social anxiety disorder.

Social Anxiety Disorder and Mental Health

As one would expect, Nova Scotians who rate themselves having a “poor or fair” mental health status were significantly more likely to report having social anxiety disorder (11.9%) than those who rate themselves as “good” (4.4%) or “very good and excellent” (2.2%) mental health (Fig. 3). The relationship of higher occurrence of social anxiety disorder among lower health status groupings does not occur for self-rated physical or self-rated general health.

Social Anxiety Disorder, Life Satisfaction, and Sense of Belonging

A person’s satisfaction with life in general is related to social anxiety disorders. There is a significantly greater prevalence of self-reported social anxiety disorder among those who were “very or somewhat dissatisfied” or “dissatisfied” with life (10.9%) compared to those who were “satisfied” or “very satisfied” with life (4.4%) (Fig. 2). Given this association, both conditions should be kept in mind when dealing with someone with social anxiety disorder.

A person’s sense of belonging to the local community has been associated with self-reported social anxiety disorder as well. Nova Scotians who report a “very or somewhat weak” sense of belonging to their local community show a higher prevalence of social anxiety disorder (7.7%) than those who report a “very or somewhat strong” (2.0%) sense of belonging (Fig. 3). Thus a self-report of lacking a sense of belonging to one’s community puts one at greater risk of also reporting social anxiety disorder.

Social Anxiety Disorder and Stress

The link between stress and social anxiety disorder in well-establish Nova Scotians who report themselves as being “quite a bit or extremely” stressed was significantly more likely to report having social anxiety disorder (9.3%) than those who rated themselves as “not at all or a bit” stressed (2.6%) (Fig. 5). Coping skills and social anxiety disorder are also linked. Nova Scotians who rate themselves as “poor or fair” on self-perceived ability to handle unexpected problems are significantly more likely to report having social anxiety disorder (11.9%) than those who rate themselves as “good” (4.4%) or “very good and excellent” (2.6%) at handling unexpected problems (Fig. 4).

Social Anxiety Disorder and Suicide

The prevalence of self-reported social anxiety disorder among Nova Scotians reporting an eating disorder (10.4%) is significantly higher than among those without an eating disorder (1.4%). This suggests that self-report an eating disorder are at greater risk of also reporting social anxiety disorder.
Results
Prevalence of Social Anxiety Disorder
The CCHS 1.2 estimates the overall prevalence of self-reported social anxiety disorder in the past 12 months among Nova Scotians 15 years or older, to be 4.2%. This estimate indicates that around 31,000 Nova Scotians suffered social anxiety disorder in the year prior to interview. The prevalence of self-reported social anxiety disorder is slightly higher among women (4.8%) than among men (4.1%), but not significantly different.

The occurrence of social anxiety disorder was greater in the age group 25-44 years (5.9%), than the age group 45-64 years (4.6%), but was not significantly different. The prevalence for the 65+ years age group could not be reported according to Statistics Canada guidelines (see Appendix III).

Social anxiety disorder, although more prevalent among those in the lower income group at 5.2% (low + lowest), was not significantly greater than among those in the higher income group at 4.8% (middles + middle-high + highest quintile).

Social anxiety disorder is slightly more prevalent in the lower education levels at 4.7% (less than secondary + secondary graduate) but it is not significantly different than in the higher education levels at 4.0% (some post secondary + post secondary graduate).

Geographically, social anxiety disorder ranges from a low of 2.9% in HRM to a high of 5.5% in DBAs, but there are no statistically significant differences among the DBAs (Fig.1).

Self-Rated Health status
FIGURE 2 Percent self-reported social anxiety by self-rated mental health status, Nova Scotia, 2002
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Life satisfaction
FIGURE 3 Percent self-reported social anxiety by life satisfaction, Nova Scotia, 2002
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Social Anxiety Disorder, Life Satisfaction, and Sense of Belonging
A person’s satisfaction with life in general is related to social anxiety disorder. There is a significantly greater prevalence of self-reported social anxiety disorder among those who were “very dissatisfied or dissatisfied” with life (14.8%) compared to those who were “satisfied or very satisfied” with life (2.4%) (Fig. 2). Given this association, both conditions should be kept in mind when dealing with someone with social anxiety disorder.

A person’s sense of belonging to the local community is negatively related to self-reported social anxiety disorder as well. Nova Scotians who report a “very or somewhat strong” sense of belonging to their local community show significantly higher prevalence of self-reported social anxiety disorder (7.7%) than those who report a “very or somewhat strong” sense of belonging (Fig. 3).

Social Anxiety Disorder and Stress
The link between stress and social anxiety disorder is well established. Nova Scotians who report themselves as being “quite a bit or extremely” stressed were significantly more likely to report having social anxiety disorder (9.3%) than those who rated themselves as being “not at all” or “not very” stressed (2.2%) (Fig. 4).

Coping skills and social anxiety disorder are also linked. Nova Scotians who rate themselves as “poor or fair” on self-perceived ability to handle unexpected problems are significantly more likely to report having social anxiety disorder (10.3%) than those who rate themselves as “good” (7.0%) or “very good or excellent” (6.0%) at handling unexpected problems (Fig. 5).

Social Anxiety Disorder and Suicide
As one would expect, Nova Scotians who indicated they had trouble sleeping “none or little of the time” (2.5%) were significantly more likely to report having social anxiety disorder (7.4%) than those who had trouble sleeping “most or all of the time” (1.5%) (Fig. 6). This suggests that a self-report of disturbed sleep increases the likelihood of also self-reporting social anxiety disorder.

Social Anxiety Disorder and Eating Disorders
The prevalence of self-reported social anxiety disorder among those who report eating disorder (30.4%) is significantly greater than among those without an eating disorder (13.3%). This finding is consistent with anxiety disorders and eating disorder (30.4%) is significantly greater than among those who did not think about suicide (4.1%) (Fig. 7).

Suicide
FIGURE 8 Percent self-reported social anxiety by amount of time: find sleep refreshing & have trouble sleeping
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Amount of Time
0% 10% 20% 31% 40% 50% 60% 70% 80% 90% 100%

Social Anxiety Disorder and Sleep
The relationship between social anxiety disorder and sleeping difficulty is well documented 1,6 and is supported by the findings of this report. Nova Scotians who rated themselves as finding sleep refreshing “most or all of the time” were significantly more likely to report having social anxiety disorder (12.8%) than those who found sleeping “none or little of the time” (1.5%) (Fig. 7).

Social Anxiety Disorder and Postsecondary Education
Prevalence of Social Anxiety Disorder
FIGURE 9 Percent self-reported social anxiety by postsecondary education, Nova Scotia, 2002
0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70%

Postsecondary Education
FIGURE 10 Percent self-reported social anxiety by postsecondary education (less than secondary + secondary graduate) but it is not significantly different than in the higher education levels at 4.0% (some post secondary + post secondary graduate).

Geographically, social anxiety disorder ranges from a low of 2.9% in HRM to a high of 5.5% in DBAs, but there are no statistically significant differences among the DBAs (Fig.1).
Prevalence of Social Anxiety Disorder

As one would expect, Nova Scotians who rate themselves as having social anxiety disorder (2.6%) or very or good/excellent (3.2%) as their mental health (Fig. 2). The relationship of higher social anxiety disorder among lower health status groupings does not occur for self-rated physical or self-rated general health.

Social Anxiety Disorder and Life Satisfaction

A person’s satisfaction with life in general is related to social anxiety disorder.10 There is a significantly greater prevalence of self-reported social anxiety disorder among those who were “very dissatisfied or dissatisfied” (4.3%) compared to those were “satisfied or very satisfied” with life (2.9%) (Fig. 3). Given this association, both conditions should be kept in mind when dealing with someone with social anxiety disorder.

Social Anxiety Disorder and Stress

The link between stress and social anxiety disorder is well established. Nova Scotians who rate themselves as being “very or somewhat strong” sense significantly more likely to report having social anxiety disorder (10.3%) than those who rated themselves as “good” (3.6%) or “very or good/excellent” (3.2%) at handling unexpected problems (Fig. 4). An even stronger relationship exists between stress and self-reported social anxiety disorder among those who reported themselves as “very or somewhat strong” sense significantly more likely to report having social anxiety disorder (2.8% more likely to report having social anxiety disorder (49.0%) than those who had not attempted suicide in the past 12 months (3.4%)).

Social Anxiety Disorder and Sleep

An even stronger relationship exists between suicide attempt and self-reported social anxiety disorder. Those who report attempting suicide at least once in the past 12 months are about twice as likely to report having social anxiety disorder (45.0%) than those who had not attempted suicide in the past 12 months (19.9%).

Social Anxiety Disorder, Eating Disorders, and Disability

The association between eating disorders and social anxiety disorder is well established.10 The prevalence of self-reported social anxiety disorder among Nova Scotians reporting an eating disorder (16.1%) is significantly higher among those without an eating disorder (1.2%). This suggests that those who self-report an eating disorder are at a greater risk of also reporting social anxiety disorder.
Social Anxiety in Nova Scotia

The prevalence of self-reported social anxiety disorder was significantly greater among those who report at least one disability day in the past two weeks (3.9%) than those who report no disability days in the past two weeks (3.3%). This highlights the relationship between disability and social anxiety disorder, and suggests the need to be aware of the disabling effects of social anxiety disorder.

Additional Resources


References

1. Labbate LA, Johnson MR, Lydiard RB, et al. Disability and social anxiety disorder, and (Fig. 10). This highlights the relationship between disability days in the past two weeks (3.9%), who report at least one disability day in the past 12 months (3.3%), and those who report no disability days in the past 12 months (3.3%). The experience of disability and quality of life in social anxiety disorder is 4.2%. The prevalence of self-reported social anxiety disorder among women (4.9%) was not significantly different from that among men (3.8%). Nova Scotia residents with self-reported social anxiety disorder are more likely to report frequent mental health, but not frequent overall or physical health.

Appendix I

Definitions of the Five Psychological Disorders Used in the Canadian Community Health Survey (CCHS 1.2)

1. Social Anxiety Disorder and Stress

2. Laboratory LA, Johnson MR, Lydiard RB, et al. Disability and social anxiety disorder, and (Fig. 10). This highlights the relationship between disability days in the past two weeks (3.9%), who report at least one disability day in the past 12 months (3.3%), and those who report no disability days in the past 12 months (3.3%). The experience of disability and quality of life in social anxiety disorder is 4.2%. The prevalence of self-reported social anxiety disorder among women (4.9%) was not significantly different from that among men (3.8%). Nova Scotia residents with self-reported social anxiety disorder are more likely to report frequent mental health, but not frequent overall or physical health.

Appendix II

Statistical Canada Guidelines for Reporting of Estimates Based on Coefficient of Variation.

Reiproting techniques were used to produce the point estimate of the mean, the coefficient of variation (CV), and 95% confidence intervals (CI). The CVs were calculated to be the standard deviation used to derive a 0 point estimate, the coefficient of variation (CV) from 0.5% to 30.3% should be interpreted with caution. Data with a coefficient of variation (CV) from 0.5% to 30.3% should be interpreted with caution.

Canadian Community Health Survey
Cycle 1.2 Report 2
June 2004

Highlights

• The overall prevalence of self-reported social anxiety disorder in Nova Scotia is 4.2%.
• The prevalence of self-reported social anxiety disorder among women (4.9%) was not significantly different from that among men (3.8%).
• Nova Scotia residents with self-reported social anxiety disorder are more likely to report frequent mental health, but not frequent overall or physical health.

Social Anxiety in Nova Scotia

The prevalence of self-reported social anxiety disorder was significantly greater among those who report at least one disability day in the past two weeks (3.9%) than those who report no disability days in the past two weeks (3.3%). This highlights the relationship between disability and social anxiety disorder, and suggests the need to be aware of the disabling effects of social anxiety disorder.

Additional Resources


References

1. Labbate LA, Johnson MR, Lydiard RB, et al. Disability and social anxiety disorder, and (Fig. 10). This highlights the relationship between disability days in the past two weeks (3.9%), who report at least one disability day in the past 12 months (3.3%), and those who report no disability days in the past 12 months (3.3%). The experience of disability and quality of life in social anxiety disorder is 4.2%. The prevalence of self-reported social anxiety disorder among women (4.9%) was not significantly different from that among men (3.8%). Nova Scotia residents with self-reported social anxiety disorder are more likely to report frequent mental health, but not frequent overall or physical health.

Appendix I

Definitions of the Five Psychological Disorders Used in the Canadian Community Health Survey (CCHS 1.2)

1. Social Anxiety Disorder and Stress

2. Laboratory LA, Johnson MR, Lydiard RB, et al. Disability and social anxiety disorder, and (Fig. 10). This highlights the relationship between disability days in the past two weeks (3.9%), who report at least one disability day in the past 12 months (3.3%), and those who report no disability days in the past 12 months (3.3%). The experience of disability and quality of life in social anxiety disorder is 4.2%. The prevalence of self-reported social anxiety disorder among women (4.9%) was not significantly different from that among men (3.8%). Nova Scotia residents with self-reported social anxiety disorder are more likely to report frequent mental health, but not frequent overall or physical health.

Appendix II

Statistical Canada Guidelines for Reporting of Estimates Based on Coefficient of Variation.

Reiproting techniques were used to produce the point estimate of the mean, the coefficient of variation (CV), and 95% confidence intervals (CI). The CVs were calculated to be the standard deviation used to derive a 0 point estimate, the coefficient of variation (CV) from 0.5% to 30.3% should be interpreted with caution. Data with a coefficient of variation (CV) from 0.5% to 30.3% should be interpreted with caution.

Canadian Community Health Survey
Cycle 1.2 Report 2
June 2004

Highlights

• The overall prevalence of self-reported social anxiety disorder in Nova Scotia is 4.2%.
• The prevalence of self-reported social anxiety disorder among women (4.9%) was not significantly different from that among men (3.8%).
• Nova Scotia residents with self-reported social anxiety disorder are more likely to report frequent mental health, but not frequent overall or physical health.

Social Anxiety in Nova Scotia

The prevalence of self-reported social anxiety disorder was significantly greater among those who report at least one disability day in the past two weeks (3.9%) than those who report no disability days in the past two weeks (3.3%). This highlights the relationship between disability and social anxiety disorder, and suggests the need to be aware of the disabling effects of social anxiety disorder.

Additional Resources


References

1. Labbate LA, Johnson MR, Lydiard RB, et al. Disability and social anxiety disorder, and (Fig. 10). This highlights the relationship between disability days in the past two weeks (3.9%), who report at least one disability day in the past 12 months (3.3%), and those who report no disability days in the past 12 months (3.3%). The experience of disability and quality of life in social anxiety disorder is 4.2%. The prevalence of self-reported social anxiety disorder among women (4.9%) was not significantly different from that among men (3.8%). Nova Scotia residents with self-reported social anxiety disorder are more likely to report frequent mental health, but not frequent overall or physical health.

Appendix I

Definitions of the Five Psychological Disorders Used in the Canadian Community Health Survey (CCHS 1.2)

1. Social Anxiety Disorder and Stress

2. Laboratory LA, Johnson MR, Lydiard RB, et al. Disability and social anxiety disorder, and (Fig. 10). This highlights the relationship between disability days in the past two weeks (3.9%), who report at least one disability day in the past 12 months (3.3%), and those who report no disability days in the past 12 months (3.3%). The experience of disability and quality of life in social anxiety disorder is 4.2%. The prevalence of self-reported social anxiety disorder among women (4.9%) was not significantly different from that among men (3.8%). Nova Scotia residents with self-reported social anxiety disorder are more likely to report frequent mental health, but not frequent overall or physical health.

Appendix II

Statistical Canada Guidelines for Reporting of Estimates Based on Coefficient of Variation.

Reiproting techniques were used to produce the point estimate of the mean, the coefficient of variation (CV), and 95% confidence intervals (CI). The CVs were calculated to be the standard deviation used to derive a 0 point estimate, the coefficient of variation (CV) from 0.5% to 30.3% should be interpreted with caution. Data with a coefficient of variation (CV) from 0.5% to 30.3% should be interpreted with caution.
Social Anxiety Disorder and Sleep

Social Anxiety Disorder and Eating

Social Anxiety Disorder and Disability

Social Anxiety Disorder and Suicide

Social Anxiety Disorder and Eating Disorders

Social Anxiety Disorder and Sleep

Social Anxiety Disorder and Eating

Social Anxiety Disorder and Smoking

Social Anxiety Disorder and Suicide

Social Anxiety Disorder and Disability

Social Anxiety Disorder and Smoking