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Socioeconomic Impact of MCS in Canada

Between 2000 and 2020, the percentage of Canadians medically diagnosed with MCS increased from 1.9% to 3.5% of the population, amounting to more than one million people affected. Around 72% of the cases were women, with a significant number (around 49%) being over 55 years of age (CCHS, 2020).

The following statistics are derived from the 2015-2016 cycle of the Canadian Community Health Survey (CCHS), a population health survey conducted by Statistics Canada.

Employment

- Approximately 40% of people with MCS did not work, including around 34% with a post-secondary diploma or university degree, compared with around 24% of the general population.
- **Applying this proportion to the 2020 population estimate of Canadians diagnosed with MCS would equate to approximately 450,000 Canadians. Based on an average annual personal income of approximately $56,000 (Statistics Canada, 2022), this represents an estimated potential loss of more than $25 billion annually in earned income.**
- **This estimate does not include additional economic costs associated with lost tax revenue, disability payments, absenteeism, reduced productivity while working, and other employment-related impacts.**

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- **Among people who were working, 16.5% of people with MCS reported missing work because of a chronic condition during the previous three months, compared with 5.9% of people without MCS — nearly three times the proportion.**
- Women with MCS are affected more, with around 45% of women not working, compared with 28% of the general population.
- Almost half of the women with MCS and not working have a post-secondary diploma or university degree.

Income

- Almost 65% of people with MCS earned an annual personal income of less than $40,000, compared with around 52% of the general population.
- Around 41% of people with MCS reported annual personal income of less than $20,000, compared with around 26% of the general population.

Food Insecurity

- People with MCS are around three times more likely to be severely food insecure compared to the general population.
- Around 26% of people with MCS reported having lost weight because of not having enough money for food, compared to approximately 13% of the general population.
- People with MCS are around four times more likely to often not be able to afford to eat balanced meals compared to the general population.

Housing Insecurity

- Due to a significant percentage of people with MCS living in poverty, they have little choice but to opt for low-income housing options known to exacerbate MCS symptoms as they commonly have poor ventilation, and construction materials that emit high VOCs.
- It is not uncommon for people with MCS to move from place to place just to find housing that is appropriate for their condition.
- Many continue to live in unsafe conditions or are forced to spend a significant portion of their life savings on renovations (installation of air and water purifiers, removal of mold, etc.).

Healthcare Access

- People with MCS are around three times more likely to have poor health compared to the general population.
- Unavailability of healthcare services in their area, private medical, high treatment costs, and no regular healthcare provider were the top reasons provided by people suffering from MCS for not being able to address their healthcare needs.

- People with MCS are around 1.5 times more likely to be required to visit a medical specialist for diagnosis and are around twice as likely to have difficulties getting specialist care for their condition when compared to the general population.

Social Costs

- **Inability to lead a normal life:** People with MCS are around three times more likely to have difficulties with daily activities such as preparing meals, attending medical appointments, running errands, and performing household tasks compared to the general population.
- **Strained marriages and relationships:** Due to a lack of awareness and recognition, individuals closest to those with MCS may display skepticism and/or be less willing to accommodate their needs. Most people with MCS have little to no family support due to a refusal to recognize the disability and often live alone or only with their spouse/partner, unlike the general population who can rely on a social circle for support.
- **Isolation:** Canadians with MCS hence experience social isolation and exclusion, often forced to avoid places and activities they love, to prevent the onset of their symptoms. This ongoing social isolation leads to mental distress, and loss of interest in life. As such, the mental health of Canadians with MCS is generally significantly worse and is exacerbated by a lack of access to healthcare, safe housing, and to basic services. In recent years, several individuals have committed or seriously contemplated suicide or MAiD. Current statistics reveal that they are indeed more likely (27%) to contemplate suicide compared to the general population (11%).
- **Disintegration of rights:** Despite MCS being recognized as a disability by the Canadian Human Rights Commission, many individuals with MCS contend with grave inequalities and injustices in their everyday lives (CHRC, 2007). They are often treated with discrimination when requiring accessible workplaces, accommodations, and public facilities.
- **Decreased quality of life:** People diagnosed with MCS have less satisfaction with life in general and a worse sense of emotional security and well-being.

Recommendations

- **Additional independent research and reliable, consistent data collection are needed to better understand the prevalence, causes and impacts of MCS.**
- **Improved diagnosis and research on treatment methods, by developing standardized protocols for diagnosing MCS and exploring innovative treatment options.**
- **Education for medical professionals, including incorporating environmental medicine into medical school curricula.**
- **Creating safe and healthy (fragrance-free and lowest to no-emission) workplaces and housing environments, along with access to non-toxic, environmentally safe products at a reasonable cost.**

- **Social Marketing / Education Campaigns to raise awareness and support for individuals with MCS.**