

# UNDER MY SKIN

A NATIONAL REPORT  
OF PATIENTS' EXPERIENCES  
ON THE IMPACT OF THEIR  
DERMATOLOGICAL CONDITIONS  
ON THEIR MENTAL HEALTH



March 2026

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## EXECUTIVE SUMMARY

Since the majority of skin diseases are not life-threatening, their impact is often minimized, even by patients themselves. Recognizing that the visible nature of many dermatological conditions has consequences beyond physical manifestations, in 2025, the Canadian Skin Patient Alliance (CSPA), a not-for-profit patient organization formed to improve the health and well-being of Canadians with skin, hair and nail disorders through collaboration, advocacy and education, conducted a national survey to understand the impact of dermatological conditions on patient mental health. In collaboration with a study team of dermatologists, medical residents, researchers, and a patient representative, CSPA developed an online survey to explore how these conditions affect patients' mental health, identify the existing supports utilized, and illuminate current gaps in providing comprehensive care for these patients.

Between September 2025 and January 2026, the survey was completed by 308 individuals living in Canada who either had a dermatological condition or were caring for someone with a dermatological condition.

### Survey highlights:

- 80% female
- Respondents from every province and territory, and most commonly from Ontario (32.5%), British Columbia (12.7%), Alberta (12.0%) and Quebec (11.6%)
- Average age: 39 years
- 90.6% were patients and 9.4% were caregivers
- 43.8% had more than one dermatological condition
- When asked to identify the dermatological condition that is most burdensome to them, more than 40 conditions were mentioned; 54.9% of respondents indicated acne, eczema, hidradenitis suppurativa, psoriasis or alopecia areata
- 23.9% of respondents reported that their condition was mild, 49.0% moderate and 27.1% severe
- At the time of their first symptom, 45.2% were less than 18 years old
- Nearly 10% of respondents have never seen a healthcare provider for their condition, most commonly because they are too embarrassed/ashamed or feel that their symptoms will be minimized or dismissed

*"My condition was a major part of my depression. It made me feel nervous to go outside because I felt I would be judged for being dirty or contagious, and I started to disconnect from the outside world."*

- Respondent with psoriasis

- Majority of respondents reported negative impacts of their dermatological condition on their physical health, psychological health, ability to conduct life responsibilities, and social life
  - High burdens typically reported for those with alopecia areata and hidradenitis suppurativa
- 76.5% of respondents indicate a moderate–severe self-esteem impact
- 51% report a moderate–severe effect on career
- 38.1% report previous suicidal ideation
- Despite these impacts, <50% have accessed mental healthcare
- Self-reported severity of dermatological condition correlates with care-seeking

Results demonstrated that the impact of dermatological conditions is significant and devastating. Nearly 80% of respondents reported that their physical health had been affected by their condition at least some of the time in the prior month. This included often, or always, being in physical discomfort and pain. For 56% of respondents, their condition often, or always, caused them physical discomfort; while more than 60% experienced disturbed sleep at least some of the time. Dermatological conditions bear a significant impact on daily routine, with almost 60% of respondents reporting a negative impact either often, or always, on their dressing and grooming choices. Additionally, nearly 50% of respondents indicated that their condition regularly leads to extra expenses related to managing or hiding their symptoms. It is particularly concerning that nearly 20% respondents reported that their condition caused them to rely on others for help with daily tasks often, or always, signifying a heavy burden, well beyond what is typically assumed of skin, hair and nail conditions.

Of respondents, 80% reported that their condition negatively impacted their social lives. For 61%, this exhibited as deteriorations in close relationships sometimes, while for 66.6% of respondents, challenges with intimacy occurred some of the time, often, or all of the time. In addition, 77% of respondents found that their condition led to some level of interference with their ability to perform one or more of their roles in life, impacting their self-identity.

Given the above, it is unsurprising that there are detrimental consequences to patient mental health. Survey respondents reported a significant burden on their psychological health, speaking to the broad reach of dermatological conditions. Of respondents, 57% indicated that they felt anxiety, worry or nervousness often or all of the time due to their condition, while 51.0% had their thoughts dominated often or always by their condition. Concerningly, only 6.2% reported never feeling depressed or low mood due to their condition.

Of 302 respondents, 75% reported a moderate to very severe impact on their emotional health due to the ever-present fear of judgment from others, the depression and anxiety caused by their condition, and the loneliness of life when social interactions are fraught with pain and rejection. This was further demonstrated by respondents' levels of agreement to questions about their feelings and behaviours related to their conditions, revealing that the

majority often feel hopeless or helpless (62.3% agreeing/strongly agreeing) and desperate for a cure (72.8% agreeing/strongly agreeing).

Of respondents, 76.5% reported that their condition resulted in a moderate to very severe impact on their self-esteem. Key themes in their explanations revolved around loss of identity, feeling unattractive and ashamed of their appearance and unworthy of love, the pain of others' reactions to their condition, and being unable to participate in activities that they used to enjoy.

When asked about the effect of their condition on their career, more than half of the respondents indicated that the impact was at least moderate, restricting the types of jobs they could apply for and accept, and resulting in suboptimal productivity due to symptoms and appointments.

Of 288 respondents, 41.3% reported moderate to severe impacts of their condition on their education. Respondents attributed this to multiple factors including their condition's manifestations preventing them from attending school regularly and concentrating fully, in addition to the difficult social challenges of their visible symptoms.

Prior literature has demonstrated that suicidal ideation is common in patients with dermatological conditions, and in this sample, 38.1% reported that they had previously had thoughts in which they wished they were not alive anymore. This was attributed to feelings of desperation to end the suffering caused by their condition, the isolation they experience due to the rejection of peers, the tremendous frustrations of obtaining effective and affordable treatment, and the constant fear as their condition progresses and symptoms worsen.

Despite the evident impact of their condition on their mental health, only 50% of respondents reported that they had sought mental health support. However, 75% of those that did so found it valuable, commonly turning to both formalized care from healthcare providers, and peer support via patient advocacy groups.

The survey findings indicate that the mental health impact for individuals living in Canada with dermatological conditions can be tremendous and devastating. Many skin, hair and nail conditions are chronic, compounding the mental health impact to the patient, and generating worry and fear about worsening symptoms in addition to what their future may hold. The impacts on all aspects of patients' lives and their own perceptions of self-identity are pervasive, causing significant disruption to mental health. More work is needed to raise awareness that the impact of dermatological conditions extends beyond visible symptoms, and to ensure that patients have access to tailored support that recognizes the challenges that they face in managing the physical and psychological ramifications of their conditions.

## RECOMMENDATIONS

The survey findings have resulted in the generation of six recommendations to support the mental health of individuals living with dermatological conditions. These recommendations are summarized below, along with the identification of stakeholders that would be involved with their implementation.

### I. RAISING AWARENESS ABOUT THE IMPACT OF DERMATOLOGICAL CONDITIONS ON PATIENT MENTAL HEALTH

Increase awareness for healthcare providers who are most likely to treat those with dermatological conditions. During their healthcare journey, patients with dermatological conditions typically have multiple healthcare provider types in their circle of care, encompassing specialists (dermatologists and infectious disease specialists), primary care (family physicians and nurse practitioners) and nursing (dermatology nurses). Individuals with dermatological conditions often experience fear, shame and embarrassment due to the visibility of their symptoms, and it is critical that all treating healthcare providers maintain sensitivity in their interactions with patients with dermatological conditions, and are vigilant about these patients' mental health needs.



### II. ADOPTION OF A COMPREHENSIVE, MULTI-DISCIPLINARY APPROACH TO CARING FOR DERMATOLOGICAL PATIENTS

Ensure that every patient with a dermatological condition has a coordinated and collaborative healthcare management team to treat the dermatological condition as well as the mental health consequences. Patients with dermatological conditions should, at diagnosis, be referred to mental health specialists to ensure that health management strategies address both the physical and mental health symptoms associated with this condition.



### III. SUPPORTING PATIENT ACCESS TO SAFE, EFFECTIVE AND AFFORDABLE TREATMENTS TO MANAGE THE SYMPTOMS OF DERMATOLOGICAL CONDITIONS

Facilitate access to new dermatological treatments which are safe and effective. Given the detrimental impact that dermatological conditions can have on individuals, to their physical and mental health, it is imperative that access to new and promising treatment is expedited.



**Increase insurance coverage for psychological care for patients with dermatological conditions.** The mental health impact of dermatological conditions can be devastating and it is critical that patients are able to access care immediately when they need it so that they can quickly receive support and, if necessary, treatment. Wait lists for publicly covered mental health support is often long and leads to significant delays; having provincial and territorial coverage for psychologists, psychotherapists and social workers would be valuable in accelerating access to care.



#### **IV. SUPPORTING THE NEEDS OF PEOPLE LIVING WITH DERMATOLOGICAL CONDITIONS**

**Facilitate early access to patient resources that provide information on support groups and resources for individuals with dermatological conditions.** Individuals with dermatological conditions may benefit from support from others with the same condition, to understand what the future may hold, and to obtain comfort and knowledge on coping strategies. Being provided resources that summarizes common mental health impacts, as well as patient advocacy and/or support group contact information may provide early reassurance that help is available at every stage.



**Increase public awareness of the mental health impact of dermatological conditions.** More work is required to dispel myths regarding dermatological conditions, and to reduce common misconceptions about their causes, and concerns about their potential to be contagious. It is important to educate the public on these conditions, emphasizing that they are not cosmetic or lifestyle conditions, and that many are chronic in nature, with impact beyond what can be seen. The effect on mental health may be minimized if individuals do not feel stigmas associated with their conditions.



\*CDA: Canada's Drug Agency (formerly CADTH)

CSPA: Canadian Skin Patient Alliance

FED: Federal government

HCP: Healthcare providers

P/T: Provincial and Territorial governments

PRIV: Private payers

SG: Patient advocacy and/or support groups

## BACKGROUND

Dermatological conditions contribute a significant health burden to Canadians, with the three most common conditions of acne, eczema and psoriasis each affecting up to 20% of the population.<sup>1</sup> Symptoms such as bumps, rashes, redness, hives, sores, patches and pain plague individuals of all ages who try to gain control of their conditions, by identifying triggers for flares and exacerbations, and attempting multiple prescription and non-prescription treatments with various degrees of success.<sup>2,3</sup> The conditions are often accompanied by discomfort and pain, impacting the individual's ability to function, sleep, and participate in routine activities of daily life.<sup>4-6</sup> These consequences combined with the visibility of the physical manifestations of dermatological conditions translate to impacts on all aspects of a patient's life, including their mental health,<sup>7-10</sup> which may be primarily attributed to factors including associated stigmas, social isolation and body-image concerns.<sup>11-13</sup>

Global studies have found that the psychological burden of dermatological conditions results in significantly higher rates of clinical depression, anxiety and suicidal ideation compared to individuals without these conditions.<sup>10,14,15</sup> While some dermatological conditions are acute, others are chronic or triggered by unknown causes, translating to long-term impacts on mental health. The prevalence is even higher across autoimmune skin conditions, with 33.3% of individuals reporting depression and anxiety, 45% indicating sleeping problems, 30.8% cognitive impairment, and 21% suicidal ideation.<sup>14,16</sup> The Canadian literature corroborates global findings, with higher rates of emotional and psychosocial burden, mental health conditions, suicidality, loneliness and stress with certain dermatological conditions.<sup>17-19</sup> Studies have tried to determine patient factors that predict psychological distress in patients with dermatological conditions, and have found fatigue, a perceived sense of helplessness as well as low social support to be associated with declining mental health.<sup>20</sup> Although healthcare for individuals with dermatological conditions has traditionally been focused on managing the visible symptoms, there have been more recent movement towards integrating

*"I was brought to my lowest as a result of the fact that people see me differently in my community."*

- Respondent with skin cancer

a holistic approach to dermatological care, recognizing that these individuals are particularly vulnerable to negative impacts on mental health. The field of psychodermatology was founded to focus on the relationship between mind and skin, and support patients whose dermatological conditions have adversely impacted their mental health.<sup>21</sup> However, in Canada, dermatological clinics are not typically associated with psychological services, meaning patients must also be referred to mental healthcare services - which may also have long wait times - or seek private support if they are able to pay out-of-pocket or with private insurance. A Canadian psychodermatology study found that one in three dermatology patients may need assessment for mental health symptoms, but

identified key barriers to the optimal use of psychodermatology programs including poor patient access to psychiatry, inadequate training of dermatologists, time limitations during appointments, and resource constraints.<sup>22</sup> There has been a dearth in studies to provide a deeper understanding of the impact of dermatological conditions on mental health for individuals living in Canada, as well as what type of experiences they have had in seeking support.

The Canadian Skin Patient Alliance (CSPA) is a not-for-profit organization founded to help those living in Canada with skin, hair and nail conditions through education, advocacy, support and collaboration with affiliate member organizations. In 2025, CSPA conducted a survey of patients with one or more dermatological conditions (either formally diagnosed by a healthcare provider or self-diagnosed) and those who provide care for individuals with dermatological conditions, to understand the impact of these conditions on patient mental health, identify the existing supports available and utilized by patients, and to illuminate gaps in the healthcare system in providing comprehensive care for these patients. The findings of this research have resulted in several recommendations for government, clinicians, and patient advocacy and/or support groups on processes and policies to reduce the effect of these conditions on mental health. The survey results will also inform future activities and tools conducted by the CSPA, and potentially affiliate patient advocacy and/or support groups as well, to help address the mental healthcare needs of patients with dermatological conditions. In the future, this report will serve as a baseline in mental healthcare for patients in Canada with dermatological conditions, facilitating the measurement of progress.

## **METHODS**

CSPA formed a study team comprising dermatologists and medical students that provided clinical expertise, a survey methodologist and a patient representative to collaborate on the development of the Impact of Dermatological Conditions on Patient Mental Health Survey. The survey included multiple choice and open-ended questions regarding patient demographics, diagnostic journey, impact of dermatological conditions on different facets of life, and utilization of mental health resources. The 16-question Patient-Reported Impact of Dermatological Diseases (PRIDD) instrument, a newly developed multidimensional dermatology-tool developed in partnership with Cardiff University, University of Hamburg and the International Alliance of Dermatology Patient Organizations (GlobalSkin),<sup>23</sup> was included in the survey to assess physical, psychological, life responsibilities and social impacts.

The survey was programmed into Microsoft Forms in English and French, and designed to be completed within 20 minutes.

### Survey eligibility criteria

- Diagnosed with a dermatological condition by a healthcare provider (HCP) or self-diagnosed with a dermatological condition, or acts as a caregiver to an individual with a dermatological condition
- Resides in Canada

### Survey dissemination

The Impact of Dermatological Conditions on Patient Mental Health Survey was disseminated online through multiple methods to reach individuals with dermatological conditions across Canada:

- CSPA's website, newsletter, and social media channels
- Paid advertisement across media channels
- CSPA Breaking Barriers Mental Health Workshop (November 25/26, 2025)
- Patient advocacy and/or support groups for dermatological conditions
- Network of dermatologists
- Skin Canada Bulletins

The survey was open from September 24, 2025 to January 5, 2026, and was completed anonymously.

The results are presented below, including a selection of quotations from survey respondents.

## RESULTS

In total, 308 surveys were received from eligible respondents, of which 279 (90.6%) were from individuals who had been formally diagnosed with at least one dermatological condition by an HCP, or were self-diagnosed, while the remaining 29 surveys (9.4%) were from those who serve as caregivers to someone with a dermatological condition.

### i. DEMOGRAPHICS

The majority of survey respondents were biologically female (79.6%), and of the 294 individuals that self-reported their gender identity, 76.9% identified as female, 17.0% identified as male, 3.0% as non-binary, 1.0% as transgender, and the remaining preferred not

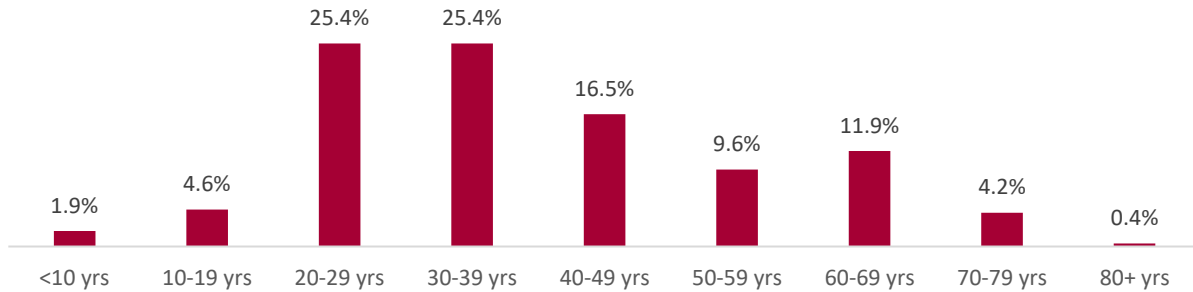
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*"Although I'm a feminist and educated woman, I have internalized a belief that my value as a woman is significantly determined by my physical attractiveness. Even at work, the idea that I'm wearing a wig makes me feel like people will see me as older, and less valuable."*

- Respondent with alopecia areata

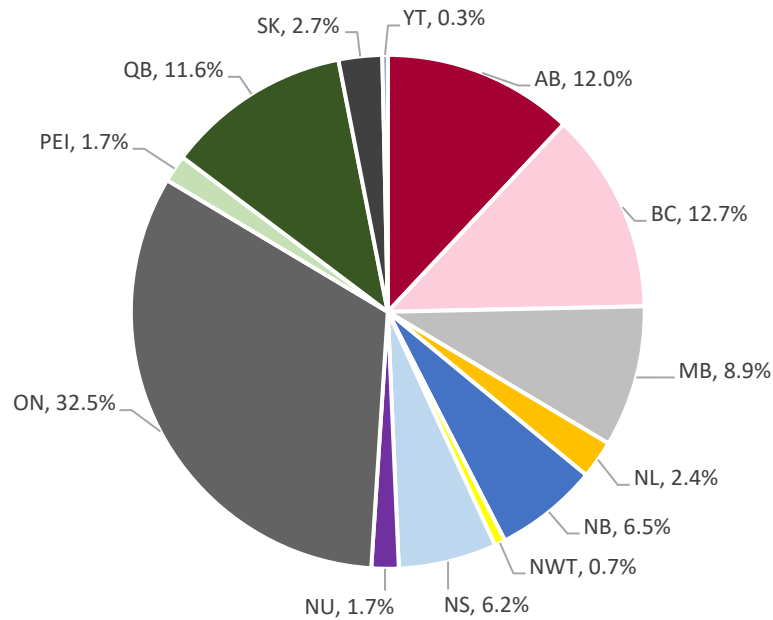
to answer. The average age of respondents was 39 years (range = 2 [caregiver providing response] to 81 years). Most (85%) were under the age of 50 years (**Figure 1**).

**Figure 1: Age of Survey Respondents (n = 260)**



Each Canadian province and territory was represented in the survey responses, with respondents most commonly from Ontario (32.5%), followed by British Columbia (12.7%), Alberta (12.0%) and Quebec (11.6%) (**Figure 2**).

**Figure 2: Provincial Distribution of Surveys (n = 292)**



Based on postal code, 89.3% of survey respondents were from urban cities, while the remaining resided in rural regions.

Of the 291 respondents that indicated their cultural, ethnic or racial background, the most common response was White (74.9%), South Asian (8.9%), Southeast Asian (8.6%) and Black (8.2%) (**Table 1**).

**Table 1: Cultural, Ethnic and Racial Background (n = 291)\***

White	74.9%
South Asian	8.9%
Southeast Asian	8.6%
Black	8.2%
West Asian	4.8%
Indigenous	3.4%
Latin American	2.4%
Japanese	1.7%

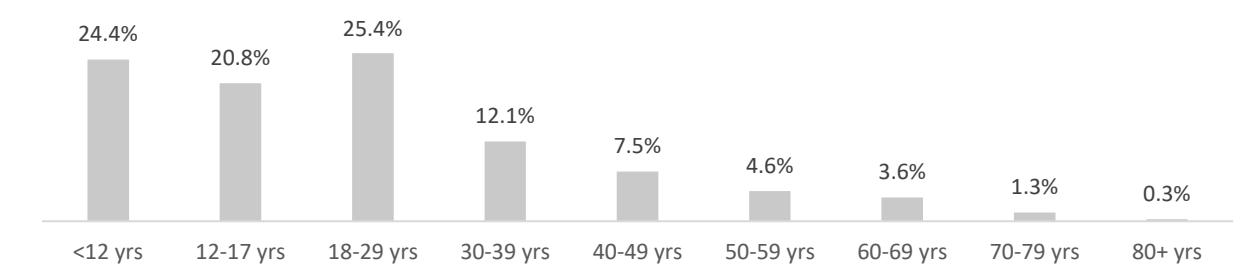
\*Respondents had the options of selecting more than one response

The survey findings are presented in the following sections, for all respondents (Sections I-III), followed by comparisons of mental health impact findings based on dermatological condition (Section IV) and province (Section V), where feasible.

## Section I: History of Dermatological Condition

### i. SYMPTOM ONSET

**Figure 3: Age of Onset for Symptoms of Dermatological Condition (n = 307)**



Nearly half of the survey respondents reported that they first experienced symptoms of their dermatological condition before the age of 18 years (**Figure 3**), while the most frequently selected age bracket for symptom onset was 18-29 years (25.4%).

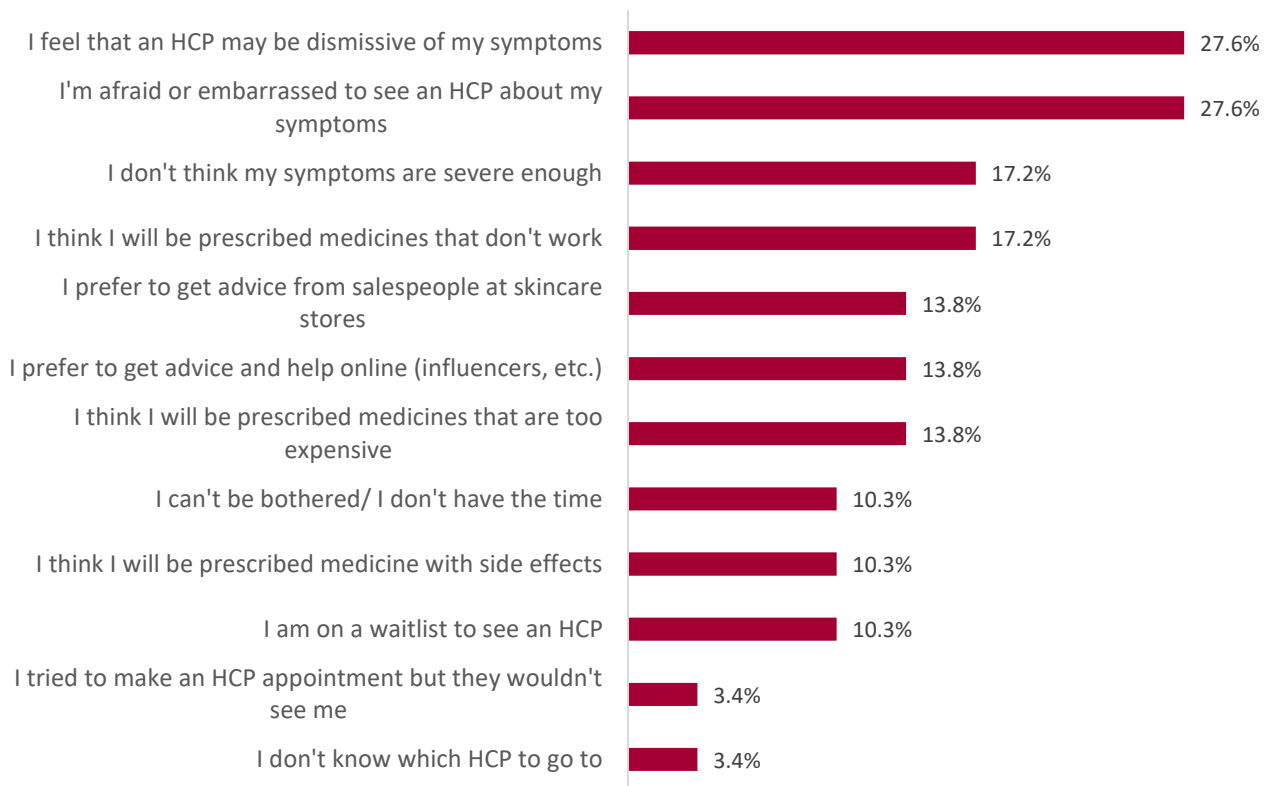
Of all respondents, 9.6% have never seen an HCP for symptoms of their dermatological condition, most commonly attributed to feeling afraid or embarrassed to do so, and feeling that an HCP may be dismissive of their symptoms (**Figure 4**).

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*"As a child, I would be so anxious about the doctor seeing my skin that I would scrub and try to shave the bumps off my legs the night before (secretly away from my parents) which would always just result in a painful and unhygienic bloody mess."*

-Respondent with undisclosed skin condition

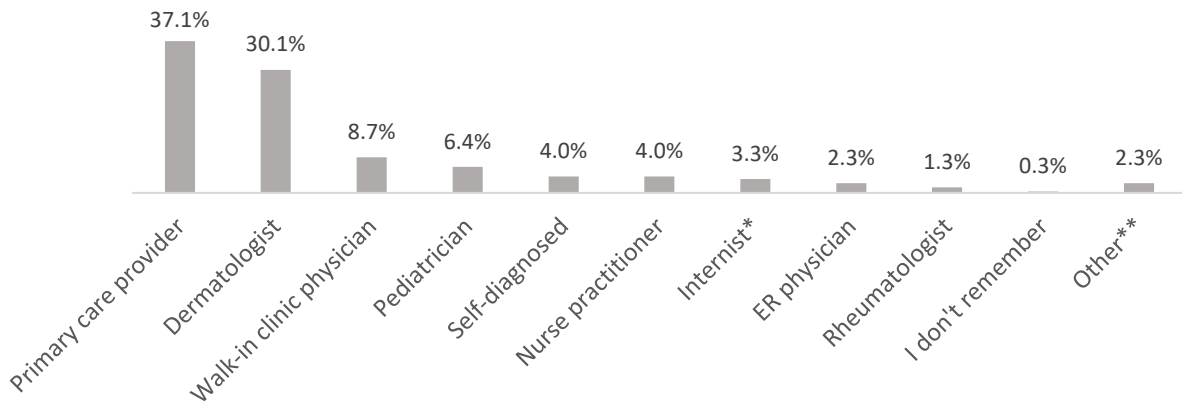
**Figure 4: Reasons for Not Seeing an HCP for Dermatological Symptoms (n = 29)**



**ii. DIAGNOSIS OF DERMATOLOGICAL CONDITION**

Of respondents, 37.1% were first diagnosed for their dermatological condition by their primary care provider, with dermatologists being the next most common diagnostic clinician (30.1%) (Figure 5).

**Figure 5. First HCP to Provide Diagnosis (n = 299)**



\*allergist or immunologist

\*\*geneticist, GI specialist, gynecologist, neurologist, oncologist, plastic surgeon, vascular physician

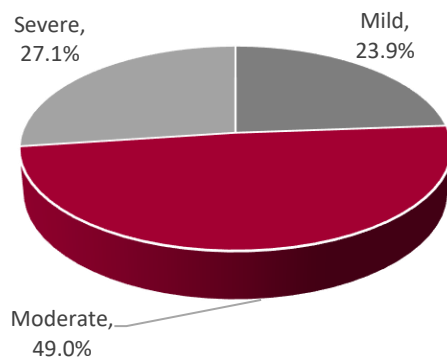
Of all 308 respondents, 56.2% reported having one dermatological condition while the remainder reported two or more conditions. The latter group of respondents were asked to consider only the condition that is most impactful to their lives when completing the survey. Of the 264 respondents that reported the name of their condition (or most burdensome condition, for those with two or more dermatological comorbidities), the most prevalent were acne, eczema, psoriasis, hidradenitis suppurativa and alopecia areata, comprising 54.9% of all responses (**Table 2**).

**Table 2: Respondents' Dermatological Conditions (n = 264)**

Condition	n (%)	Condition	n (%)
Acne	37 (14.0%)	Dermatomyositis	4 (1.5%)
Eczema	31 (11.7%)	Hyperhidrosis	4 (1.5%)
Psoriasis	30 (11.4%)	Skin cancer	4 (1.5%)
Hidradenitis suppurativa	25 (9.5%)	Bullous pemphigoid	3 (1.1%)
Alopecia areata	22 (8.3%)	Alopecia universalis	2 (0.8%)
Atopic dermatitis	9 (3.4%)	Ichthyosis	2 (0.8%)
Urticaria	9 (3.4%)	Keratosis pilaris	2 (0.8%)
Vitiligo	9 (3.4%)	Lichen planus	2 (0.8%)
Epidermolysis bullosa	8 (3.0%)	Lupus	2 (0.8%)
Rosacea	7 (2.7%)	Pemphigus vulgaris	2 (0.8%)
Scleroderma	7 (2.7%)	Periorificial dermatitis	2 (0.8%)
Actinic keratosis	5 (1.9%)	Stevens-Johnson Syndrome/ Toxic Epidermal Necrolysis	2 (0.8%)
Chronic spontaneous urticaria	5 (1.9%)	Variegate porphyria	2 (0.8%)
Pruritus	5 (1.9%)	Other*	22 (8.3%)
Burns	4 (1.5%)		

\*Cold urticaria, cutaneous mastocytosis, dermatographism, disseminated actinic porokeratosis, dry and scaly skin, granuloma annulare, Hailey-Hailey disease, lichen sclerosus, lymphedema, plantar pustular psoriasis, prurigo nodularis, psoriatic arthritis, severe sun allergy, shingles, urticarial vasculitis

**Figure 6: Self-reported Severity of Dermatological Condition (n = 306)**



More than one-quarter of respondents reported that they had severe symptoms and nearly half indicated that their condition was of moderate severity (**Figure 6**).

Therefore, the survey's findings in the next section are likely most representative of patients who consider their disease to have progressed beyond mild symptoms.

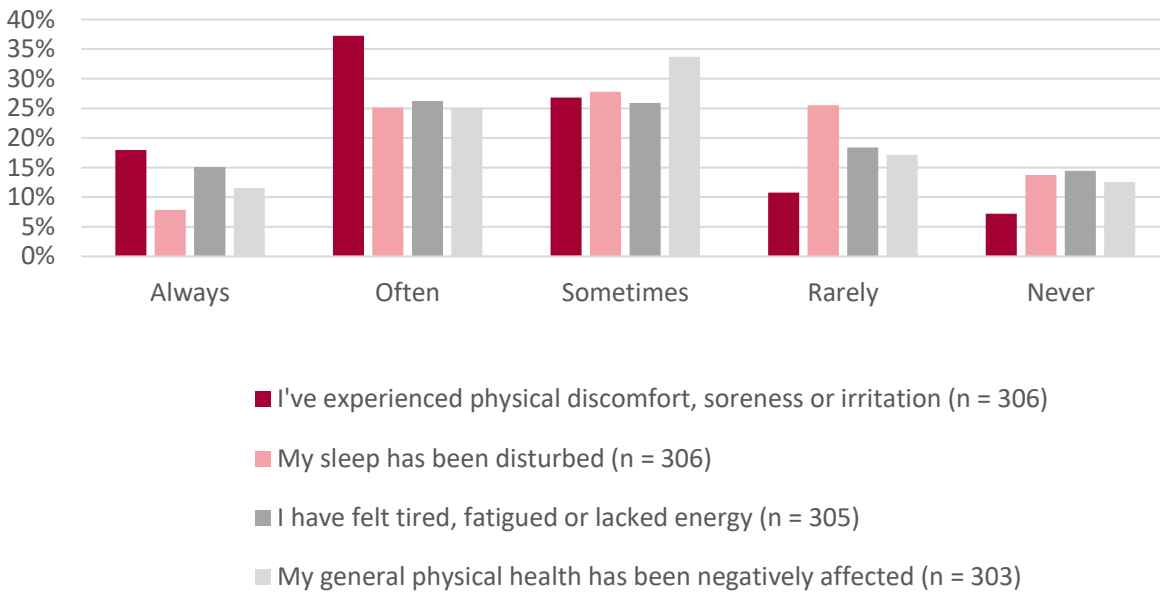
**Section II: Impact of Dermatological Conditions on Patients' Lives**

**i. RESULTS FROM THE PATIENT-REPORTED IMPACT OF DERMATOLOGICAL DISEASES (PRIDD) TOOL**

Patients completed the 16 PRIDD questions which provided insight into the impact of their dermatological condition on various aspects of their lives, specifically physical health, routine life responsibilities, social interactions and psychological well-being, **in the prior month**.

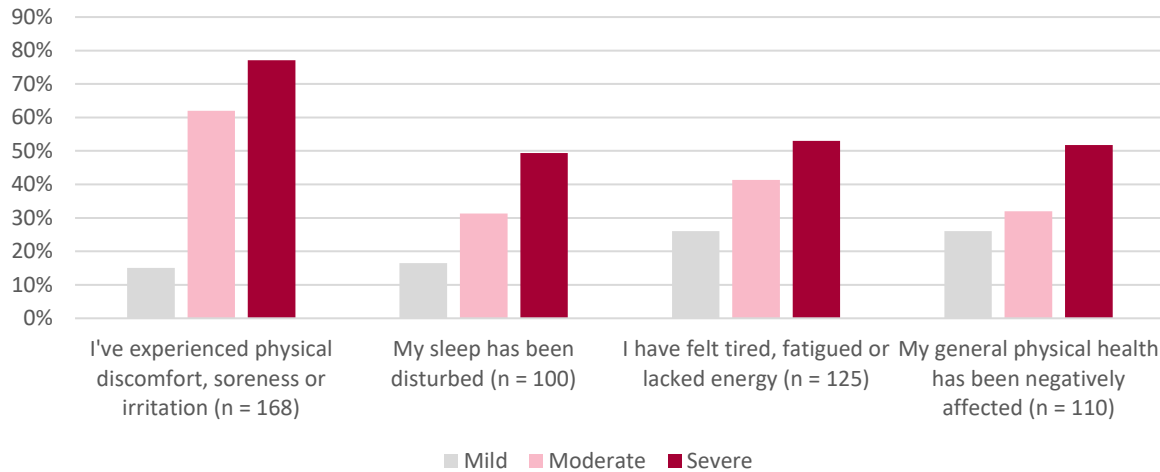
Due to their skin, hair and/or nail condition, 55.9% of respondents reported that they feel physical discomfort, soreness or irritation either often or always, indicating a notable and frequent burden (**Figure 7**). Impact on sleep was evident, with 60.8% of respondents experiencing disturbed sleep at least some of the time due to their condition, and unsurprisingly, 67.2% of respondents reported feeling fatigued some of the time, often or always. Nearly 80% of respondents reported that their condition has negatively affected their physical health at least some of the time.

**Figure 7: Physical Impacts of Dermatological Conditions**



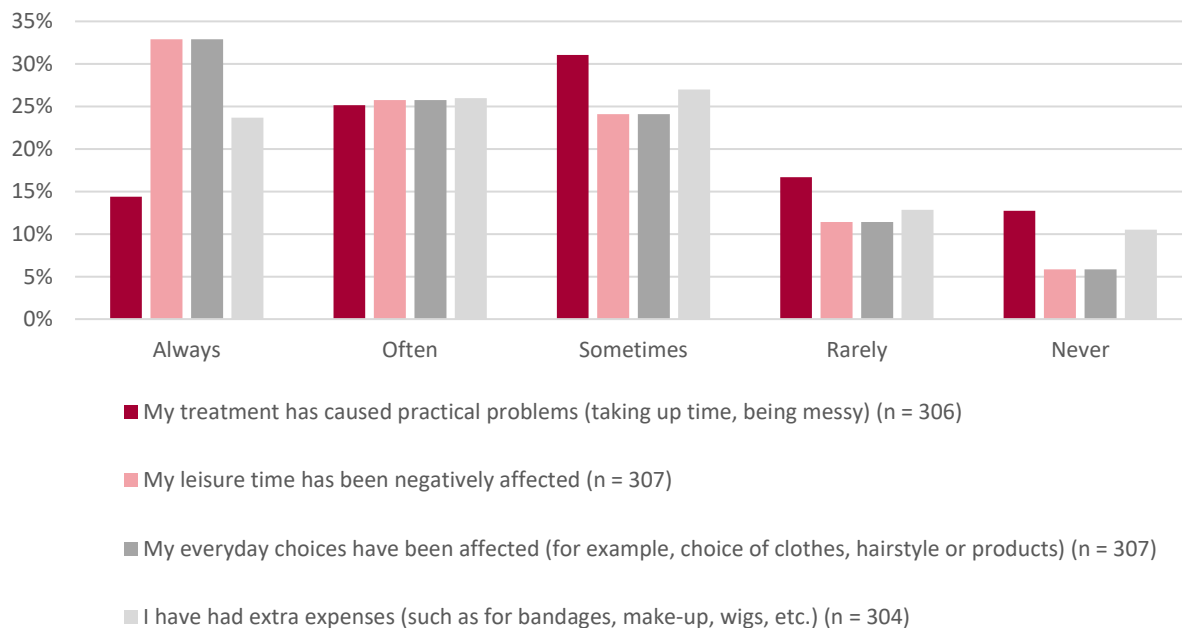
When respondents were stratified by severity group, a clear trend was observed: for each of the four statements, a higher percentage of respondents selected *often* or *always*, as the self-reported severity of condition increased (**Figure 8**), indicating that the most frequent negative impact is observed in those who consider their dermatological condition to be severe.

**Figure 8: Physical Impacts of Dermatological Conditions - Percentage of Respondents of Each Severity Group that Selected "Often" or "Always" to Key Statements**

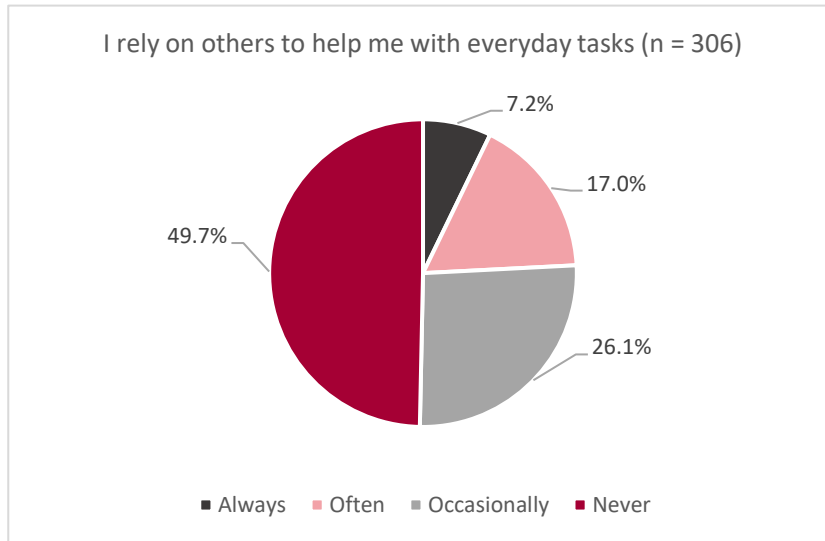


The majority of respondents (58.6%) reported that their dermatological condition had negatively affected their leisure time as well as their daily dressing and grooming choices often or all of the time (**Figure 9**). For 39.5% of respondents, their condition's treatment caused practical problems often or always over the prior month by being time-consuming or messy to apply. Nearly 50% of respondents indicated that their condition regularly (often or always) led to extra expenses related to managing or hiding their symptoms.

**Figure 9: Impact of Dermatological Conditions on Life Responsibilities**



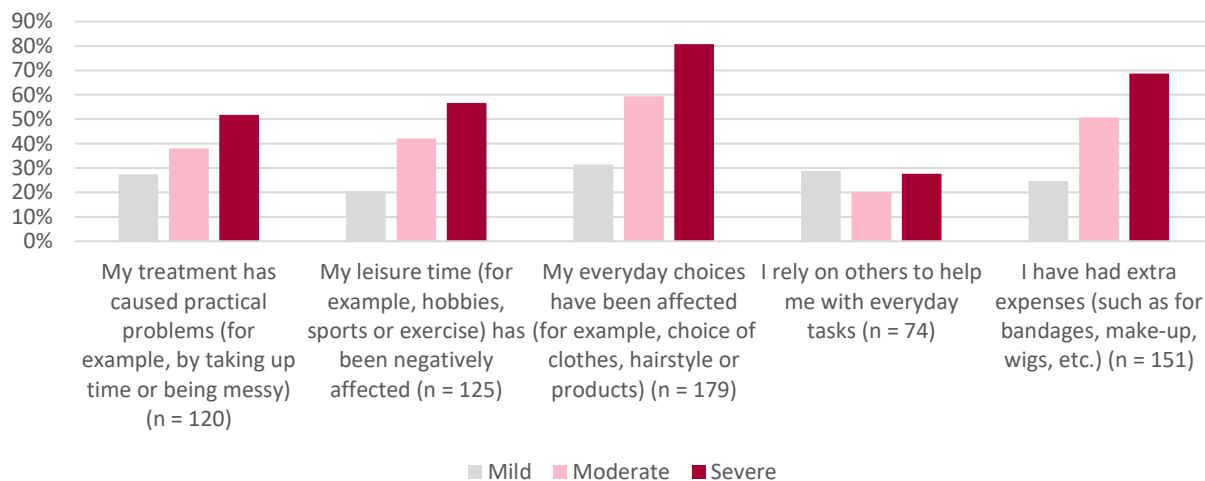
**Figure 10: Impact of Dermatological Conditions on Life Responsibilities – Reliance on Others**



Nearly 25% of respondents reported that their dermatological condition caused them to rely on others to help them with daily tasks often or always, signifying a heavy burden, beyond what is typically considered of skin, hair and nail conditions **(Figure 10)**.

As self-reported severity of dermatological condition increased from mild to moderate to severe, so did the percentage of respondents from the group that selected that they *often* or *always* experienced negative impacts of their condition on their ability to undertake life responsibilities **(Figure 11)**.

**Figure 11: Impact of Dermatological Conditions on Life Responsibilities - Percentage of Respondents in Each Severity Group that Selected "Often" or "Always" to Key Statements**

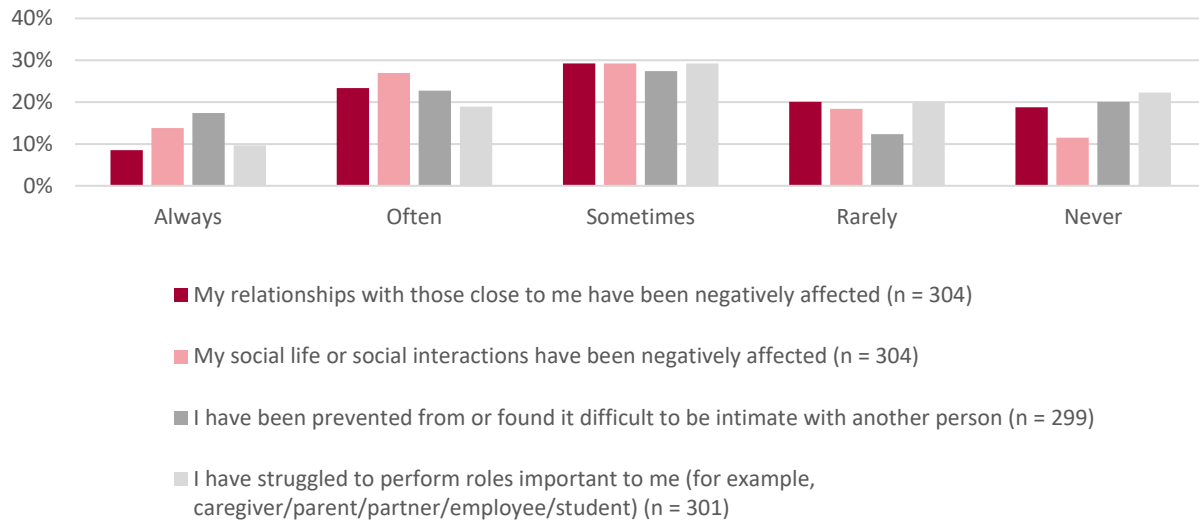


*“When you’re used to looking a certain way, and things change beyond your control, it’s extremely tough to deal with. Pushing your limits every minute of every day is exhausting.”*

– Respondent with rosacea

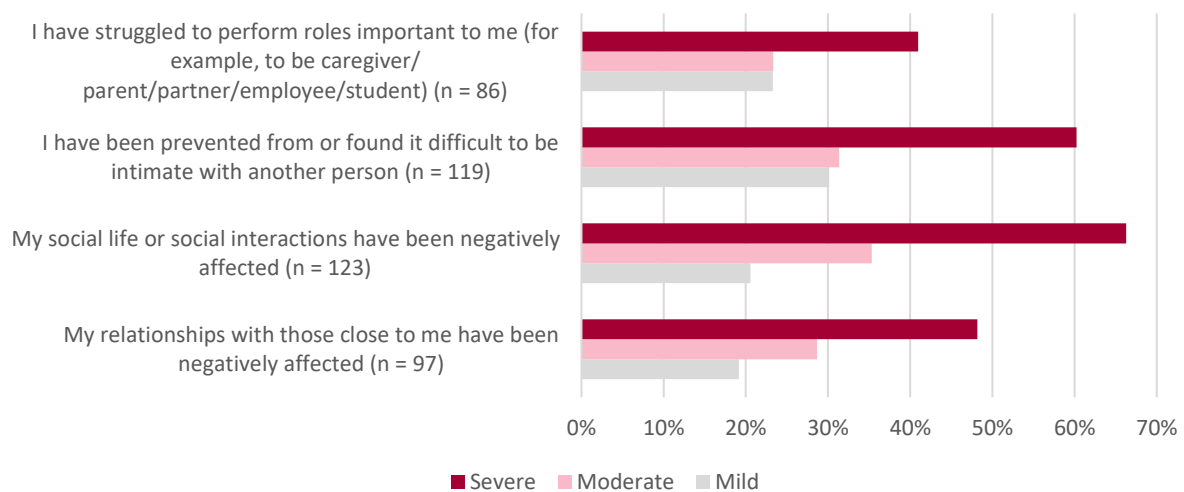
Of respondents, 80% indicated that their social life was negatively affected by their condition in the prior month (**Figure 12**). Delving deeper, 61.2% reported that their condition had poorly impacted their close relationships at least sometimes, while 67.6% indicated that their condition led to challenges with intimacy some of the time, often or all of the time. In addition, respondents found that their condition led to some level of interference with their ability to perform one or more of their roles at home, work or school (77.7%).

**Figure 12: Impact of Dermatological Conditions on Social Life**



The percentage of respondents from each severity group that selected that they *often* or *always* experienced negative impacts of their condition on their social lives increased progressively from mild to moderate to severe (**Figure 13**).

**Figure 13: Impact of Dermatological Conditions on Social Life - Percentage of Respondents in Each Severity Group that Selected "Often" or "Always" to Key Statements**



**Figure 14: Impact of Dermatological Conditions on Psychological Well-being**

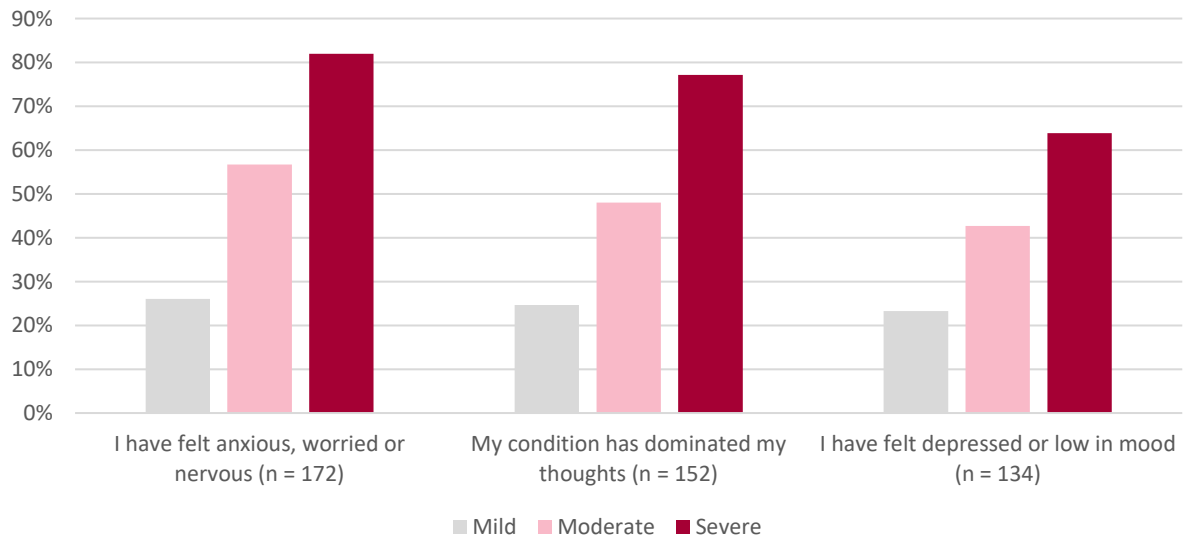
Respondents reported a significant disease burden on their psychological health in the prior month (**Figure 14**), speaking to the broad reach of dermatological conditions. Of respondents, 57.1% indicated that they felt anxiety, worry or nervousness often or all of the time due to their condition, while 51.0% had their thoughts dominated often or always by their condition. Of particular concern, only 6.2% of respondents reported never feeling depressed or in a low mood due to their condition in the last 30 days.



or all of the time due to their condition, while 51.0% had their thoughts dominated often or always by their condition. Of particular concern, only 6.2% of respondents reported never feeling depressed or in a low mood due to their condition in the last 30 days.

With increased self-reported severity of dermatological condition, the percentage of respondents that selected that they *often* or *always* experienced negative impacts of their condition on their psychological-being also increased (**Figure 15**).

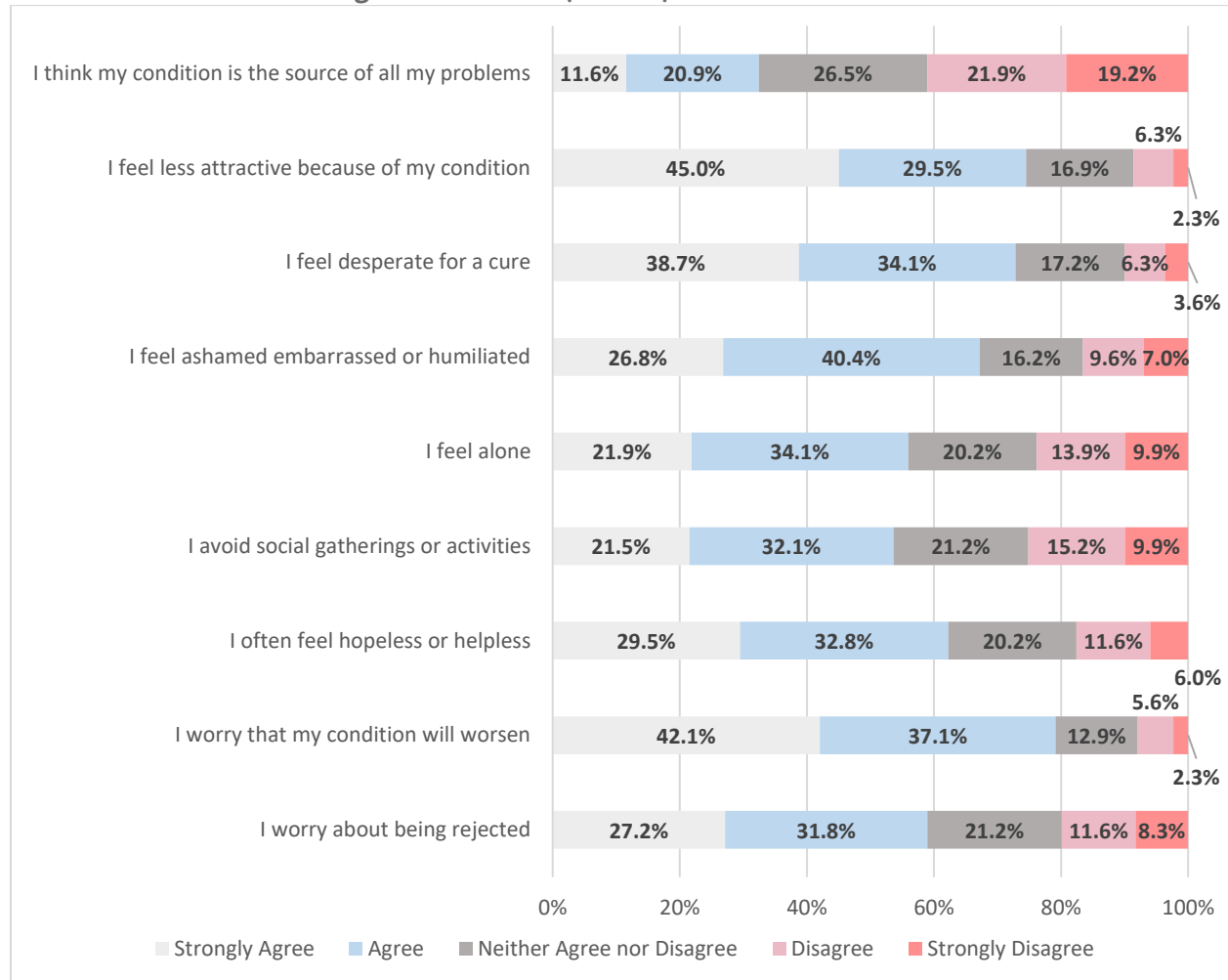
**Figure 15: Impact of Dermatological Conditions on Psychological Well-being - Percentage of Respondents in Each Severity Group that Selected "Often" or "Always" to Key Statements**



## ii. IMPACT OF DERMATOLOGICAL CONDITIONS ON FEELINGS AND BEHAVIOURS

When respondents were asked about their level of agreement to statements regarding their feelings in relation to their dermatological conditions, their responses revealed that their sense of belonging and well-being has been deeply affected (**Figure 16**). They are concerned that their condition will continue to worsen (79.2%) and their longing for their condition's improvement was evident; the majority indicated that they often feel hopeless or helpless (62.3% agree/strongly agree) and desperate for a cure (72.8% agree/strongly agree). Responses demonstrate that dermatological conditions make patients feel less attractive, culminating in feelings of shame and embarrassment, self-isolation and concern about rejection.

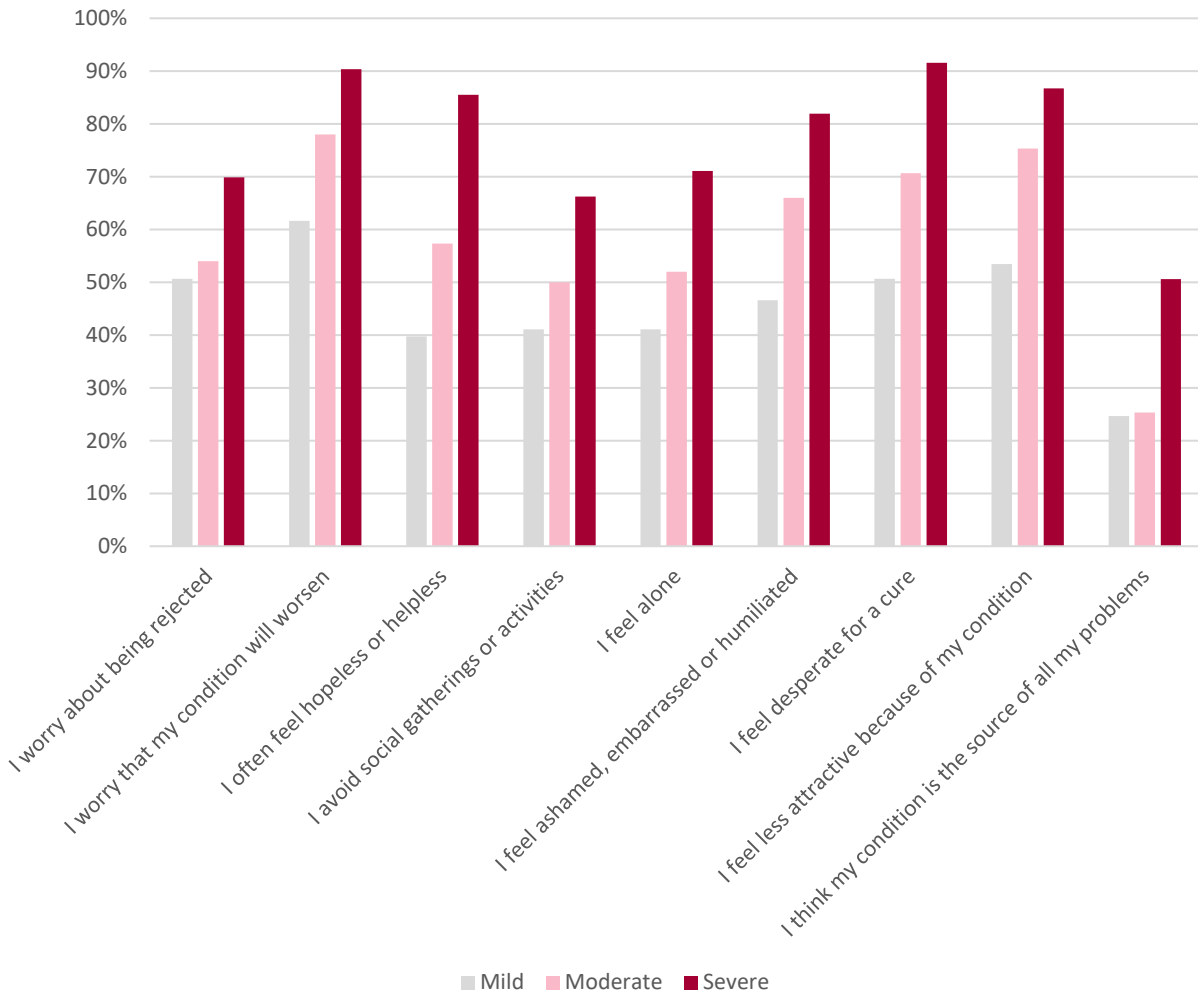
**Figure 16: Respondents' Level of Agreement to Statements Regarding Feelings and Behaviours Related to Their Dermatological Conditions (n = 302)**



A clear trend was observed with increased self-reported severity of dermatological condition; a higher percentage of respondents that indicated their condition was severe also reported

agreeing or strongly agreeing to negative feelings and behaviours regarding their condition compared to those with mild and moderate conditions (**Figure 17**).

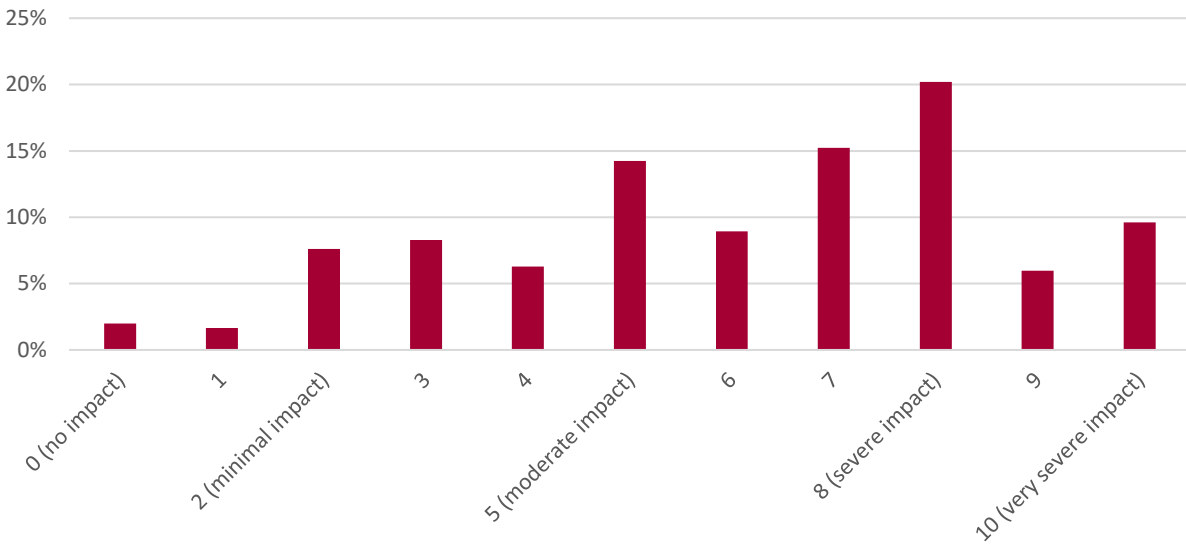
**Figure 17: Respondents’ Level of Agreement to Statements Regarding Feelings and Behaviours Related to Their Dermatological Conditions – Percentage of Respondents from Each Severity Group that Selected “Agree” or “Strongly agree” (n = 302)**



### iii. IMPACT OF DERMATOLOGICAL CONDITIONS ON EMOTIONAL WELL-BEING

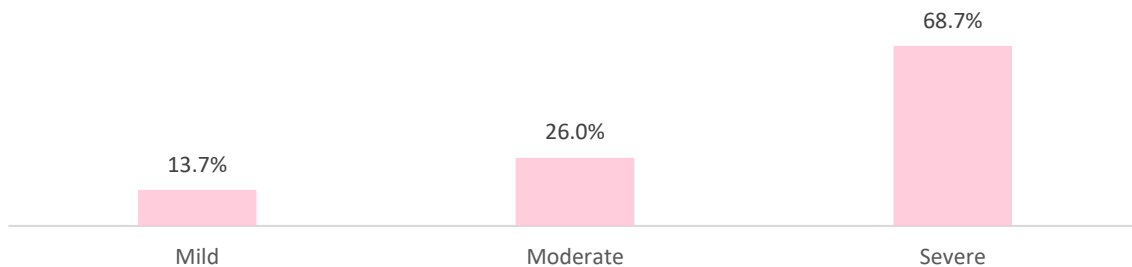
Respondents were asked to indicate the impact of their dermatological condition on their emotional health, on a scale of 0 (no impact) to 10 (very severe impact), and 75% of 302 respondents reported a moderate to very severe impact (**Figure 18**).

**Figure 18: Impact of Dermatological Conditions on Emotional Well-being (n = 302)**



With increased self-reported severity of dermatological condition, the percentage of respondents that selected that the impact of their condition on their emotional well-being also increased (**Figure 19**).

**Figure 19: Impact of Dermatological Conditions on Emotional Well-being - Percentage of Respondents from Each Severity Group that Reported Severe to Very Severe Impact (n = 106)**



Respondents were given the opportunity to explain their responses and provide more context to their impact rating. Major themes that surfaced from their elaborative comments are summarized below.

**Constant fear of judgment impacts self-confidence**

- Condition removes self-identity
- Constant self-consciousness and wondering how others perceive them
- Strangers notice symptoms and ask questions that cause embarrassment and pain

### Cause of depression and anxiety

- Fear of others thinking they are contagious results in self-isolation
- Anxiety over next flare and breakout
- Underlying fear of triggering condition and having it worsen
- Some level of self-blame, wondering if some activity or habit has caused this

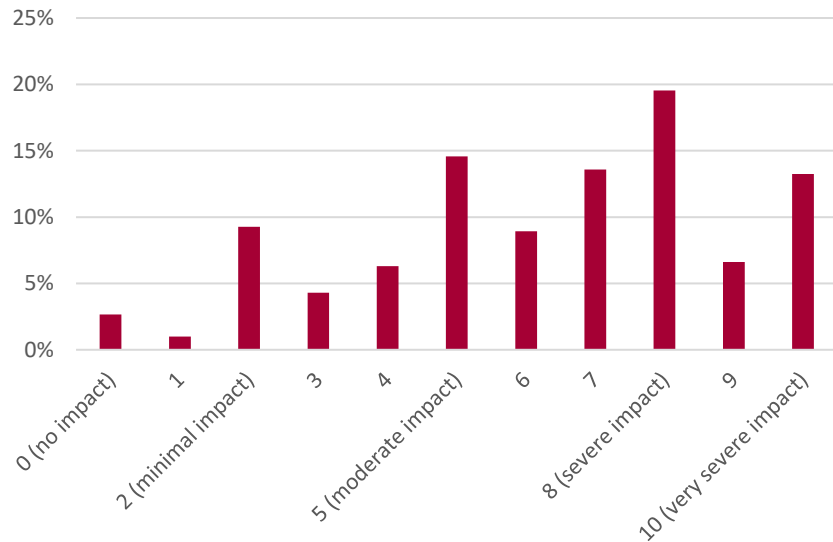
### Loneliness and isolation

- Social interactions are often so stressful and anxiety-provoking that it is easier to isolate one's self than worry about rejection
- Unable to do the physical activities that friends are doing leads to frustration and annoyance, and feeling of being trapped

## iv. IMPACT OF DERMATOLOGICAL CONDITIONS ON SELF-ESTEEM

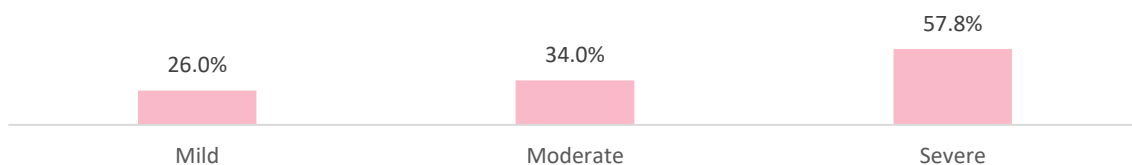
Figure 20: Impact of Dermatological Conditions on Self-Esteem (n = 302)

Of respondents, 76.5% reported that their condition resulted in a moderate to very severe impact on their self-esteem, highlighting that dermatological conditions extend far beyond physical symptoms, and profoundly disrupt self-identity (Figure 20).



The impact of the respondents' dermatological condition was more likely to be detrimental on self-esteem for those that reported that their condition was severe, compared to those who indicated that they had a mild or moderate condition (Figure 21).

Figure 21: Impact of Dermatological Conditions on Self-Esteem - Percentage of Respondents from Each Severity Group that Reported Severe to Very Severe Impact (n = 118)



The following themes emerged from the respondents' explanations of their responses.

### **Loss of identity**

- Does not recognize self due to the changes to their skin
- Condition drains self-esteem, leaving person unable to see self in the same way or rebuild

### **Feel unattractive and ashamed of appearance**

- Symptoms are often visible, or lead to odour or other embarrassing manifestations
- Compelled to always cover up and hide symptoms when leaving the house
- Despite considering self intelligent and competent, sense of value is heavily impacted
- Views self as ugly and disgusting, and wants to be invisible

### **Self-esteem is impacted by reactions of others**

- Belief that others view them as different and lesser than
- Fear that others will think that the condition is a result of poor hygiene
- Experiences of people staring and judging, and asking if the condition is contagious
- Bullying by others has fostered self-loathing

### **Comparison to others**

- Wants desperately to fit in with their peers but cannot relate to their seemingly easy lives
- Questioning why others do not have the same condition and resulting suffering
- Feel disgusting and gross compared to others, look down on self

### **Unworthy of love**

- Feel undesirable to others
- Experiences of others not being able to look past symptoms

### **Unable to participate in activities that used to bring enjoyment**

- Too embarrassed to participate in activities due to appearance
- Worried that certain physical activities will exacerbate symptoms

### **Too self-conscious and ashamed for intimacy**

- Not comfortable being vulnerable with someone
- Feel like body is inadequate and broken

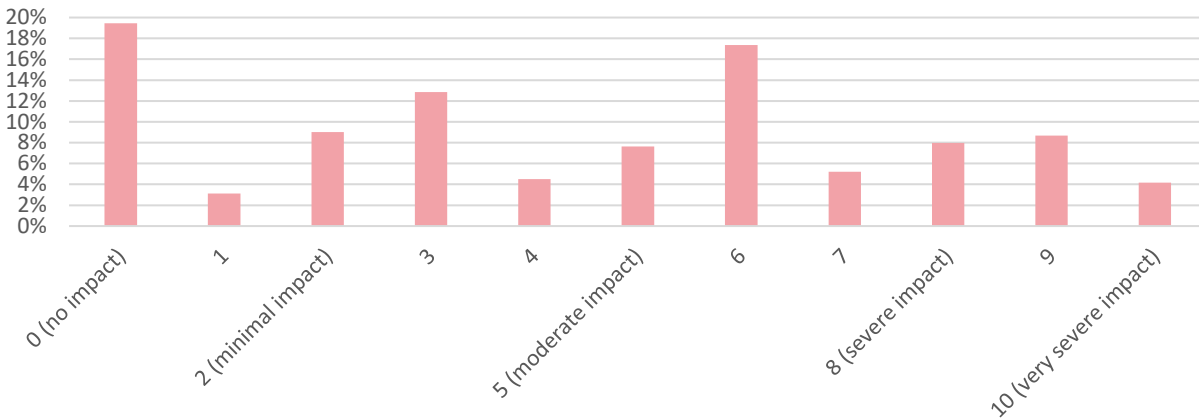
*"Lichen sclerosus has had an extremely negative impact on past relationships. I have often felt like a failure and like my body is broken. Even with my current supportive partner, I feel inadequate."*

-Respondent with lichen sclerosus

## V. IMPACT OF DERMATOLOGICAL CONDITIONS ON CAREER

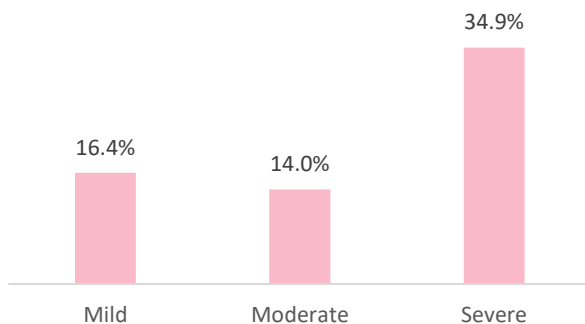
When asked about the effect of their condition on their career, 51.0% indicated that the impact was at least moderate, demonstrating the far-reaching and financial consequences of dermatological conditions (**Figure 22**).

**Figure 22: Impact of Dermatological Conditions on Career (n = 288)**



The impact of respondents' dermatological conditions on their career was more likely to be detrimental for those that reported their condition was severe, that those indicating a mild or moderate condition (**Figure 23**).

**Figure 23: Impact of Dermatological Conditions on Career - Percentage of Respondents from Each Severity Group that Reported Severe to Very Severe Impact (n = 62)**



Respondents described various ways in which their ability to gain employment and function in their

*"I'm an occupational therapist. My work dress code requires certain types of shoes in hospital settings that I can't wear. I've selected employment options that allow more flexible types of footwear and had to apply for accommodations. I've missed work for a few days at a time when my skin gets bad. I push myself to keep up with job demands often at the detriment of my skin, then can't do anything or even walk by the time I'm home and have to just rest."*

– Respondent with epidermolysis bullosa

workplace has been impacted by their condition, as summarized below.

### **Rejected during interviews**

- Despite being qualified, respondents are rejected at interviews due to their condition

### **Work environment and tasks exacerbate condition**

- Working in warm offices and job duties such as frequent handwashing (for healthcare workers) can worsen symptoms
- High-intensity careers often cause stress which leads to symptoms becoming more difficult to manage

### **Condition restricts the types of jobs one is able to take**

- Condition leads to physical restrictions (such as being unable to handle small instruments or hot environments) that limit job prospects
- Unable to adhere to dress codes in garments or fabrics that might intensify symptoms
- Must opt for lower-pressure positions since high-intensity careers often cause stress which lead to symptoms becoming more difficult to manage

### **Difficulties working in a client-focused environment**

- Image-driven spaces result in worry, and shake confidence
- Symptoms impact appearance of professionalism, affecting relationships with clients as well as superiors

### **Condition dominates thoughts and impacts productivity**

- Unable to give 100% to work environment because of stress about symptoms
- Feel anxious to be near others because preoccupied with appearance
- Need to constantly take time off to apply treatment
- Sitting for hours is difficult due to breakouts and raw skin
- Have to miss work due to pain and treatments

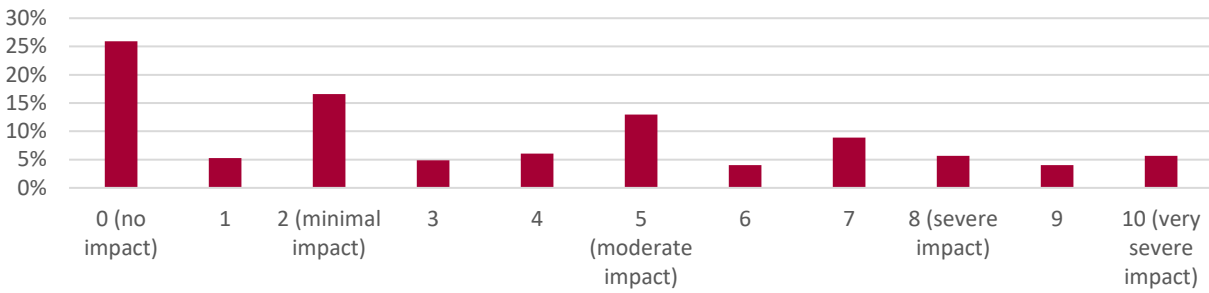
### **Unable to maintain employment**

- Symptoms are very unpredictable resulting in last-minute disruptions to work schedule which are not acceptable to employers who do not understand the severity of dermatological conditions
- Both the condition and treatments can cause pain, exhaustion and other symptoms that hinder the ability to keep a job

## **vi. IMPACT OF DERMATOLOGICAL CONDITIONS ON EDUCATION**

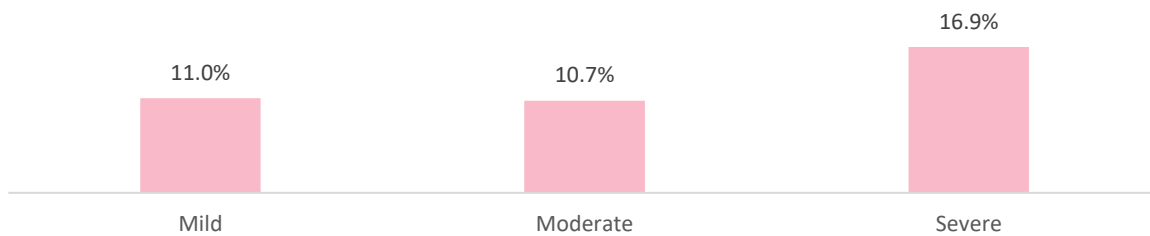
Of respondents, 41.3% reported moderate to severe impacts on education (**Figure 24**).

**Figure 24: Impact of Dermatological Conditions on Education (n = 288)**



A higher percentage of those reporting that their dermatological condition was severe also reported that the impact on their education was severe to very severe, compared to those indicating that their condition was mild or moderate (**Figure 25**).

**Figure 25: Impact of Dermatological Conditions on Education - Percentage of Respondents from Each Severity Group that Reported Severe to Very Severe Impact (n = 38)**



Respondents described various ways in which their abilities to attend school, and successfully perform their educational tasks, were impacted by their condition.

**Disruptive to attendance**

- Often miss school due to visible symptoms, pain, as well as doctors’ appointments
- Necessitated switching from in-person education to remote learning

*“My condition affected my education. I can’t cope in school due to my vitiligo and people don’t want to help me or associate with me.”*

-Respondent with vitiligo

**Symptoms make it difficult to concentrate on school work**

- Symptoms such as intense itching or pain result in sleep deprivation at night, and feeling drowsy and lethargic during class
- Difficult to concentrate in class due to preoccupation with managing and hiding symptoms

**Condition causes social challenges**

- Attending school causes extreme anxiety about others seeing visible manifestations of the condition

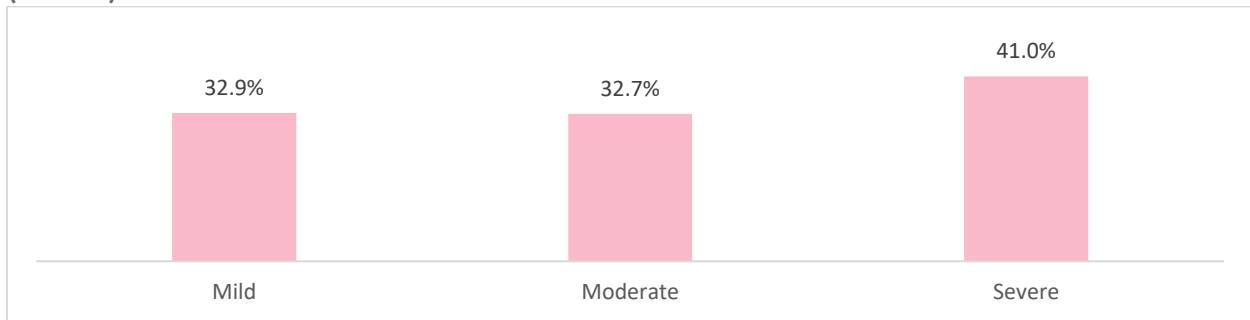
- Feelings of worry and social insecurity at school affect willingness to participate in activities
- Subject to bullying about symptoms
- Feel rejection from others, particularly in group settings

**vii. SUICIDAL IDEATION**

Respondents were asked about prior suicidal ideation, and were provided with suicide hotline numbers and resources, in recognition of the notion that the question might surface difficult emotions. Of 299 respondents, **38.1%** reported that they have had thoughts of wishing they were not alive anymore.

When all respondents were stratified by self-reported severity of their dermatological condition, a higher percentage of those that indicated their condition was severe reported suicidal ideation compared to those with mild or moderate conditions (**Figure 26**).

**Figure 26: Percentage of Respondents from Each Severity Group that Reported Suicidal Ideation (n = 107)**



Of those that elaborated on their response, a minority indicated that those thoughts were unrelated to their condition; the remaining responses were categorized below.

**Desperate to end the suffering due to their condition**

- Accompanies feelings of helplessness and sadness
- Occasional thoughts enter mind at times when condition is particularly severe, hopelessness sinks in, and relief is needed
- Pain can seem unbearable, leading to both physical and mental suffering

**Pain from the reaction and rejection of others**

- Constant negativity and judgment from peers
- Feeling like others do not want to be near them
- Constantly bracing self for rejection from others has led to lack of self-worth

### Difficulty managing costs and obtaining treatment

- Feel like the healthcare system and available supports have failed and although effective treatments exist, they are not publicly funded and prohibitively expensive
- Struggle to feel like a valued person when HCPs do not take condition seriously, understand the symptoms or know how to help

### Watching the progression of their condition

- Discouraging to observe the condition returning with worsening symptoms
- Difficult and painful to remember how easy life was, prior to onset of their condition

## Section III: Care for Mental Health Impacts of Dermatological Conditions

### i. EXPERIENCES WITH MENTAL HEALTHCARE

Of 299 respondents, 48.2% reported that they have previously sought mental healthcare, specifically related to their dermatological condition (**Figure 27**).

**Figure 27. Sought Mental Healthcare for Dermatological Condition (n = 299)**



Of the 144 respondents that availed of mental health support, the majority found it to be helpful (75%).

In a deeper examination of the results, stratified by respondents' self-reported severity of condition, those who reported more severe symptoms were most likely to seek mental healthcare support (53.7%) compared to those with mild (51.4%) or moderate forms (42.7%) (**Figure 28**).

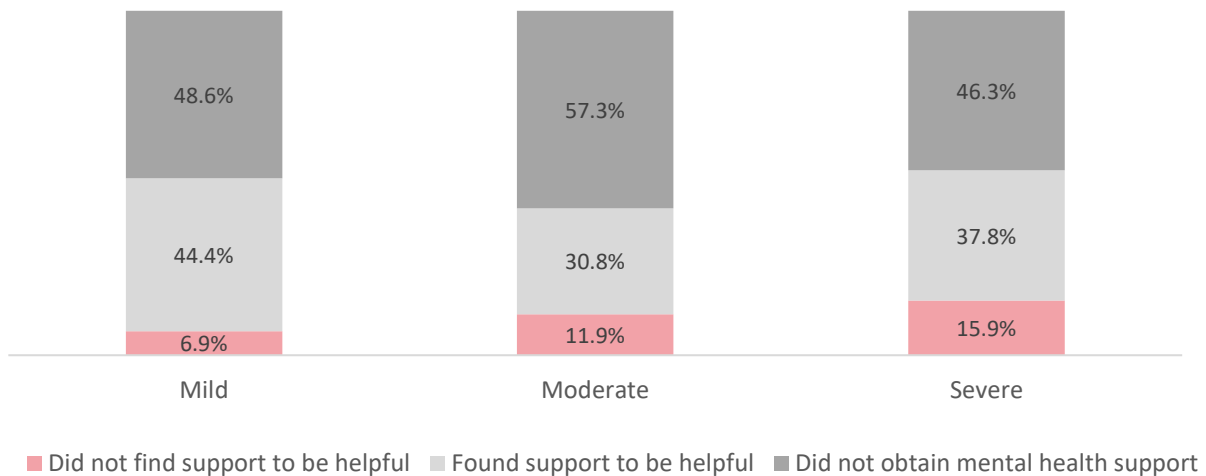
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*"When the pain feels so unbearable and I know there isn't an immediate solution to a flare or a cure, continuing on feels like I'm setting myself up for a life of worsening pain and discomfort."*

– Respondent with hidradenitis suppurativa

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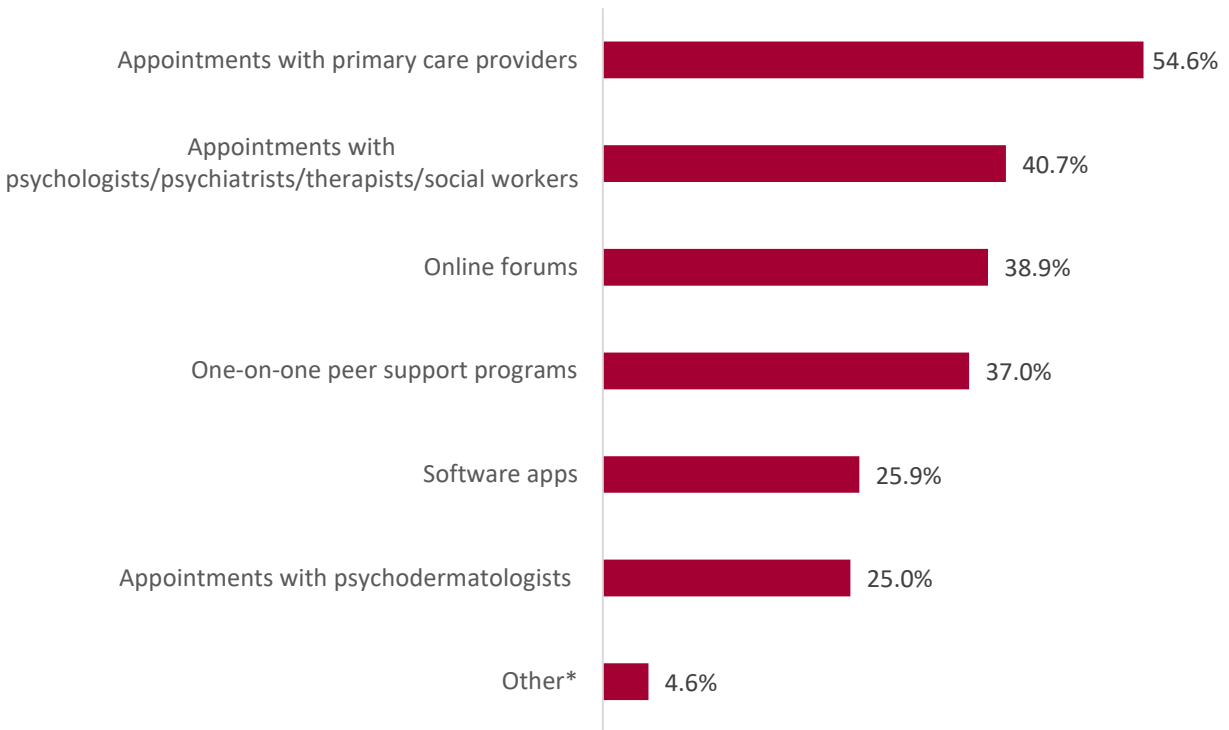
**Figure 28. Use and Usefulness of Mental Healthcare Support, Based on Self-Reported Severity of Condition (n = 299)**



However, the findings reveal that a large proportion of patients - including close to 50% of those reporting a moderate or severe dermatological condition - are not seeking mental healthcare, and 15.9% of those reporting severe symptoms did not find it helpful. This highlights that much work needs to be done to ensure that these patients have useful and tailored supports, that these supports are accessible to them, and that they are aware of the supports.

The most common sources of mental health support were primary care providers (54.6%), which is potentially due to these being accessible clinicians that do not require a referral or out-of-pocket costs for appointments (**Figure 29**). Appointments with those trained specifically to provide mental healthcare such as psychologists and psychiatrists were the next most commonly utilized support sourced, followed by online forums and one-on-one peer support programs whereby an individual with lived experience of the same condition provides mentorship, navigation and care to a patient, often via a patient organization. Psychodermatologists, dermatologists that specialize in the link between psychology and dermatology, and who are trained to provide mental healthcare to individuals with skin, hair and nail conditions, were only seen by one-quarter of respondents, perhaps indicative of these HCPs not being widely accessible across Canada, requiring referral, and patients being unaware that this support is available.

**Figure 29. Types of Mental Healthcare Supports Utilized (n = 108)**



\*medications, cannabis

Many respondents provided additional comments regarding their experiences with the various support programs and services, as described below. A small group of patients expressed their disappointment regarding not being able to access mental healthcare services despite asking their provider for an appointment.

### **Psychodermatologists**

- Provides a very useful framework and guidance for long-term dermatological condition management
- Building resilience

### **Psychologists/psychiatrists/therapists/social workers**

- Coping with uncertainty and navigating the aspects of the condition that are beyond a patient's control
- Managing grief regarding condition-related limitations on life

- Understanding that a dermatological condition can often be viewed as a health disability, and that it is okay to seek support for it
- Managing stress, anxiety and depression

*"I was shocked at how much my support group helped me. I had little hope but it really empowered me."*

– Respondent with alopecia areata

### Peer support provided by patient advocacy groups

- Valuable source of up-to-date information on treatments, surgical options, as well as providing a sense of belonging, particularly when feeling alone and isolated
- Helpful in providing guidance on how to speak to HCPs about symptom severity
- Speaking to those who have lived with their condition for many years offers hope

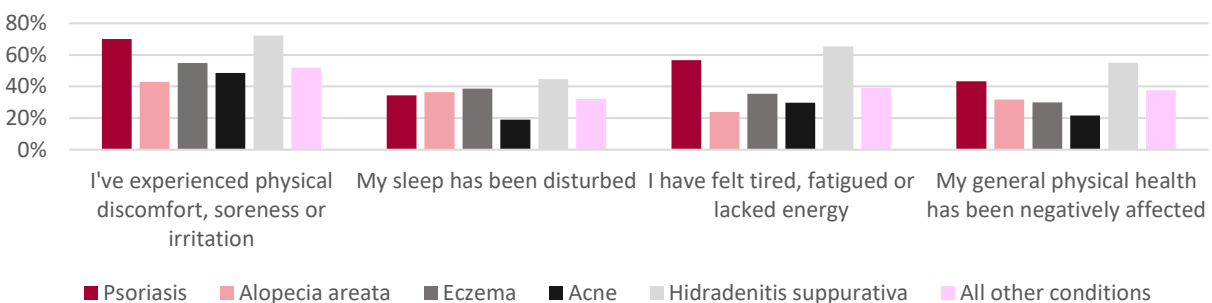
## Section IV: Mental Health Impact, by Dermatological Condition

For each of five skin, hair and nail conditions - acne, alopecia areata, eczema, hidradenitis suppurativa and psoriasis - there were more than 20 respondents that indicated it was their only or most burdensome dermatological condition. Responses to key questions regarding the mental health impact of their condition were compared to better understand their lived experiences.

### i. RESULTS FROM THE PATIENT-REPORTED IMPACT OF DERMATOLOGICAL DISEASES (PRIDD) TOOL

Compared to respondents with eczema, alopecia areata and acne, as well as all other conditions, respondents with psoriasis and hidradenitis suppurativa reported the most detrimental impact on physical health and function (**Figure 30**).

**Figure 30: Percentage of Respondents That Reported Physical Impacts of Dermatological Conditions Often or Always in the Prior Month\***

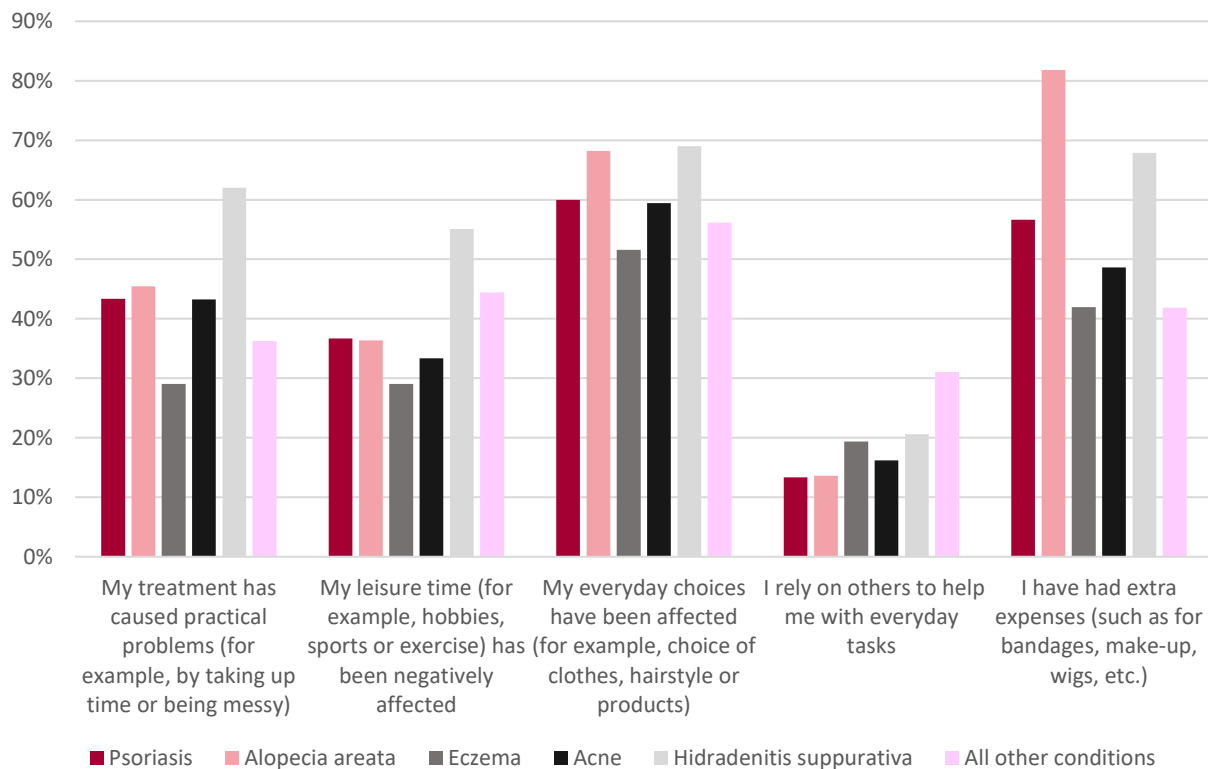


\*n = 30-31 for psoriasis, n = 21-22 for alopecia areata, n = 30-31 for eczema, n = 36-37 for acne, n = 27-29 for hidradenitis suppurativa, n = 155-162 for all other conditions

When considering the prior month, 72.4% and 70.0% of respondents with hidradenitis suppurativa and psoriasis, respectively, felt physical comfort due to their condition often or all of the time. It is important to note that for all conditions, even acne which may not typically be considered to have a significant impact on physical health, more than 20% of respondents indicated that their physical health was negatively affected often or all of the time.

The conditions impact respondents' life responsibilities in multiple ways, with 29.0% (eczema) to 62.0% (hidradenitis suppurativa) of respondents indicating that the treatment causes practical problems in their lives often or always (**Figure 31**). Daily grooming choices are affected frequently for more than half of the respondents, regardless of the condition, while 13.6% to 20.6% of respondents indicated that they depend on others for assistance with daily tasks, further signifying that the burden of this condition is far beyond visible manifestations.

**Figure 31: Percentage of Respondents That Reported Life Responsibility Impacts of Dermatological Conditions Often or Always in the Prior Month\***

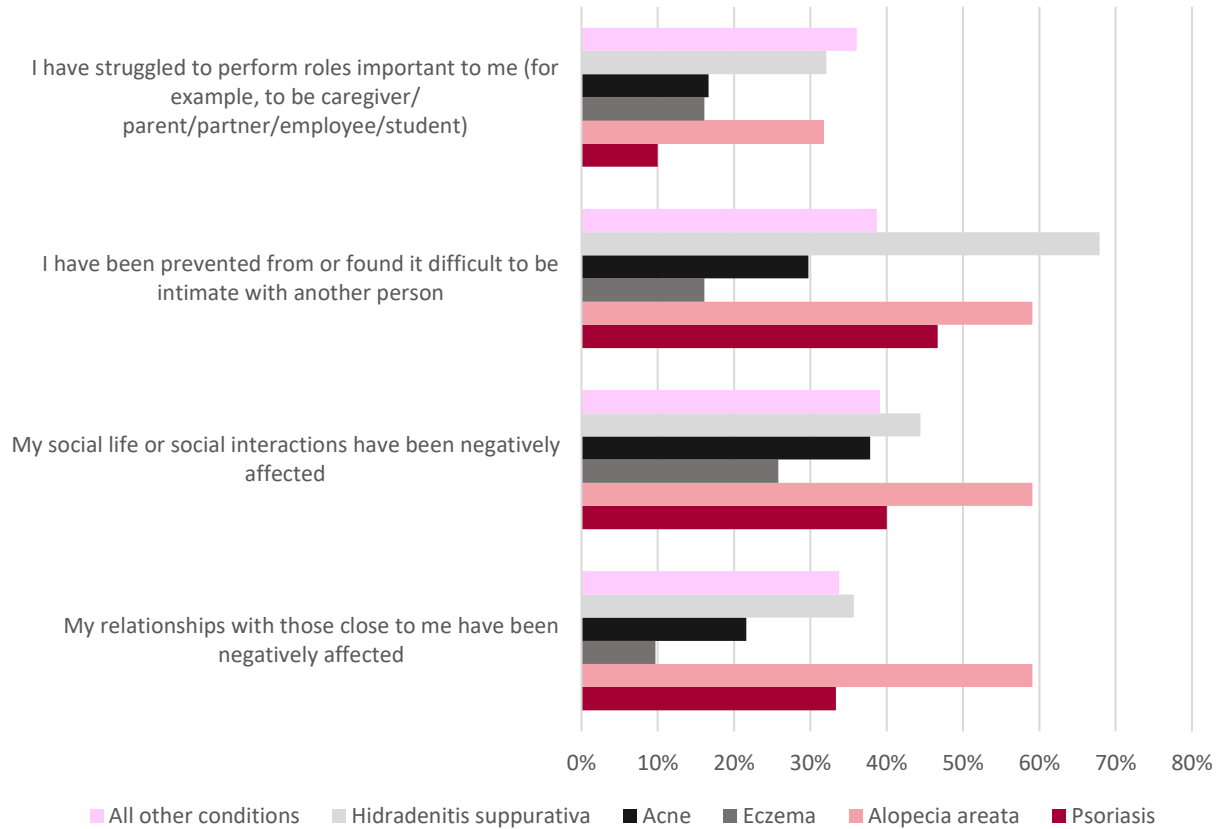


\*n = 30-31 for psoriasis, n = 21-22 for alopecia areata, n = 30-31 for eczema, n = 36-37 for acne, n = 27-29 for hidradenitis suppurativa, n = 155-162 for all other conditions

The impact of the compared conditions on social life was apparent, with hidradenitis suppurativa having the most frequent detrimental effect on the respondents' ability to be

intimate with someone (67.9% reported that the impact occurred often or always), while alopecia areata has most commonly affected close relationships (**Figure 32**).

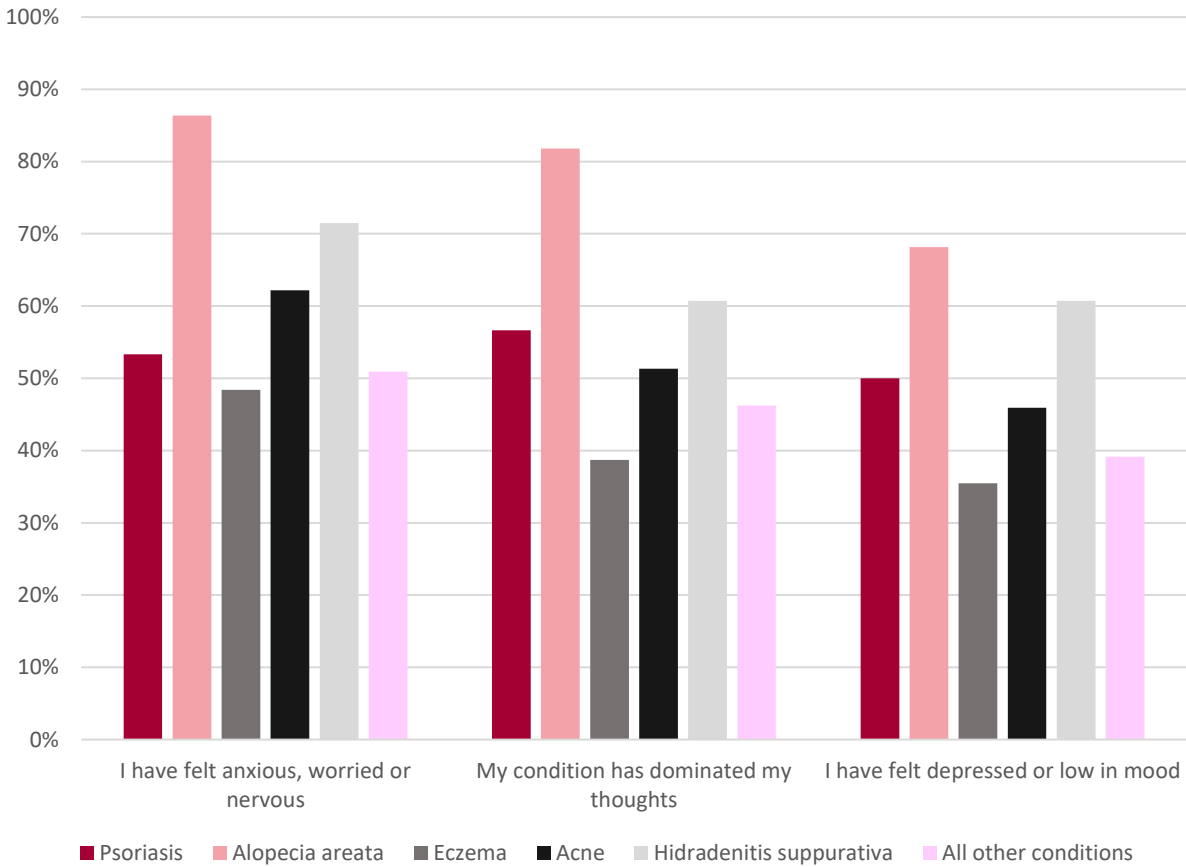
**Figure 32: Percentage of Respondents That Reported Social Life Impacts of Dermatological Conditions Often or Always in the Prior Month\***



\*n = 30-31 for psoriasis, n = 21-22 for alopecia areata, n = 30-31 for eczema, n = 36-37 for acne, n = 27-29 for hidradenitis suppurativa, n = 155-162 for all other conditions

All conditions compared clearly affected the respondents’ psychological well-being, leading to anxiety, worry and even depression (**Figure 33**). Of the conditions compared, alopecia areata led to the most significant impact on psychological well-being, with 86.4% feeling anxious worried or nervous often or always, 81.8% having their thoughts plagued by their condition, and 68.2% feeling depressed or low always or often.

**Figure 33: Percentage of Respondents That Reported Psychological Impacts of Dermatological Conditions Often or Always in the Prior Month\***

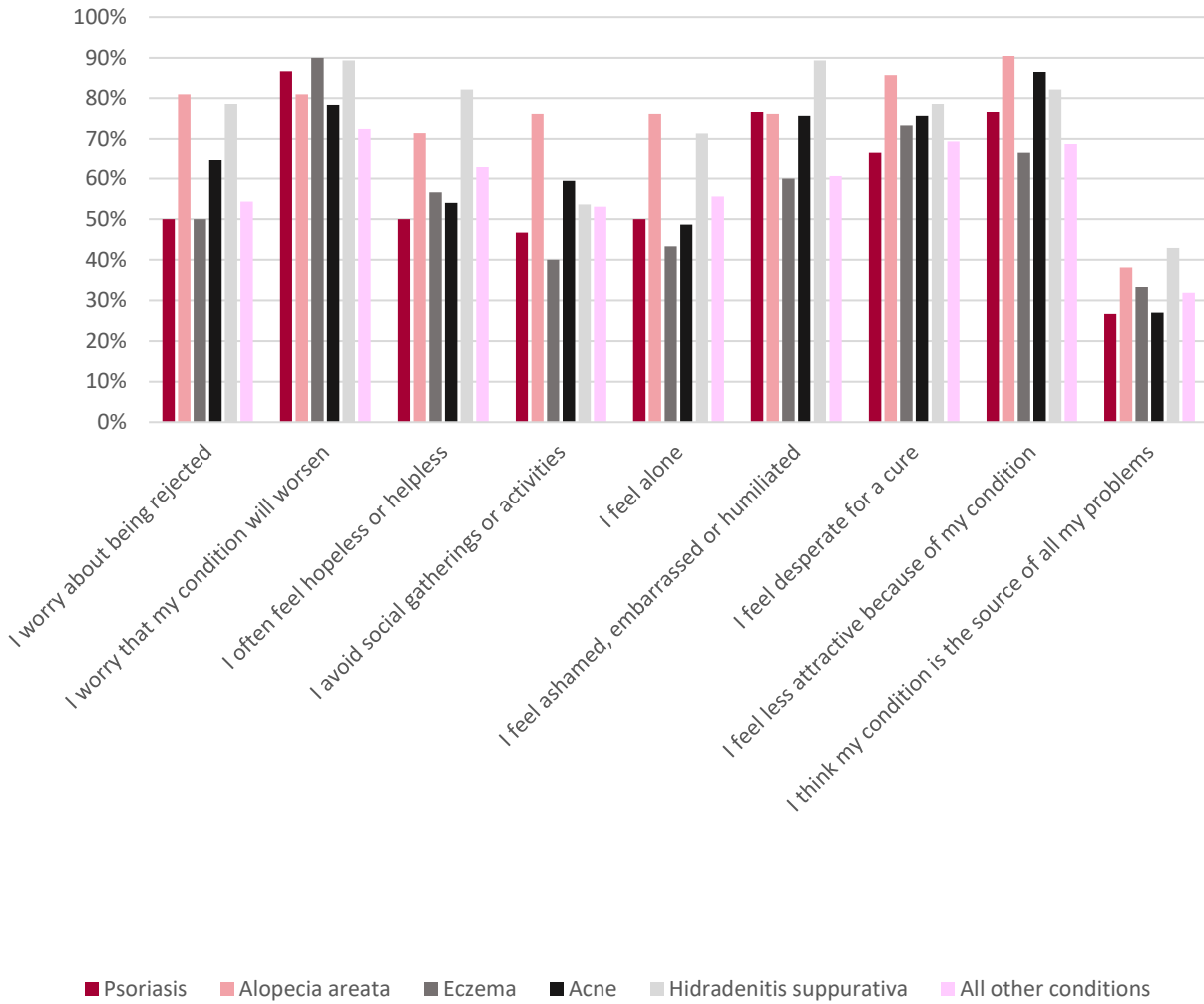


\*n = 30-31 for psoriasis, n = 21-22 for alopecia areata, n = 30-31 for eczema, n = 36-37 for acne, n = 27-29 for hidradenitis suppurativa, n = 155-162 for all other conditions

**ii. IMPACTS OF DERMATOLOGICAL CONDITIONS ON FEELINGS AND BEHAVIOURS**

Nearly 80% of respondents with these compared conditions agreed or strongly agreed that they are worried about the possibility of their condition worsening in the future, and what that may mean for their lives (**Figure 34**). From 66.7% (eczema) to 86.5% (alopecia areata) of respondents agreed/strongly agreed that their condition leads them to feel less physically attractive, while feelings of shame and embarrassment due to their condition occurred for 60% of all respondents, and 90% of those with hidradenitis suppurativa.

**Figure 34: Percentage of Respondents That Agreed/Strongly Agreed to Statements Regarding Feelings and Behaviours Related to Their Dermatological Condition\***

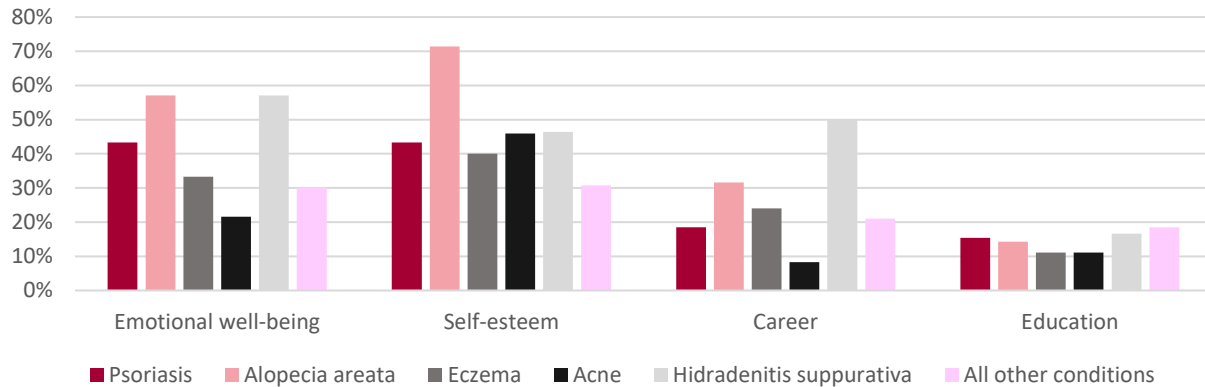


\*n = 30 for psoriasis, n = 21 for alopecia areata, n = 30 for eczema, n = 37 for acne, n = 28 for hidradenitis suppurativa, n = 160 for all other conditions

### iii. EFFECTS OF DERMATOLOGICAL CONDITIONS ON FACETS OF LIFE AND WELL-BEING

The impact of these conditions on emotional well-being and self-esteem are considerable, with over 40% of respondents with one of the five conditions reporting that the impact is severe to very severe (**Figure 35**). Emotional well-being was most commonly impacted severely in respondents with alopecia areata and hidradenitis suppurativa, while 50% of respondents with the latter condition reported a severe to very severe impact on career.

**Figure 35: Percentage of Respondents That Reported a Severe/Very Severe Impact of Dermatological Condition on Facets of Life\***



\*n = 26-30 for psoriasis, n = 14-21 for alopecia areata, n = 25-30 for eczema, n = 36-37 for acne, n = 24-28 for hidradenitis suppurativa, n = 124-159 for all other conditions

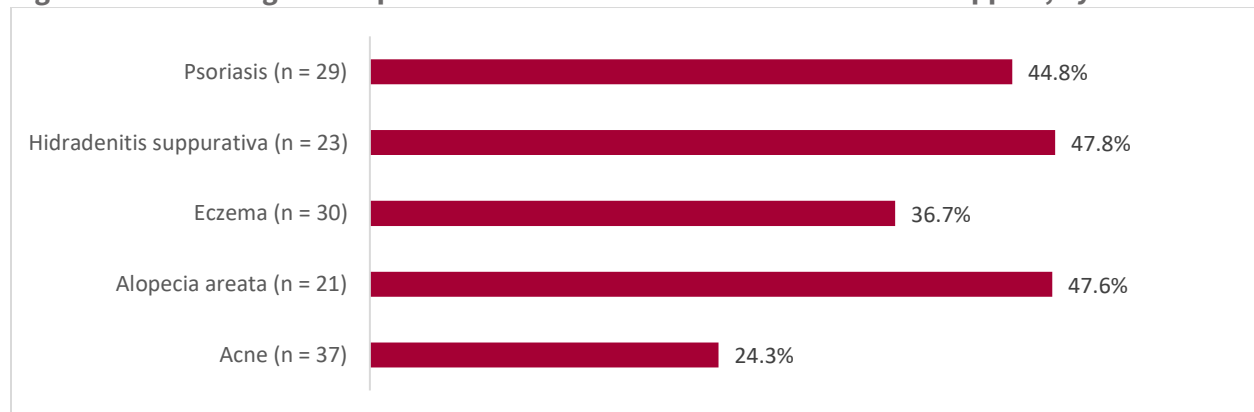
*“The condition always comes back worse than the last time. It is so discouraging and I don’t feel like being here sometimes.”*

-Respondent with eczema

#### iv. SEEKING MENTAL HEALTHCARE

For each of the five conditions, less than 50% of the respondents obtained mental healthcare for the impacts of their dermatological condition (**Figure 36**). Pairing these data with the survey findings on the effects of these conditions on mental health, it is possible that there are sizable gaps in the availability of accessible mental healthcare tools, services and programs for these patients, and perhaps also patient awareness of the existence of such supports.

**Figure 36: Percentage of Respondents That Received Mental Healthcare Support, by Condition**



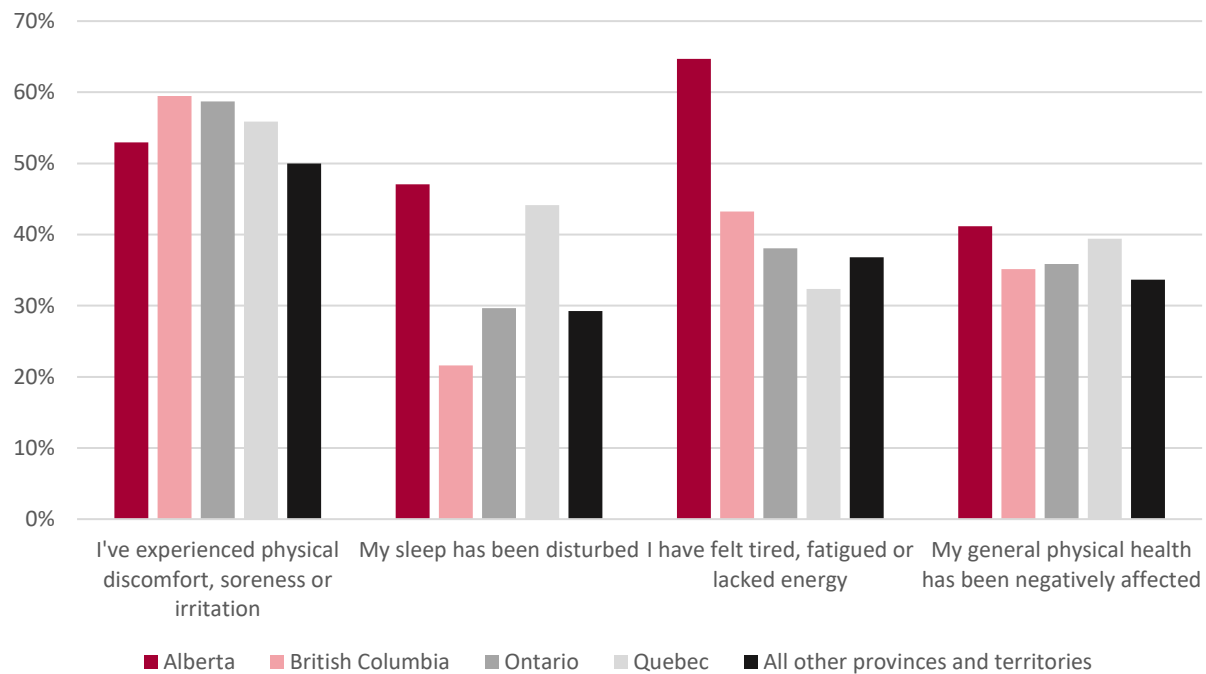
## Section V: Mental Health Impact, by Province

Data were compared for the four provinces – Ontario, British Columbia, Alberta and Quebec - with the largest number of respondents, to identify any notable trends in responses to key survey questions about the mental health impact of their dermatological condition.

### i. RESULTS FROM THE PATIENT-REPORTED IMPACT OF DERMATOLOGICAL DISEASES (PRIDD) TOOL

Respondents from all provinces report similar physical impacts of their conditions, though those from Alberta were more likely to indicate feeling fatigued or lacking energy often or always (64.7%) (**Figure 37**).

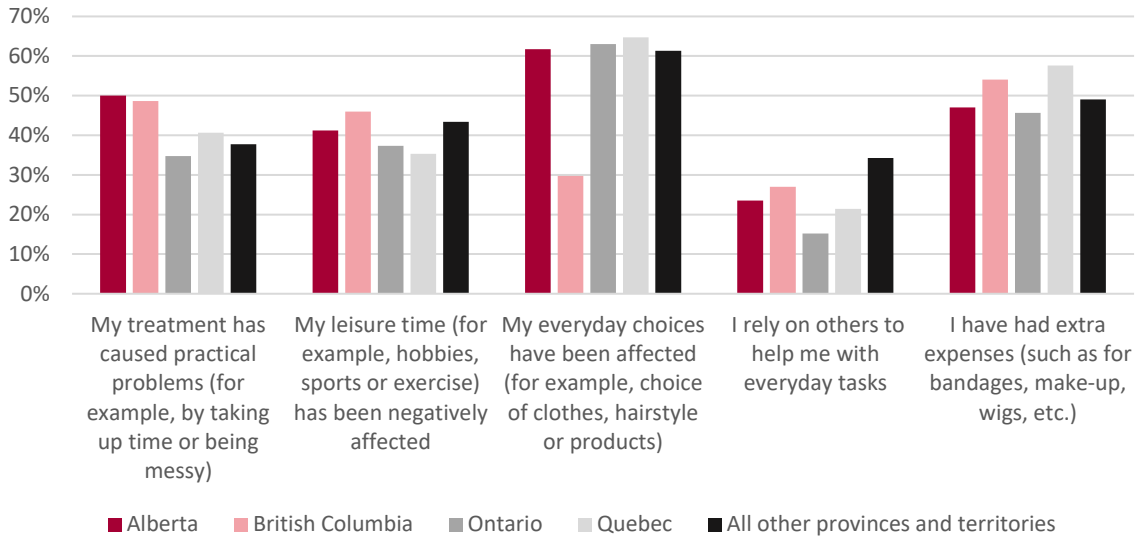
**Figure 37: Physical Health Impacts of Dermatological Conditions, by Province\***



\*n = 34 for Alberta, n = 36-37 for British Columbia, n = 91-92 for Ontario, n = 30-34 for Quebec, n = 102-106 for all other provinces

Dermatological conditions have an impact on all aspects on life responsibilities for patients in the provinces compared (**Figure 38**).

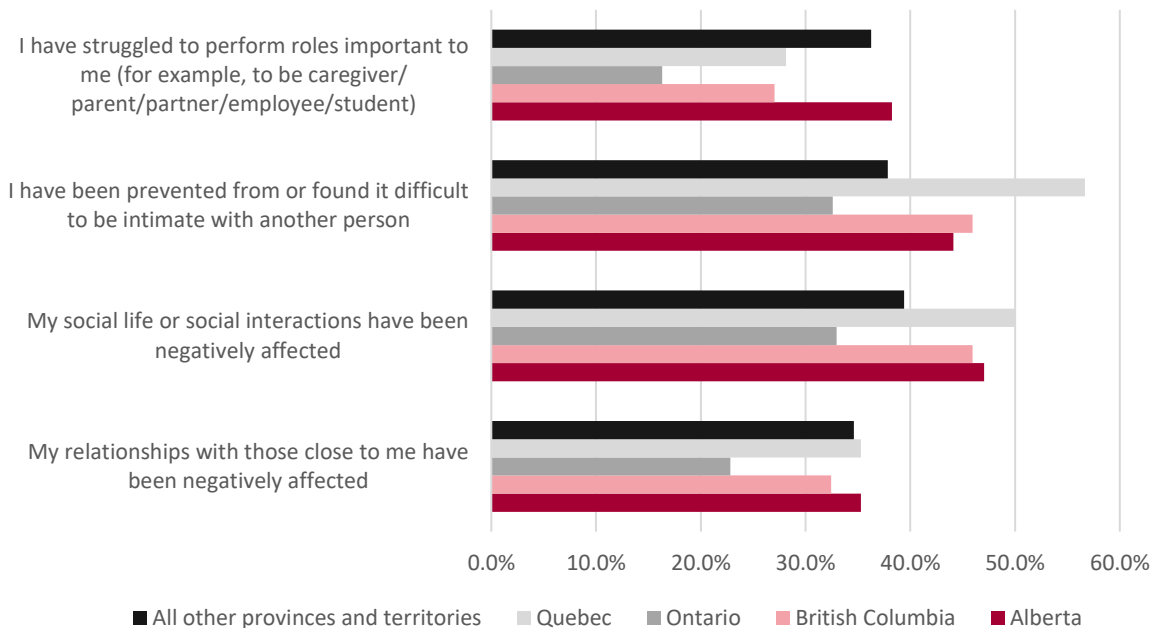
**Figure 38: Life Responsibility Impacts of Dermatological Conditions, by Province\***



\*n = 34 for Alberta, n = 36-37 for British Columbia, n = 91-92 for Ontario, n = 30-34 for Quebec, n = 102-106 for all other provinces

While respondents from Ontario indicated less impact on their social lives than those from other provinces, the effect was still considerable, leading to challenges with intimacy and difficulties with social interaction (**Figure 39**).

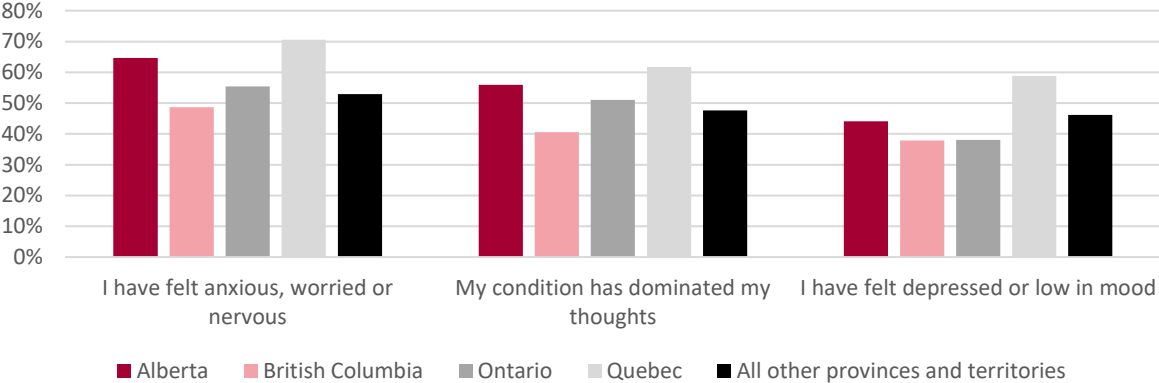
**Figure 39: Social Life Impacts of Dermatological Conditions, by Province\***



\*n = 34 for Alberta, n = 36-37 for British Columbia, n = 91-92 for Ontario, n = 30-34 for Quebec, n = 102-106 for all other provinces

Respondents from all provinces expressed impacts on psychological health from their conditions, indicating the need for support, perhaps at early stages and onwards (**Figure 40**).

**Figure 40: Psychological Impacts of Dermatological Conditions, by Province\***



\*n = 34 for Alberta, n = 36-37 for British Columbia, n = 91-92 for Ontario, n = 30-34 for Quebec, n = 102-106 for all other provinces

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*“It makes me feel ugly. You look at conventionally attractive people and none of them have acne. Having acne and eczema isn’t a part of beauty standards and it’s seen as being dirty or unhygienic.”*

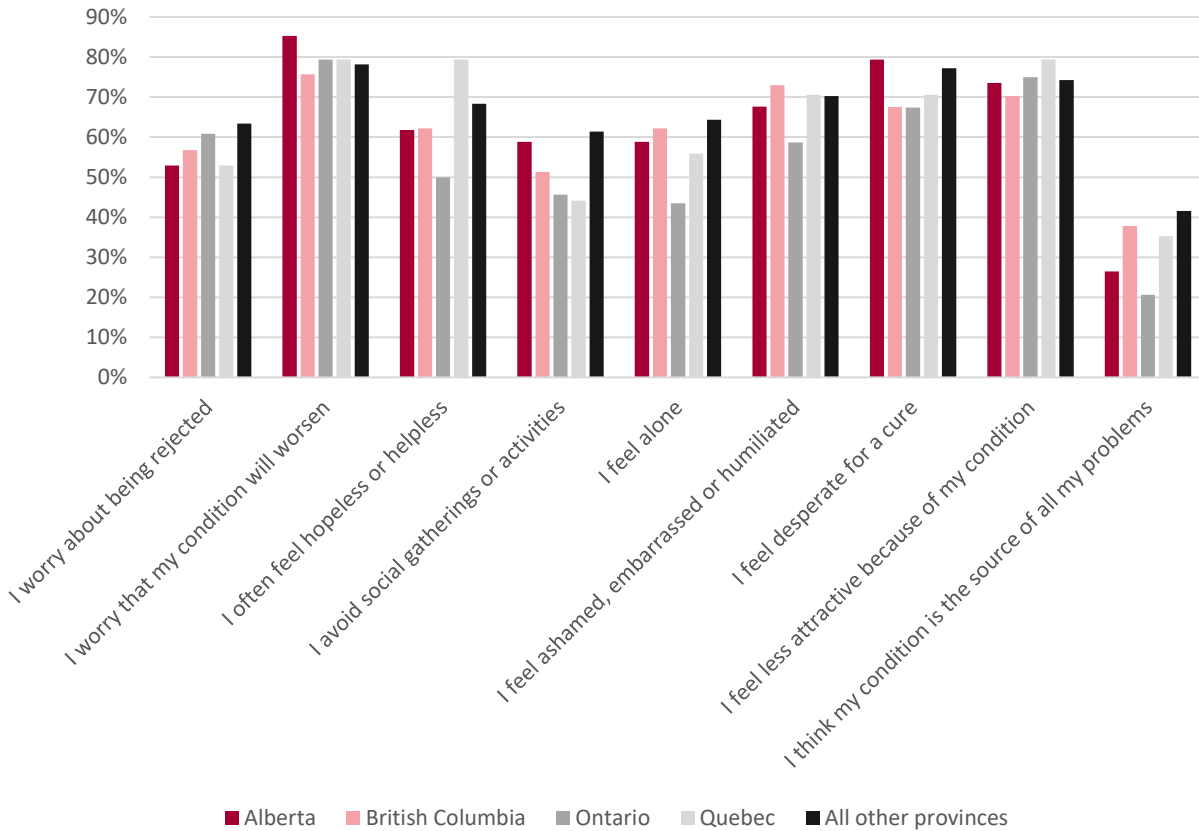
- Respondent with acne

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**ii. IMPACTS OF DERMATOLOGICAL CONDITIONS ON FEELINGS AND BEHAVIOURS**

While no clear trends emerged when examining feelings and behaviours related to dermatological conditions, it is evident from the results that across all provinces, the impact of these conditions is truly devastating, affecting a person’s well-being, self-perception and mood (**Figure 41**).

**Figure 41: Respondents' Level of Agreement to Statements Regarding Feelings and Behaviours Related to Their Dermatological Condition, by Province\***

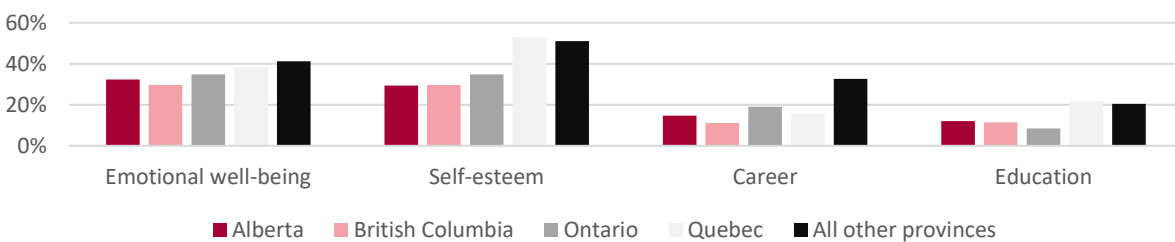


\*n = 34 for Alberta, n = 37 for British Columbia, n = 92 for Ontario, n = 34 for Quebec, n = 101 for all other provinces

### iii. EFFECTS OF DERMATOLOGICAL CONDITION ON FACETS OF LIFE AND WELL-BEING

Dermatological conditions appear to impact all facets of life across all provinces compared (Figure 42). Respondents from provinces other than Alberta, British Columbia, Ontario and Quebec reported a more severe impact of their condition on their career (32.6% had a severe to very severe impact) which may be the result of less career opportunities (or even less accessible care) in smaller provinces than the larger, more populated regions.

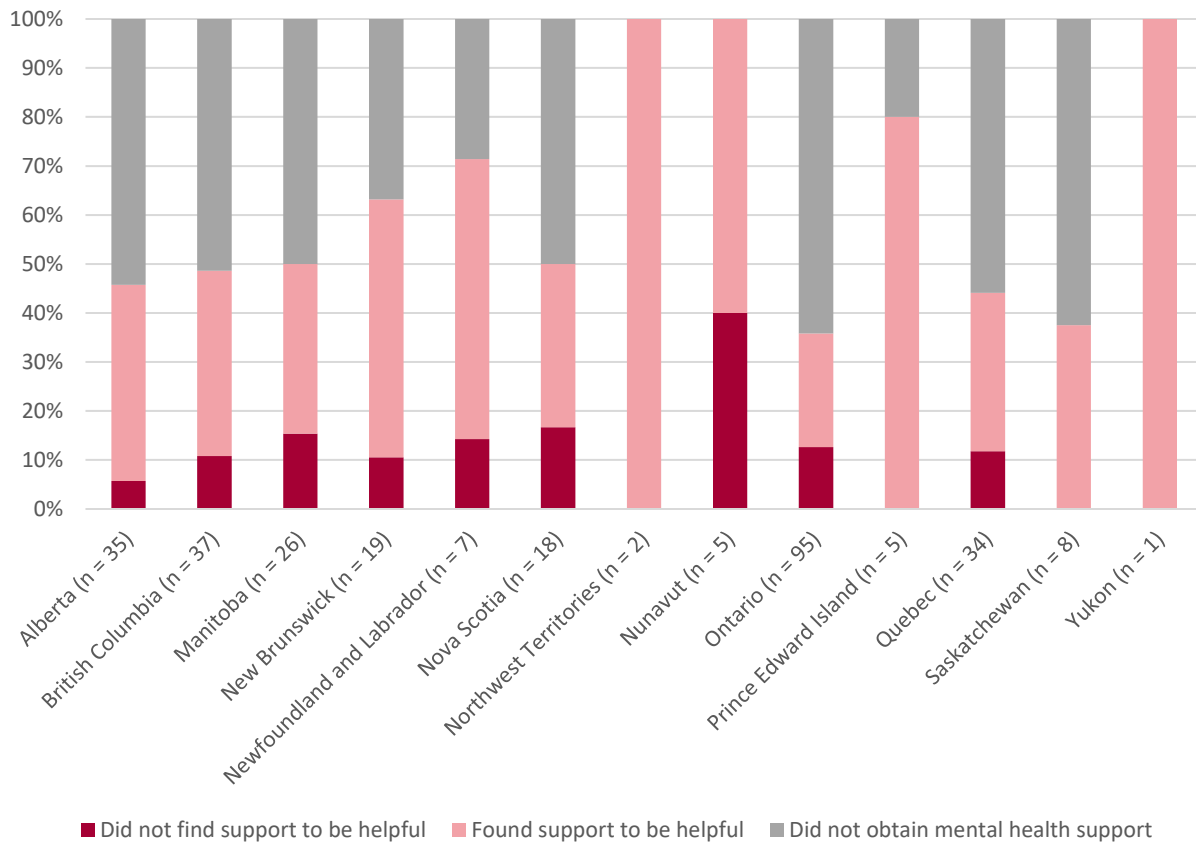
**Figure 42: Percentage of Respondents That Reported a Severe/Very Severe Impact of Dermatological Condition on Facets of Life and Well-being, by Province\***



#### iv. SEEKING MENTAL HEALTHCARE

Interestingly, those from larger provinces were less likely to have reported obtaining mental healthcare for the impacts of their dermatological condition compared to those from other provinces and territories (**Figure 43**). While only 16.4% of those who sought care in smaller provinces and territories did so via specialized mental health clinicians such as psychologists and social workers, compared to 27.8-69.2% in the four largest provinces, 44.3% obtained mental healthcare through their family physician, which was higher than the rate in Quebec (20%) and Ontario (37.5%). Given that family physicians in less populous regions often have to assume a broader scope of care given the lack of specialized clinicians in their area, they are potentially seeing their patients more often than a family physician in a large province, and therefore assessing mental health in their patients may be more routine.

**Figure 43: Percentage of Respondents That Received Mental Healthcare Support for Their Condition, by Province and Territory**



## SURVEY TEAM

The survey team consisted of the following:

- Dana Gies (Canadian Skin Patient Alliance)
- Natalie Kermany (Patient representative)
- Dr. Se Mang (Simon) Wong (University of British Columbia)
- Dr. Marlene Dytoc (University of Alberta)
- Arrani Thambimuthu (University of Montreal)
- Zahra Rehan (Memorial University)
- Parsa Abdi (Memorial University)
- Dr. Jennifer Pereira (JRL Research & Consulting Inc.)

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## REFERENCES

1. Canadian Dermatology Association. Acne. <https://dermatology.ca/public-patients/diseases-conditions/skin-conditions/acne/#:~:text=Acne%20affects%205.6%20million%20Canadians,per%20cent%20of%20adult%20cases>. [accessed 10-03-2025].
2. Lo A, Lovell KK, Greenzaid JD, Oscherwitz ME, Feldman SR. Adherence to treatment in dermatology: literature review. *JEADV Clinical Practice* 2024;3(2):401-18.
3. Thompson AM, Fernandez JM, Rick J, Hendricks AJ, Maarouf M, Mata EM, Collier EK, Grogan TR, Hsiao JL, Shi VY. Identifying triggers for hidradenitis suppurativa flare: a patient survey. *British Journal of Dermatology* 2021;185(1): 225–226.
4. Patel ZS, Hoffman LK, Buse DC, Grinberg AS, Afifi L, Cohen SR, Lowes MA, Seng EK. Pain, psychological comorbidities, disability, and impaired quality of life in hidradenitis suppurativa [corrected]. *Curr Pain Headache Rep* 2017;21(12):49. Erratum in: *Curr Pain Headache Rep* 2017;21(12):52.
5. Yoo J, Koo HYR, Han K, Lee YB. Impairment of quality of life and mental health status in adult-onset atopic dermatitis. *Ann Dermatol* 2022;34(4):278-286.
6. Rodriguez D, Kwatra SG, Dias-Barbosa C, Zeng F, Jabbar Lopez ZK, Piketty C, Puellas J. Patient perspectives on living with severe prurigo nodularis. *JAMA Dermatol* 2023;159(11):1205-1212.

7. Basra MK, Finlay AY. The family impact of skin diseases: the Greater Patient concept. *Br J Dermatol* 2007;156(5):929-37.
8. Hong J, Koo B, Koo J. The psychosocial and occupational impact of chronic skin disease. *Dermatol Ther* 2008;21(1):54-9.
9. Barisone M, Bagnasco A, Hayter M, Rossi S, Aleo G, Zanini M, Catania G, Pellegrini R, Dasso N, Ghirotto L, Sasso L. Dermatological diseases, sexuality and intimate relationships: A qualitative meta-synthesis. *J Clin Nurs* 2020;29(17-18):3136-3153.
10. Dalgard FJ, Gieler U, Tomas-Aragones L, et al. The psychological burden of skin diseases: a cross-sectional multicenter study among dermatological out-patients in 13 European countries. *Journal of Investigative Dermatology* 2015;135(4):984-991.
11. Paller AS, Rangel SM, Chamlin SL, Hajek A, Phan S, Hogeling M, Castelo-Soccio L, Lara-Corrales I, Arkin L, Lawley LP, Funk T, Castro Porto Silva Lopes F, Antaya RJ, Ramien ML, Vivar KL, Teng J, Coughlin CC, Rehmus W, Gupta D, Bercovitch L, Pediatric Dermatology Research Alliance. Stigmatization and mental health impact of chronic pediatric skin disorders. *JAMA Dermatology* 2024;160(6):621-630.
12. Das A, Datta M. Factors affecting dermatology-specific quality of life and perceived stigma among patients with chronic skin conditions. *Advances in Biomedical and Health Sciences* 2025;4(2):70-75.
13. Christensen RE, Jafferany M. Psychiatric and psychologic aspects of chronic skin diseases. *Clin Dermatol* 2023;41(1):75-81.
14. Storer B, Kershaw KA, Braund TA, Chakouch C, Coleshill MJ, Haffar S, Harvey S, Newby J, Sicouri G, Murphy M. The prevalence of anxiety disorders in dermatology outpatients: A systematic review and meta-analysis. *J Eur Acad Dermatol Venereol*. 2023 Apr 28.
15. Bibeau K, Ezzedine K, Harris JE, van Geel N, Grimes P, Parsad D, Tulpule M, Gardner J, Valle Y, Tlhong Matewa G, LaFiura C, Lindley A, Ren H, Hamzavi IH. Mental Health and Psychosocial Quality-of-Life Burden Among Patients With Vitiligo: Findings From the Global VALIANT Study. *JAMA Dermatol*. 2023 Oct 1;159(10):1124-1128.
16. Jia YJ, Liu P, Zhang J, Hu FH, Yu HR, Tang W, Zhang WQ, Ge MW, Shen LT, Du W, Shen WQ, Xu H, Cai B, Zhang WB, Chen HL. Prevalence of anxiety, depression, sleeping problems, cognitive impairment, and suicidal ideation in people with autoimmune skin diseases. *J Psychiatr Res*. 2024 Aug;176:311-324.
17. Badaiki W, Penney M, Pyper E, Lester K, Skeard J, Shin J, Fisher B, Gulliver S, Gulliver W, Rahman P. Real World Studies of Psoriasis and Mental Illness in Newfoundland and Labrador. *J Cutan Med Surg*. 2022 Sep-Oct;26(5):494-501.
18. Lynde CW, Poulin Y, Guenther L, Jackson C. The burden of psoriasis in Canada: insights from the pSorIASIS Knowledge IN Canada (SKIN) survey. *J Cutan Med Surg*. 2009 Sep-Oct;13(5):235-52.
19. Gilding, A. J., Ho, N., Pope, E., & Sibbald, C. (2022). The Burden of Disease in Alopecia Areata: Canadian Online Survey of Patients and Caregivers. *JMIR dermatology*, 5(4), e39167.

20. Evers AW, Lu Y, Duller P, van der Valk PG, Kraaimaat FW, van de Kerkhof PC. Common burden of chronic skin diseases? Contributors to psychological distress in adults with psoriasis and atopic dermatitis. *Br J Dermatol.* 2005 Jun;152(6):1275-81.
21. Jafferany M. Psychodermatology: a guide to understanding common psychocutaneous disorders. *Prim Care Companion J Clin Psychiatry.* 2007;9(3):203-13.
22. Pattinson R, Trialonis-Suthakharan N, Pickles T, Austin J, FitzGerald A, Augustin M, Bundy C. Measurement properties and interpretability of the Patient-Reported Impact of Dermatological Diseases (PRIDD) measure. *Br J Dermatol.* 2024 Nov 18;191(6):936-948.