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to the
House of Commons Standing Committee on Finance**

**“How do you feel?”
Building Economic Resilience by Beating Canada’s Depression Epidemic**

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EXECUTIVE SUMMARY

It is no wonder that depression is now an epidemic when “How do you feel?” is the only real way a doctor has to diagnose it. Currently, two-thirds of Canadians seeking medical help for depression leave their doctor’s office without an effective or sustainable solution. Even more troubling is the fact that 11 people die as a result of suicide each and every day in this country.

Notwithstanding recent and positive investments in brain health and the establishment of the Mental Health Commission of Canada in 2007, a critical gap still exists. Although there is important work that is underway inside the lab (basic neuroscience research), most of the results from this research will not be available to clinicians or their patients for years to come. Meanwhile, patients today are in critical need of tools and treatments to help them. Indeed, only about 14 percent of useful discoveries will enter day-to-day clinical practice.

It is with this in mind that we are pleased to participate in the House of Commons Standing Committee on Finance’s consultation process in advance of the 2012 federal budget by calling for the establishment of a **national network of depression research and intervention centres**, which would bring together the leading clinical and research minds of the mental health field from all across Canada. By acting as a catalyst, the federal government could lay the groundwork for a strong, tangible and national commitment to beating Canada’s depression epidemic.

The current diagnosis protocol for patients suffering from depression is very generalized and not biologically based, hence treatments are only fully effective for about 30 percent of patients.¹ The proposed network would work in conjunction with clinicians, clinical researchers and primary care providers to ensure that patients going through the diagnosis process would have access to new diagnostic tools (biomarkers), leading to more effective treatments. The network would also conduct highly interactive research that could lead to commercially viable products and services as well as allow for broad-based clinical trials and knowledge sharing amongst clinicians and scientists across the country.

Mental illness significantly impacts the hydraulics of success for our economy and the argument for the need to address this issue is clear. Depression costs Canada an estimated \$51 billion annually in costs related to health care, criminal justice, child abuse and neglect, addictions, institutional stresses and dysfunction, lost income and lost productivity.²

Taking into account that mental illness is the number one cause of workplace disability in Canada, investing in the patient-oriented research that the network is proposing will result in increased workplace productivity, a stable, healthy workforce and relieve some of the staggering costs that depression places on government. In today’s knowledge (hence brain) based economy, mental agility and well-being is the single critical factor for sustainable and successful output. Combating depression is a necessary undertaking to deal with the social and economic costs for our nation, and building a resilient economy.

Despite the obvious need for this type of network, most of the research dollars available require that infrastructure be in place prior to approving funding. **That is why we encourage the federal government to be a catalyst in the frontline fight against depression and recommend a one-time investment of \$5 million in seed funding to immediately launch a network of patient-focused research and intervention centres that would lead to better patient care and a true understanding of the illness.**

¹ Trivedi et al. Am. J.Psych. 2006

²http://www.camh.net/News_events/News_releases_and_media_advisories_and_backgrounders/Dewa_cost_per_person.html

Federal infrastructure support would lay the groundwork for leveraging funding from the private sector, community stakeholder organizations and the research community, as well as federal and provincial research bodies (whose criteria generally requires infrastructure to be in place). Provinces and territories are obvious future partners once this important infrastructure is established, given their July 2011 pronouncements in support of mental health and their commitment to a summit in the winter of 2011.

We are confident that positive and measurable results will be felt within two to three years at most, and groundwork has been laid to interface with similar networks currently being rolled out worldwide, particularly in the United States, which currently has 22 centres.

MEDICAL BACKGROUND

The World Health Organization has said that depression is now the world's most devastating illness, in mid to high-income countries.³

Eight to nine per cent of Canadians are affected.

Eleven Canadians per day take their own life because they believe suicide is the only answer. That's 4000 lives lost per year, with unimaginable distress brought to friends, families and coworkers

Despite this, depression remains under-diagnosed and untreated. Two-thirds of Canadians seeking medical help for depression leave their doctor's office without an effective or sustainable solution.

Even with recent critical investments in brain health and the establishment of the Mental Health Commission of Canada in 2007, a significant gap still exists.

There is a desperate need for more accurate and timely diagnosis of depression as well as improved, cost-effective and personalized interventions. This can only be achieved through direct patient-oriented research and intervention, and by shared experiences through a structured network setting. Given the natural dichotomy between basic (bench) neuroscience research and patient-oriented clinical research, important work that is underway inside the lab will not meet this urgent unmet need. Further, it will be several, if not a dozen or more years before lab-based scientific outcomes can even begin to deliver some of the answers vulnerable Canadians need.

This network will initially focus on currently existing discoveries that can be applied to the patients immediately, with a keen eye on upstream knowledge being created at the bench. We are confident tangible results will be felt swiftly.

Together Canadians can beat the stigma associated with depression as we did with cancer in the 1960s. Today, families talk about it around the dinner table, and country-wide efforts exist to find a cure and support those suffering. Canada can apply the winning strategies that have been proven to work in other areas of clinical research.

THE FACE OF CANADA'S DEPRESSION EPIDEMIC

While it can affect anyone, depression is particularly devastating to the following:

Youth: On Canada's university and college campuses, anti-depressants are the No. 1 prescription drug. Suicide is the second-leading cause of death among Canada's youth. Campus cases are on the rise.⁴

Seniors: More than 45% of seniors living in residential care homes suffer from depression. They are often misdiagnosed and inadequately treated.

Women: Women are twice as likely as men to suffer from depression.

³ The Global Burden of Disease 2004 update, World Health Organization:

http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf

⁴ <http://www.mooddisorderscanada.ca/page/quick-facts>

First Nations and Canadians living in northern communities: Rates of depression and suicide among First Nations and Inuit are staggeringly high (amongst the highest in the world).⁵

SUSTAINED ECONOMIC RECOVERY THROUGH A HEALTHY WORKFORCE AND SOCIETY

The No. 1 cause of workplace disability in the country is mental illness in general and depression in particular.

Depression costs Canada an estimated \$51 billion annually in costs related to health care, criminal justice, child abuse and neglect, addictions, institutional stresses and dysfunction, lost income and lost productivity.

As Canada continues on a path of economic recovery, it is important to remember that this recovery is still fragile. In order to develop a strong and resilient economy, it will be necessary for Canada to ensure it has a stable, mentally healthy workforce properly prepared to do the jobs that make this country strong.

ACHIEVING A BALANCED BUDGET/CUTTING TAXES/CREATING JOBS

An investment of \$5 million by the government for **seed funding** to implement a network of patient-focused research and intervention centres to combat mental illness and depression will meet current and other government needs:

Improved diagnosis: A tangible patient-focused research agenda nation-wide will improve diagnosis and treatment of depression; which will reduce the current economic burden caused by undiagnosed and improperly treated depression.

Improved workplace productivity: Improved diagnosis and treatment of depression will alleviate absenteeism, ensure mental agility and enhance productivity of the knowledge-based economy, while lessening the costs associated with sick leave.

Information exchange: A network of centres to diagnose and treat depression would allow clinicians and researchers to directly exchange ideas on how best to treat cases of depression, and would offer enhanced access to diagnostic tools, interventions and therapies that would assist them in finding out the “why” behind the symptoms. This would ensure no negative duplication of efforts and ensure citizens nation-wide benefit from the research and available resources.

One-time seed funding now would lay the groundwork for future investment: Federal infrastructure support would lay the groundwork for funding by federally and provincially funded research bodies, the provinces and territories as well as private sector, stakeholder organizations and the research community writ-large. The federal government’s role would be that of a catalyst in beating Canada’s depression epidemic.

Job Creation: The development of a national network would spur full participation in the workplace and job creation and attachment, including among youth and in Canada’s north, given the increased diagnosis of depression among people in those particular demographics.

Taxation benefits: The creation of the network would help relieve the \$51 billion in costs attributable to depression in the workplace through improved access to real solutions and diagnosis, which will reduce lost tax revenue for governments as well as other costs for employers due to workplace depression and insurance claims. Beyond the boardroom, depression stifles innovation as well as sheer participation in society and therefore discretionary spending by Canadians.

⁵ <http://www.mooddisorderscanada.ca/page/quick-facts>

RECOMMENDATION

The 2012 federal budget should include a **one-time funding commitment of \$5 million for the launch of a national network of patient-focused depression research and intervention centres** that would lead to better care and understanding of the illness. This commitment could be achieved through new funding or by redirecting existing funds - through regulation or legislation - to clinical depression and the establishment of a network **specifically**.⁶

By acting as a catalyst, the federal government could lay the groundwork for future funding by federally and provincially funded research bodies (whose criteria generally requires infrastructure to be in place), the provinces and territories as well as private sector, stakeholder organizations and the research community writ-large.

Strong support has been received from major stakeholders like the Canadian Chamber of Commerce, the Canadian Medical Association, the Conference Board of Canada, Health Canada as well as top-tier clinical and research professionals from coast to coast who would form the start-up leadership team of the national network of patient focused depression and research intervention centres.

The proposed seed funding would be broken down as follows:

- \$2.18 million - Collaboratory network and clinical trials capacity development
- \$1.1 million - Next generation of depression researchers
- \$400,000 - International partnering and leveraging
- \$300,000 - Annual depression knowledge exchange conference, meetings and seminars
- \$120,000 - Private sector business development and engagement for future funding
- \$80,000 - Intellectual property management
- \$820,000 – Secretariat (Pan-Canadian membership driven)

CONCLUSION

Depression is a serious problem that affects millions of Canadians and their families. Although research is being conducted into its causes, there is a gap when it comes to treatment and diagnosis for patients suffering today. This has resulted in a significant cost to government, not only through health and social service costs, but in workforce health and productivity. A national network of patient-focused depression research and intervention centres will address these issues and start showing results in the short-term. An investment of \$5 million by the government today will ensure long-term savings economically and a strong and healthy workforce for the future.

⁶ Given the natural dichotomy between clinical and neurological research, the United States for its part, opted to do so through legislation.