



Mood Disorders Society of Canada

La Société Pour **Les Troubles de L'Humeur** du Canada

**Mood Disorders Society of Canada
Submission to
The Standing Committee on Finance
Pre-Budget Consultation - August 12, 2011**

Executive Summary

The Mood Disorders Society of Canada (MDSC) appreciates this opportunity to provide the Standing Committee on Finance with the following input and recommendations as they relate to the staggering impact that mental illness has on the economic and social fabric of our nation. No one in Canada, including members of your Committee or staff, are immune from mental illness.

Notwithstanding the fact that Canada has fared relatively well during the recent global economic crisis when compared to other industrialized countries, the escalating economic, health and social burden of mental illness continues to go unabated in our great nation. Our issues described in this brief along with the accompanying recommendations will hopefully serve as a catalyst leading to national leadership in dealing with these chronic health issues in Canada. We know that the incidence of mental disorders and associated problems, such as suicide, increases when economic conditions decline and decreases when the economy improves.

National leadership is required. The proposed measures will assist in sustaining economic recovery while at the same time paving the way for Canadians with mental illnesses to take their rightful place back into the workforce.

Mental illness has a devastating affect on the health, productivity, life gratification and activities of Canadians. At any given time over 10 percent of Canadians have a mental illness; 8 percent of Canadians will experience depression in their lifetime; 12 percent of Canadians will experience an anxiety disorder in their lifetime; Canadians under 20 years of age have the highest rate of depression symptoms while those between the ages of 20 to 29 have the highest rate of anxiety symptoms. The likelihood of having a mental illness in your lifetime in Canada is 1 in 5. ¹

Suicide, by itself, is not a mental illness; however it is too often the tragic consequence for people with mental illness. 90 percent of people who commit suicide have a diagnosable mental illness. Some mental illnesses such as depression or schizophrenia, place people at greater risk for suicide. It is estimated that between 15 percent and 25 percent of youth in Canada have a mental illness and 20 percent experience suicidal ideation. ² Suicide is one of the leading causes of death in 15-24 year-olds in Canada. Suicide accounts for 22 percent of all deaths among 15-24 year olds and 17 percent among 25-44 year olds, and 2 percent of all deaths in Canada. 15 percent or 1.2 million children and youth are affected by mental illness. 80 to 90 percent of seniors in long-term care facilities are depressed and 12-21 percent suffer from psychosis. ³

Recommendations

Recommendation:

That the Government of Canada take immediate steps to address the emerging crisis that is evolving and prioritize mental health and elevate the responsibilities of mental health to the Deputy Minister level within Health Canada, Human Resources and Skills Development and other related portfolios of the Federal Government in order to coordinate services and resources for mental illness within Canada. It is further recommend that strategies, plans and priorities be developed and implemented in close consultation with provincial and territorial partners.

The Mood Disorders Society of Canada congratulates the Government of Canada on making strong investments in 2007 and ensuing years through the establishment of the Mental Health Commission of Canada (MHCC). It has become abundantly clear that this national initiative must be supplemented by resources focused on the needs of individual Canadians and their families affected by mental health issues. The long-term overall success of the MHCC will only materialize with a strong foundation of supports and services at the provincial, regional and local level. As we are addressing the major systemic issues of mental health in Canada, we must also ensure that services are available in the form of strengthening grassroots initiatives across Canada. The Government of Canada is encouraged to take a lead role in this regard.

Mental illness strikes over six million Canadian directly and impacts almost every single household in the country. There are very few Canadians who are not themselves, or through a family member or close friend, dealing with mental health issues. Knowledge about the widespread existence of mental illness is at an all time high and with this comes demand for services and interventions. Public support for increasing services to help persons coping with mental health issues is very strong, yet the demand for assistance far outweighs the limited resources that are accessible by families.

Health charities play an essential role within the Canadian health care system. By providing direct services, public education, supports and advocacy and peer support, these non-governmental organizations (NGOs) are vital to the health and well being of Canadians affected by illness and their family, friends, employers, co-workers and caretakers

For NGOs whose principle mandate is that of delivering services, engaging in education and advocacy on behalf of Canadians suffering from a mental illness or their families and promoting the mental health of Canadians, the deinstitutionalization process and the removal of funds from the mental health care system resulted in substantial reductions, and in many cases, complete elimination of core and program funding for mental health NGOs.

MDSC believes that NGOs, whose principle mandate includes the front line delivery of services to Canadians living with or suffering from a mental illness, are an integral part of the primary health care system, and their services need to be funded accordingly. The mental health NGO community has been steadfastly underfunded for decades, while being called upon increasingly to provide crucially needed services within communities. We are witnessing the resulting trickle down affect of non investments and are now faced with an epidemic of Canadians coming forward for services in a system which is already overtaxed, backlogged and top heavy. Additionally, the total public expenditure on mental health services and support is estimated to be \$14.3 billion.⁴ Only about one-third of those who need mental health services in Canada actually receive them mainly due to both the stigma attached to mental illness and the navigational challenges of accessing appropriate services in a system which is itself overburdened with demand. As we move ahead with mental health reform in

Canada and reduce or eliminate stigma and discrimination, we can expect a corresponding increase in the number of Canadians seeking help.

Nearly one-half of all general hospital admissions for one of the seven most common mental illnesses (plus attempted suicide) involve individuals between the ages of 25 and 44 years. The second highest hospitalization rates are among young people aged 15 to 24 years. ⁵

Mental health organizations across Canada can lessen the burden on our health care system. In a recent report to the Mental Health Commission of Canada, Self help as a strategy to help people cope with a variety of health and social conditions has a well established body of research showing its usefulness for reducing symptoms and the use of formal health care use, and increasing a sense of self-efficacy, social support and inclusion, ability to cope with stress, and quality of life.⁶

As such, MDSC proposes to the Committee for consideration the following recommendation;

Recommendation:

That the Government of Canada establishes a \$20 million annual mental health care fund which would be made available to mental health NGO organizations for providing resources, programs, family services and supports which would lessen the burden and cost on primary health care services within Canada. These programs would be created by and shared with community mental health organizations nationally. Further, these programs and services would be made accessible through a central point of access for all communities to increased services, programs and supports for all Canadians and their families, regardless of their location. Plans and priorities could come in the form of five year cost-shared agreements with the Provinces and Territories.

Workplace Mental Health

Employment, or engaging in some form of meaningful work activity, is well recognized as a key determinant of health and essential to mental health. Conversely, unemployment has a negative effect on mental health. We know that unemployment is the leading cause of poverty, and that poverty is a leading cause of poor physical and mental health. Therefore, meaningful work and employment must be viewed as essential components to establishing and maintaining positive mental health.⁷

Mental health issues within Canadian workforces are not being adequately addressed. Mental illness is associated with more lost work days than any other chronic condition, costing the Canadian economy **\$51 billion** annually in lost productivity, with almost **\$20-billion** of that coming from **workplace losses**. In the first study of its kind, researchers from the Centre for Addiction and Mental Health (CAMH) have calculated the actual cost of mental health leave and found that on average it's double the cost of a leave for a physical illness.

The study, published in the Journal of Occupational & Environmental Medicine, looked at data tracking the short-term disability leave of 33, 913 full-time employees in Ontario. Results showed that the cost to a company for a single employee on a short-term disability leave due to mental health concerns totals nearly \$18,000. The study found that mental health leave on average costs double that of leave for a physical illness. The study examined data on the short-term disability leave of 33,913 full-time employees. It found that stress, casual and part-time work and uncertain economic conditions were all likely triggers of mental illness. ⁸

Resources and supports to address employee mental health needs has been sporadically available at best; depending on the company you work for, whether or not the organization has an Employee Assistance Plan, the size of the organization and the comprehension level of management towards mental health issues.

Most organizations, while understanding that mental illness is present within their workforce, have not developed and implemented the necessary tools to address these major complex issues. It's a fact that employees with undiagnosed or untreated mental health problems, such as stress and depression, can result in significant losses for a company. The expenses incurred through short and long term disability leave, direct productivity loss associated with presenteeism and absenteeism, and the reduced level of employee retention (and dedication) are becoming more excessive by not properly supporting the very real needs of staff. When a company suffers financial losses, these losses always lead to reduction in workforces lessening the economic engines that drive our country. Of even greater concern is the reluctance of employers to hire persons who may have mental health issues for fear that they may become a financial burden.

In a 2010 report commissioned by the Mental Health Commission of Canada titled 'Tracking the Perfect Legal Storm', Dr. Martin Shain asserted that there is an emerging legal duty in Canada for employers to provide and maintain a psychologically safe workplace. Further, mental health problems and illnesses are the leading cause of workplace disability in Canada, representing 15% of Canada's burden of disease.

In addition to the effects of mental health on individuals, organizations are also feeling the financial strain. In 2009-2010, 78 per cent of short-term disability claims and 67 per cent of long-term disability claims in Canada were related to mental health issues. Depression is distributed within the Canadian labor force of **14 million at a 10 per cent rate, meaning about 1.4 million working Canadians have the disease.** 9.

Another recently released study by the Conference Board of Canada indicated that when it comes to mental health issues in Canadian workplaces, misinformation, fear, stigma and discrimination remain far too prevalent. Some Canadian organizations have taken some steps to remove stigma associated with mental health issues. Yet employees remain concerned about disclosing a mental health issue to their employer. Due to a general lack of understanding by management and staff on how to address mental health issues, employee resistance in coming forward for support due to the perceived stigma and discrimination that is attached to disclosure, as well as a lack of appropriate training and supports for management on how to help those affected by mental health issues, Canadians are suffering longer in silence and without necessary supports to help them overcome their mental health needs.

The report, Building Mentally Healthy Workplaces: Perspectives of Canadian Workers and Front-Line Managers, provides a national perspective on Canadians' work environment and the degree to which it supports their mental well-being. The study identifies four areas for organizational action: education and communication, workplace culture, leadership, and managerial skills and capacity. 10.

The survey of more than 1,000 Canadians revealed that mental health issues are prevalent in their workplaces. Forty-four (44) per cent of the employees surveyed reported they were either currently (12 per cent) or had previously (32 per cent) personally experienced a mental health issue. For this study the definition of a mental health issue was very broad and included: excessive stress, anxiety, depression, burnout, addiction and substance abuse, mania, bipolar disorder, and schizophrenia, among others.

MDSC was very pleased to hear that a voluntary national standard for psychological health and safety in the workplace will be created thanks to a contribution from the Government of Canada announced in June. Employers, being the backbone of the Canadian economic engine, now need support in tackling the rise of

identified mental health issues within the workplace and Canadians who are living with mental illness must be provided the supports to maintain their connection to the workforce. As such, MDSC proposes the following related recommendation to the Committee.

Recommendation:

The Government of Canada establishes a \$10 million dollar annual national workplace mental health program to support the hiring and retention of persons with mental health issues in the Canadian workforce. Further, that this program be administered through the HRSDC Opportunities Fund for Persons with Disabilities. Plans and priorities associated with this measure would be subject to agreement from the Provinces and Territories.

About the Mood Disorders Society of Canada

The Mood Disorders Society of Canada, (MDSC, has grown out of the vision and drive of a number of mental health consumer and family leaders from across Canada who, in 1995, saw the need for a broad-based structure to bring consumers/users/patients of mental health services together and who passionately believe that consumer/users/patients have a key role to play with regard to education, supports, program development, anti-stigma campaigns, and advocacy at the national level. In 2001, the MDSC was incorporated as a national, not for profit, consumer driven, voluntary health charity committed to ensuring that the voice of consumers, family members and caregivers is heard on issues relating to mental health and mental illness and in particular with regard to depression, bipolar illness, anxiety and other associated mood disorders. We are committed to working collaboratively with all stakeholders to improve the engagement of mental health consumers in all facets of healthcare in Canada. MDSC has a demonstrated track record in conducting evidenced-based research from both a quantitative and qualitative perspective and serve as an effective bridge between mental health providers and consumers throughout Canada.

The Mood Disorders Society of Canada fulfills its mandate through an active partnership approach that engages like-minded organizations in the public, private and voluntary sectors. The MDSC is engaged on an ongoing basis in a wide range of projects and initiatives designed to support the inclusion of persons with mental illnesses in Canadian society and we have taken a proactive role lead in public policy and program development in many capacities on the national stage.

The MDSC is a member of the Neurological Health Charities of Canada, a founding member of the Canadian Alliance on Mental Illness and Mental Health and a member of the Episodic Disabilities Network.

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 2. Health Canada. (1999). *Healthy development of children and youth: The role of the determinants of health*. Catalogue No. H39-501/1999E.
 3. Health Canada (2002) *A report on mental illnesses in Canada*.
 4. *The Human Face of Mental Health and Mental Illness In Canada 2006*: <http://www.phac-aspc.gc.ca/publicat/human-humain06/index-eng.php>
 5. *The Cost of Mental Health and Substance Abuse Services in Canada, June 2010*. www.ihe.ca/documents/Cost%20of%20Mental%20Health%20Services%20in%20Canada%20Report%20June%202010.pdf
 6. (Campbell & Leaver, 2003; Humphreys et al., 2004; Solomon, 2004). <http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Peer%20Support/Service%20Systems%20AC%20-%20Peer%20support%20report%20EN.pdf>
 7. Ontario Ministry of Health and Long-Term Care *Mental Health Implementation Task Force Final Report*
 8. http://www.camh.net/News_events/News_releases_and_media_advisories_and_backgrounders/Dewa_cost_per_person.html
 9. "Depression At Work" *The Unheralded Business Crisis In Canada - Global Business And Economic Roundtable On Addiction And Mental Health*
 10. <http://www.conferenceboard.ca/documents.aspx?did=4287>