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What is the need and what is the impact when it comes to mental illness and the workplace?

- 1 in 5 Canadians will experience a mental health problem or disorder in a given year (Canadian Community Health Survey, 2002) whereas only about 1/3 of those who need mental health care will actually receive it (Statistics Canada, 2003)
- Of the 1/5, the most commonly experienced disorders will be anxiety and depression.
- Estimated burden (health care utilization, disability costs, reduced health-related quality of life) of mental illness in Canada is 51 billions of dollars annually <http://www.phac-aspc.gc.ca/publicat/cdic-mcbc/pdf/cdic283-eng.pdf>
- 30 to 40% of long term disability claims to large employers are for mental illness

- That all said... spending on mental health in Canada has been measured at less than 5% of total health spending (Roberts and Grimes, 2011)

[http://secure.cihi.ca/cihiweb/products/roi\\_mental\\_health\\_report\\_en.pdf](http://secure.cihi.ca/cihiweb/products/roi_mental_health_report_en.pdf)

The first message I want to leave you with is that there are real barriers to getting needed mental health help that works to people who need it and these are not just about stigma

- 2013 Statistics Canada report on the Canadian Community Health Survey noted that 1.5 million Canadians have a perceived unmet, or only partially met, need with it comes to mental health care and this unmet need was most commonly for psychotherapy and counselling.
- When it comes to mental health services and supports in Canada we needn't anticipate a two tiered system, we already have one.
- The services of the largest group of licensed health care providers who specialize in mental health are not covered by our public health insurance plans.
- With cuts to publicly funded institutions where psychologists have traditionally been salaried, more are working in the private sector where Canadians pay out of pocket for service or rely on extended health care plans through employment.
- The conditions on coverage when provided through private health insurance plans are not based on what service costs or on what amount, or what kind of service we know to be effective (service exclusion, session and annual caps).

- Some of these conditions further hamper access to service by requiring a public health system referral for a function not required by any legislated scope of practice (physician referral).
- I want to mention that Treasury Board recognized the coverage gaps and announced this year that as of October 2014 the coverage for psychological services for federal employees will double.

And all this despite the fact that psychological treatments work, particularly for the mental health problems most likely to affect Canadians (i.e. depression and anxiety)

- Work well for severe and mild cases of depression.
- They work as well as medication in treating depression and better than medication in preventing relapse.
- Psychological treatments work as well as medication in treating different kinds of anxiety.

Neither psychologists nor a single treatment, service or kind of health professional have the single answer to keeping people mentally well or treating mental illness.

- And here is my second take away message – when it comes to mental health and mental illness, one size doesn't fit all.

- Psychological safety in the workplace program or programs like mental health first aid developed by the Mental Health Commission of Canada are excellent and needed but they are about contributing to keeping people mentally healthy or recognizing when they are ill.
- No matter how healthy the workplace, a significant number of people will develop a mental health problem or disorder for which they will need help and that help will need to extend far beyond programs or services that can be offered in the workplace like mental health first aid and employee assistance programs – these programs are important and can help people address issues early on and get help when necessary but they are not treatments for mental disorders.

And here is the third and last message I want to leave you with...there is significant cost offset when funders and service providers do the right thing right for mental health – offset to the individual, family, workplace and economy.

- Successful treatment with psychological therapies results in decreased use of other health care services (Hunsley, 2002)
- Can save 5 to 10 thousand in average wage replacement, sick leave and prescription drug costs for every employee who gets mental health treatment (MDSC)
- Improving mental health in the workplace leads to increased productivity, better recruitment and retention, decreases in disability costs, decreases in absenteeism and decreased presenteeism, reduces conflict and increases operational success (Shain, MHCC)

- Impact of mental illness on productivity in the workplace – 20 billion annually, one-third of which costs could be saved with early and effective intervention (Peachey)

In closing I want to leave you with an example to think about when next you think about mental health in the workplace...we need to treat mental illness and the mental health problems of employees and colleagues with the same seriousness, respect and support we do for physical illness.

Few of us would support a colleague or employee who made a physical illness or condition known and did nothing about it...we wouldn't accept someone carrying on at work or at home with a broken bone unset, diabetes unmedicated, or appendicitis unoperated on. Unfortunately, we don't send the same strong messages of support and the requirement for care to persons who with depression or anxiety.

There are effective treatments, services and supports for persons with mental illness just as there are for physical illnesses – they can't help anyone, however, if we don't work together to make them available. Thank you.