



The Footprint of Mental Health Conditions.

Healthy Brains at Work

At a Glance

- Research, campaigns, and other activities in Canada have helped raise awareness and knowledge of mental health and mental illness. But whether these efforts have had an impact, especially for working Canadians, is less known.
- The prevalence of mental health disorders generally is higher in the workplace than in the general population.
- Employers increasingly have access to effective resources and tools to help address mental health and illness in their company's workplace.
- Little is known about the extent to which employers use these resources in their workplace—and provide access to evidence-based programs, therapies, resources, and training—to foster good mental health and address mental illness.

Executive Summary

Research, campaigns, and other activities in Canada have helped raise awareness and knowledge of mental health and mental illness. But it is unclear whether these efforts have delivered an impact, particularly among working Canadians. *The Footprint of Mental Health Conditions: Healthy Brains at Work* is the first of a four-part series that explores the importance of addressing mental health and mental illnesses in Canadian workplaces. This initial briefing provides a profile of mental health and mental illness in Canada, including a detailed look at the prevalence of mental illness in the employed population. It discusses the role employers have in creating the conditions for good mental health in their company's workplace and addressing poor mental health through evidence-based tools, programs, and benefits. Subsequent briefings will report on what employers are doing in Canada, explore any gaps, and estimate the potential impacts from a greater uptake of effective tools, programs, and benefits.

Mental illness can affect anyone, regardless of age, but younger Canadians are particularly vulnerable. Furthermore, the prevalence of mental health disorders is generally higher among employed Canadians than in the general population. In fact, the workplace occurrence of mental health disorders is more than 60 per cent higher than in the general Canadian population. Specifically, rates are higher among employees in the services sector compared with those in other

Mental health issues are among the most common primary and secondary causes of absences in the workplace.

industries. Workers in services industries—such as public administration, information, culture and recreation, and accommodation and food services—have the highest prevalence of a lifetime mental illness.

About 6.6 per cent of all employed Canadians living with a mental illness also experience a mental disability. Mental health issues are among the most common primary and secondary causes of absences in the workplace, and can also manifest through presenteeism (coming to work while sick and, as a result, working under suboptimal conditions). There are multiple sources of high-quality, evidence-based resources, tools, and guidance for employers to consider as they work to create a psychologically healthy workplace and, ultimately, foster brain health among their employees. When employers leverage these resources, the benefits accrue beyond their workplace to the broader health and social care systems. But little is known about the extent to which employers leverage these resources, particularly in those industries where the employees are at a higher risk. The next briefing of the Healthy Brains at Work series will explore this uptake in Canadian workplaces and identify the challenges and opportunities employers encounter.

Healthy Brains at Work: Background

The past decade has been a watershed era in Canada in terms of mental health. The Standing Senate Committee on Social Affairs, Science and Technology's landmark report, *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*;¹ the creation and subsequent activities of the Mental Health Commission of Canada; along with a plethora of other reports, research, and campaigns by numerous stakeholders has raised awareness and knowledge in Canada regarding mental health. Mental health and mental

1 Standing Senate Committee on Social Affairs, Science and Technology, *Out of the Shadows At Last*.

Little is known about the extent to which employers provide access to programs and therapies, and how access can be improved.

illness have come out of the shadows and moved into Canadian living rooms and board rooms through campaigns like Bell's Let's Talk² and the Wellth Management Mental Health at Work Challenge.³

But the transformation of all of these efforts into tangible benefits for individuals and society has proven challenging. In Canadian workplaces, the stigma of mental illness persists and managers are often ill-equipped to deal with employee mental health issues. These are concerning realities, given that mental illnesses are behind much of the disability costs to businesses. Although effective therapies and treatments exist, and evidence-based resources and tools are available, many questions remain. For example, little is known about the extent to which employers provide access to these programs and therapies, and how access can be improved in industries and occupations where mental illness is more prevalent among working Canadians. And, given the high burden of disability costs from mental illness, what economic impact could be realized if access and uptake of effective programs and benefits were improved in workplaces?

Initiatives like Mental Health International—a business and science alliance working to accelerate treatment efforts in the area of mental illness—are making the connection between brain health and global economies. Other initiatives are raising awareness of the detrimental impact that mental illnesses, such as depression, have on the cognitive or brain skills so critical in today's workplaces.⁴ The importance of addressing mental health and mental illnesses in the workplace has also been detailed in previous Conference Board publications, including *Mental Health Issues in the Labour Force: Reducing the Economic Impact on Canada*;⁵ *Depression in the Workplace*,⁶ and *Building Mentally Healthy Workplaces: Perspectives of Canadian Workers*

2 Bell (Canada) Let's Talk, *Let's Be Proud*.

3 Excellence Canada, *The Mental Health at Work Challenge*.

4 Business Leadership Forum to Target Depression in the Workplace, *Target the Impact of Depression*.

5 The Conference Board of Canada, *Mental Health Issues in the Labour Force*.

6 Chenier, *Depression in the Workplace*.

and Front-Line Managers.⁷ Still, as suggested by OECD, policy and programs have not responded adequately to the costs of mental illness in the workplace.⁸ This Healthy Brains at Work series of reports builds on the previous Conference Board publications, and has the following objectives:

- To explore what is known, and not known, about the profile of mental health and mental illness among working Canadians (including by industry/occupation).
- To understand what is being done in the workplace to address mental health and mental illness and how this compares with evidence-based guidelines, recommendations, and standards.
- To estimate the potential impacts from greater uptake of effective workplace programs and benefits as they relate to mental illness and, particularly, clinical depression.

The Healthy Brains at Work series comprises four briefings:

1. **Briefing 1: The Footprint of Mental Health Conditions.** This first briefing presents data on the prevalence of mental health conditions, with a focus on the employed population. The findings will identify at-risk populations and opportunities for targeted action by employers.
2. **Briefing 2: Healthy Brain Supports in the Workplace: Recommendations and Access.** The second briefing explores leading workplace mental health strategies, programs, and benefits and will present findings from the Conference Board's survey of Canadian employers on the supports currently offered in the workplace.
3. **Briefing 3: Current and Future Impact of Workplace Healthy Brain Supports.** The third briefing of the series builds on the Conference Board's economic modelling expertise to estimate the potential impact

7 Thorpe and Chenier, *Building Mentally Healthy Workplaces*.

8 Arends and others, *Mental Health and Work*, 5.

(such as prevalence of mental illness, direct and indirect costs, and productivity) if the use of effective mental health benefits and workplace programs were optimized in Canada.

4. **Briefing 4: Creating Conditions That Support Healthy Brains at Work.** The final briefing of the series will examine emerging workplace programs and practices and new therapies and pharmaceutical treatments (in particular for depression) that are under development. The briefing will present results from a scenario exercise that builds on the modelling from Briefing 3, which considers the potential impact of innovative programs and treatments on workplaces.

Briefing 1 begins by providing a profile of mental health and mental illness in Canada, including a detailed look at the prevalence of mental illness in the employed population. The importance of addressing poor mental health in the workplace is explored, along with an introduction to existing, evidence-based tools, programs, and treatments that are being, or can be, used by employers. In sum, this briefing creates a foundation for the series by synthesizing what we know about mental illness in the workplace and why employers should address this burden through evidence-based programs and treatments.

Profile of Mental Health Conditions

Historical Trends

According to the World Health Organization, mental health is defined as a “state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”⁹ Any number of factors can affect mental health, including increased levels of stress, low self-esteem, and even loss of a family member. Mental illness can also have a profound effect on mental health. Mental illnesses are characterized by alterations in

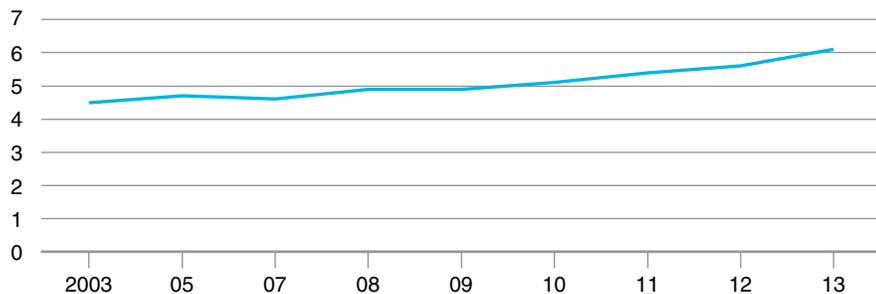
9 World Health Organization, *Mental Health: A State of Well-Being*.

thinking, mood, or behaviour associated with significant distress and impaired functioning.¹⁰ Examples of mental illness are mood disorders, depression, schizophrenia, and substance dependency, among others.

Despite its importance, extensive historical data on mental illness—such as mood and anxiety disorders—are scarce in Canada. Mental illness, and especially its effects in the workplace, has only recently come into the mainstream. Therefore, it is difficult to accurately determine how Canadians’ ability to cope with mental illness has fared over time.

One of the most common indicators for mental illness is perceived mental health. This is a subjective measure of overall mental health status and gives an indication of the share “... of the population suffering from a mental disorder, mental or emotional problems, or distress.”¹¹ As Chart 1 shows, the proportion of the population aged 12 and over who report their mental health as fair or poor has been trending upward since 2002. However, this may be the result of a reaction to stressful experiences being wrongfully interpreted as declining mental health.¹²

Chart 1
Perceived Mental Health—Fair or Poor, Canada, 2003–13
 (per cent)



Source: Statistics Canada.

- 10 Public Health Agency of Canada. *A Report on Mental Illnesses in Canada*.
- 11 Statistics Canada, Health Profile.
- 12 Patten and others, “Changing Perceptions of Mental Health in Canada.”

Now that more attention is being paid to the effects of mental disorders, additional information about those who live with a mental illness is available. For instance, the 2012 Canadian Community Health Survey now includes data on mood disorders (with a specific breakdown for depressive episodes and bipolar disorders) and generalized anxiety disorders.¹³ This has helped paint a clearer picture of mental illness in Canada, although a specific breakdown for more severe disorders, like schizophrenia, remains unavailable. (See “Types of Mental Illness.”)

Types of Mental Illness

The Canadian Community Health Survey (CCHS) used the most recent version of the World Health Organization’s Composite International Diagnostic Interview (CIDI) to classify people with select mental or substance abuse disorders. This is a standardized instrument that is typically used to measure mental disorders in population surveys. For that reason, the CCHS made use of the disorders assessed in the CIDI survey. These included bipolar disorder, major depressive episode, and generalized social anxiety. Mood disorder was created specifically for the CCHS and consists of bipolar disorder and major depressive episode.

The CCHS also asks respondents other questions about chronic conditions, like eating disorders, post-traumatic stress disorder, attention deficit disorder, obsessive-compulsive disorder, Alzheimer’s or other dementia, and schizophrenia and other psychoses. But responses to these questions pertain to conditions that are diagnosed by a health professional, whereas questions regarding bipolar disorder, major depressive episode, and generalized social anxiety are self-reported.

Source: Statistics Canada.

However, it remains difficult to determine the exact number of Canadians with a mental illness. The Canadian Mental Health Association suggests that 20 per cent of all Canadians will personally experience a mental

13 Statistics Canada, CANSIM table 105-1101.

illness in their lifetime. But this figure is not set in stone—changing definitions and new methodologies mean that more and more symptoms are being identified.¹⁴ However, prevalence is available by type of mental illness. (See Table 1.) Broken down by sex, women are significantly more likely to live with a mental illness than men. Roughly 10 per cent of men and slightly over 15 per cent of women will live with a mood disorder, while the prevalence of generalized anxiety disorder is almost twice the rate for women as it is for men. The gap narrowed slightly when the sample was reduced to those living with a mental illness in the past year. (See Table 2.) Not surprisingly, women are certainly more likely to seek help for a mental illness.¹⁵ For a further breakdown of the methodology, see “Mental Illness in Canada.”

Table 1

Mental Illness in Canada, by Type and Sex, 2012

(proportion of population 15 years and over with a lifetime mental illness, per cent)

	Men	Women
Mood disorder	10.0	15.1
Depressive episode	8.5	14.1
Bipolar disorder	2.7	2.5
Generalized anxiety disorder	6.0	11.3

Source: Statistics Canada, Canadian Community Health Survey.

14 Belluz, *Mental Illness*.

15 Abrams, *Women More Likely Than Men to Seek Mental Health Help*.

Table 2

Mental Illness in Canada, by Type and Sex, 2012

(proportion of population 15 years and over with a mental illness in the past 12 months, per cent)

	Men	Women
Mood disorder	4.4	6.4
Depressive episode	3.6	5.8
Bipolar disorder	1.6	1.4
Generalized anxiety disorder	2.0	3.2

Source: Statistics Canada, Canadian Community Health Survey.

Mental Illness in Canada

The Canadian Community Health Survey does (CCHS) not specify the number of Canadians living with a mental illness. Although it outlines specific types of mental illness, a limitation is that each specific case is not mutually exclusive—i.e., some Canadians may have symptoms that are consistent with more than one mental illness. Furthermore, as mentioned in “Types of Mental Illness,” cases of bipolar disorder, major depressive episode, and generalized social anxiety are self-reported rather than diagnosed.

Still, the CCHS data suggest that about 9.1 million Canadians (33.1 per cent) live with a mental illness or substance abuse. Moreover, the CCHS also reports that nearly 6 million Canadians will encounter a substance abuse problem in their lifetime. However, because some people may have a profile consistent with both mental illness and substance abuse, it does not mean that 3.1 million Canadians are living with a mental illness. In fact, according to the Centre for Addiction and Mental Health, about 20 per cent of people with a mental disorder also have a co-occurring substance use problem. In addition, roughly 15 per cent of people with a substance abuse problem have a co-occurring mental illness.¹⁶ Taking these into account indicates that between 3.75 million and 4.03 million Canadians (or 13.6 to 14.6 per cent of the adult population) are living with a mental illness.

16 Centre for Addiction and Mental Health, *Mental Illness and Addictions*.

These figures contrast with the Centre for Addiction and Mental Health and the Canadian Mental Health Association, which suggest that 20 per cent of all Canadians will personally experience a mental illness in their lifetime. The origins of this figure appear to come from two separate publications.^{17,18} Still, this 1-in-5 figure is generally considered to be the benchmark prevalence of mental illness in Canada. For instance, Smetanin referenced the Ontario Health Survey's Mental Health Supplement when estimating that 19.8 per cent of the adult population live with a mental illness,¹⁹ which was used in the 2010 report by the Canadian Mental Health Association. A higher prevalence was reported in Sun Life's most recent Canadian Health Index,²⁰ whose results indicated that 23 per cent of Canadians have personally experienced a mental health issue.

All in all, it remains difficult to place a precise measure on the prevalence of mental illness in Canada. And, with more symptoms of mental illness being identified, it will only get more challenging in the future.

Sources: Statistics Canada; Canadian Mental Health Association; Centre for Addiction and Mental Health; Sun Life.

The provincial variations of a mental illness occurring within a person's lifetime are highlighted in Table 3. For those aged 15 years and over, the regional breakdown of self-reported mental illness reveals that Newfoundland and Labrador has the lowest prevalence of mood disorders in Canada. In 2012, around 9.6 per cent of its residents lived with a mood disorder. Conversely, the prevalence of a mood disorder was highest in New Brunswick (14.1 per cent); Manitoba (13.9 per cent); and Nova Scotia (13.4 per cent).

Major depressive episodes and bipolar disorders are two common types of mood disorder. Within these two categories, the regional breakdown shows that Newfoundland and Labrador has the lowest prevalence of depressive episodes at 8.9 per cent, but Manitoba has the lowest

17 Bland, Orn, and Newman, "Lifetime Prevalence of Psychiatric Disorders in Edmonton."

18 Boyle and others, "Mental Health Supplement."

19 Smetanin and others, *The Life and Major Impact of Major Mental Illness in Canada*.

20 Sun Life Financial, *Canadian Health Index*.

prevalence of bipolar disorder at 1.9 per cent. Meanwhile, Prince Edward Island, which has the second-lowest prevalence of depressive episodes (9.2 per cent), has the highest prevalence of bipolar disorder (4 per cent).

Finally, prevalence is lowest in Prince Edward Island for generalized anxiety disorder. About 7.9 per cent of the population 15 and over live with this disorder, just slightly lower than the rate for Newfoundland and Labrador. Unfortunately, New Brunswick has the highest prevalence on this indicator, with 10.7 per cent of the adult population in 2012 experiencing a generalized anxiety disorder at least once in their life.

Table 3
Mental Illness in Canada, by Type and Province, 2012

(proportion of population 15 years and over (lifetime), per cent)

	Mood Disorder			Generalized Anxiety Disorder
	All mood disorders	Depressive episode	Bipolar disorder	
Canada	12.6	11.3	2.6	8.7
Newfoundland and Labrador	9.6	8.9	2.3	8.0
Nova Scotia	13.4	11.3	3.6	10.6
Prince Edward Island	11.8	9.2	4.0	7.9
New Brunswick	14.1	13.0	2.9	10.7
Quebec	13.2	12.2	2.2	9.4
Ontario	12.1	10.8	2.7	8.1
Manitoba	13.9	13.0	1.9	9.8
Saskatchewan	11.7	10.5	2.2	9.2
Alberta	12.4	10.4	2.8	8.4
British Columbia	12.9	11.6	3.1	8.6

Source: Statistics Canada, Canadian Community Health Survey.

The results are slightly different for those living with a mental illness within the past year. (See Table 4.) For mood disorders, prevalence is lowest in Prince Edward Island (3.4 per cent), while Manitoba has the highest prevalence, at 7.8 per cent. Breaking down the mood disorder

results further, Prince Edward Island remained the province with the lowest prevalence of depressive episodes, while Manitoba remained the highest. The prevalence of bipolar disorder was similar across all provinces, but Quebec posted the lowest proportion (1.1 per cent) of the adult population with self-reported bipolar disorder in the past year. Ontario is the highest at 1.8 per cent (data for Newfoundland and Labrador and for Prince Edward Island were considered too unreliable to publish).

The prevalence of generalized anxiety disorder is also very similar across all provinces. The regional breakdown shows that Prince Edward Island and Quebec had the lowest prevalence of generalized anxiety disorder in Canada in 2012, while prevalence was highest in Newfoundland and Labrador (3.7 per cent).

Table 4
Mental Illness in Canada, by Type and Province, 2012

(proportion of population 15 years and over with a mental illness in the past 12 months, per cent)

	Mood Disorder			Generalized Anxiety Disorder
	All mood disorders	Depressive episode	Bipolar disorder	
Canada	5.4	4.7	1.5	2.6
Newfoundland and Labrador	5.0	4.5	n.a.	3.7
Nova Scotia	6.6	5.6	1.5	3.1
Prince Edward Island	3.4	3.0	n.a.	2.3
New Brunswick	5.4	4.6	1.5	3.4
Quebec	4.9	4.4	1.1	2.3
Ontario	5.6	4.8	1.8	2.5
Manitoba	7.8	7.0	1.4	3.5
Saskatchewan	4.5	3.7	1.3	3.2
Alberta	5.5	4.5	1.7	2.5
British Columbia	5.3	4.6	1.4	2.6

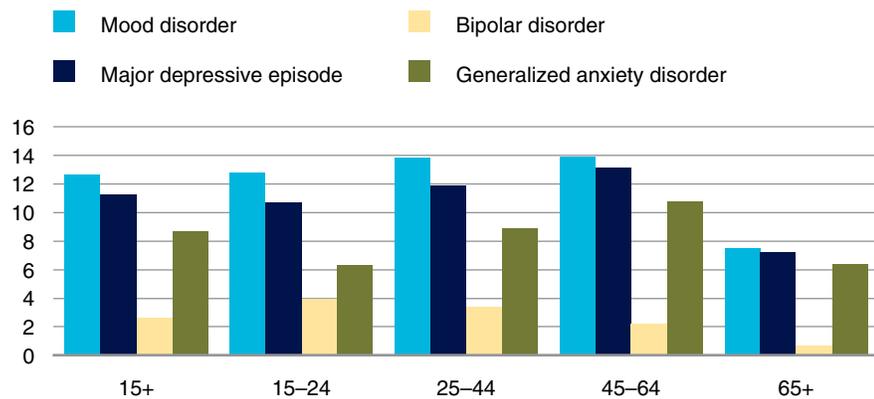
Source: Statistics Canada, Canadian Community Health Survey.

By looking at the age breakdown, it is apparent that mental illness can affect anyone, regardless of age. (See Chart 2.) In fact, mental illness is the second leading cause of hospital admission among Canadians between 15 and 34 years of age, and the third leading cause of hospital admission for those aged 35 to 44 years.²¹ One study has estimated that the burden of mental illness and addictions in Ontario, as measured by health-adjusted life years, is significant, with depression being the most burdensome condition.²²

Chart 2

Mental Illness in Canada, by Type and Age, 2012

(proportion of population 15 years and over (lifetime), per cent)



Source: Statistics Canada.

Among those who have lived with a mental illness in their lifetime, the prevalence of each disorder is roughly similar between age groups. The one exception is that the prevalence of mood disorders (which include depressive episodes and bipolar disorder) is relatively less common among those 65 years and over.

21 Parachute Canada, *Leading Causes of Hospitalizations*.

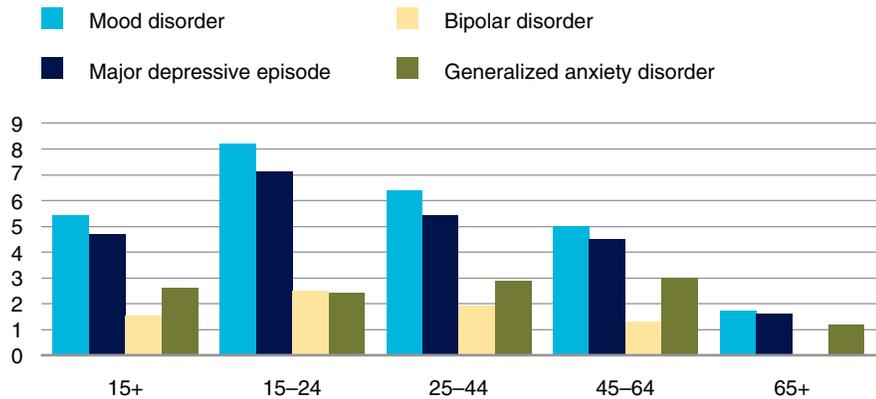
22 Ratnasingham and others, *Opening Eyes, Opening Minds*.

However, by examining those who have lived with a mental illness in the past year, some alarming differences emerge. Roughly 7.1 per cent of those between 15 and 24 years of age have lived with a depressive episode within the last year. As a result, the prevalence rate for mood disorder in the 15-to-24 age group is the highest compared with all other age groups. (See Chart 3.) In fact, according to Sun Life Financial, the average age of an extended duration claimant is three years younger for mental health claimants than for all other diagnoses.²³ The vulnerability of the 15-to-24 age cohort is consistent with many other findings on major depressive episodes.^{24,25,26,27} As mentioned earlier, those aged 65 years and older have seen very low instances of mental illness in the past 12 months.

Chart 3

Prevalence of a Mental Illness, Canada, 2012

(proportion of population 15 years and over with a mental illness in the past 12 months, per cent)



Source: Statistics Canada.

- 23 Sun Life Financial, “Group Benefits Extended Duration Disability Claimants Age Distribution by Diagnosis (July 2012–June 2013).”
- 24 Mental Health Commission of Canada, *Making the Case for Investing in Mental Health*.
- 25 Kessler and others, “Epidemiology of Major Depressive Disorder.”
- 26 Patten and others, “Descriptive Epidemiology.”
- 27 Patten and Juby, *A Profile of Clinical Depression in Canada*.

Data from the Canadian Community Health Survey confirm that mental health disorder prevalence rates are generally higher in the workplace.

Mental Health by Industry and by Occupation

Mental illness can also have a huge impact on workplace performance. Mental illness can contribute to absenteeism (absence from work) and presenteeism (coming to work while sick and, as a result, working under suboptimal conditions). It has been estimated that the burden of mental illness costs the Canadian economy about \$51 billion per year.²⁸ This includes health care costs, lost productivity, and reductions in health-related quality of life.

In 2011, The Conference Board of Canada released, *Building Mentally Healthy Workplaces*,²⁹ based on a survey of more than 1,000 employees nationwide. Of the survey respondents, 12 per cent said they were currently experiencing a mental health issue, while 32 per cent reported that they had experienced one in the past. Taken together, almost half the employees surveyed reported experiencing a mental health issue at some point in their life. In another Conference Board report released in 2012, it was estimated that mental illness currently costs Canada \$20.7 billion annually due to lost labour force participation represented by absenteeism and presenteeism.³⁰

Data from the Canadian Community Health Survey confirm that mental health disorder prevalence rates are generally higher in the workplace than in the general population. In fact, workplace prevalence rates are more than 60 per cent higher than in the general population. (See tables 5 and 6.) Although mental illness is an important issue among the Canadian Armed Forces, prevalence data are not captured in the CCHS. (See “Mental Illness in the Armed Forces.”)

28 Dewa and others, “A New Population-Based Measure.”

29 Thorpe and Chenier, *Building Mentally Healthy Workplaces*.

30 The Conference Board of Canada, *Mental Health Issues in the Labour Force*.

Table 5

The Prevalence of Mental Illness in Canada, 2012

(proportion of general population (employed) with a mental illness (lifetime), per cent)

	General population	Employed workforce
Mood disorder	12.6	20.5
Depressive episode	11.3	18.5
Bipolar disorder	2.6	4.1
Generalized anxiety disorder	8.7	14.2

Source: Statistics Canada, Canadian Community Health Survey.

Table 6

The Prevalence of Mental Illness in Canada, 2012

(proportion of general population (employed) with a mental illness in the past 12 months, per cent)

	General population	Employed workforce
Mood disorder	5.4	8.9
Depressive episode	4.7	7.9
Bipolar disorder	1.5	2.1
Generalized anxiety disorder	2.6	5.2

Source: Statistics Canada, Canadian Community Health Survey.

A profile of the Canadian workforce reveals that the prevalence of a mental illness in a worker’s lifetime is highest in the public administration; information, culture and recreation; and accommodation and food services industries. This is consistent with the occupational breakdown, as prevalence rates are highest in occupations that are most closely linked to these industries: social science, education, and government services; and art, culture, and recreation. In contrast, occupations specific to the primary industries (i.e., agriculture, forestry, and mining) had the lowest prevalence of mental illness. (See tables 7 and 8.)

Table 7

Prevalence by Occupation (Lifetime), Canada, 2012

(proportion of population 15 years and over with a mental illness, by type, per cent)

	Mood Disorder			Generalized Anxiety Disorder
	All mood disorders	Depressive episode	Bipolar disorder	
Management	11.3	10.9	0.8	10.2
Business, finance, and administrative	14.8	13.6	2.4	9.7
Natural and applied sciences	10.0	9.4	1.7	6.3
Health	13.5	13.3	n.a.	8.0
Social science, law, education, government service, and religion	16.3	15.6	1.9	10.6
Art, culture, recreation, and sport	14.6	13.6	n.a.	12.4
Sales and service	12.8	11.0	3.4	8.6
Trades, transport, and equipment operators	10.2	7.8	3.7	5.5
Primary	n.a.	n.a.	1.5	n.a.
Processing, manufacturing, and utilities	n.a.	n.a.	n.a.	n.a.

Source: Statistics Canada, Canadian Community Health Survey.

Table 8

Prevalence by Industry (Lifetime), Canada, 2012

(proportion of population 15 years and over with a mental illness, by type, per cent)

	Mood Disorder			Generalized Anxiety Disorder
	All mood disorders	Depressive episode	Bipolar disorder	
Agriculture, forestry, fishing, and hunting	11.8	n.a.	n.a.	n.a.
Mining and oil and gas extraction	0.0	2.9	n.a.	3.0
Utilities	7.0	7.0	n.a.	n.a.
Construction	10.0	9.0	2.8	6.2
Manufacturing	11.8	10.4	2.2	7.5
Wholesale and retail trade	11.6	10.6	2.6	8.9

(continued ...)

Table 8 (cont'd)

Prevalence by Industry (Lifetime), Canada, 2012

(proportion of population 15 years and over with a mental illness, by type, per cent)

	Mood Disorder			Generalized Anxiety Disorder
	All mood disorders	Depressive episode	Bipolar disorder	
Transportation and warehousing	12.3	10.3	3.2	5.9
Information, culture, and recreation	16.8	15.5	n.a.	5.9
Finance, insurance, and real estate	9.2	8.1	n.a.	7.6
Professional, scientific, and technical	12.8	12.2	0.9	7.9
Administrative support, waste management, and remediation	14.4	9.8	6.7	9.2
Education	14.4	14.0	1.2	7.6
Health care and social assistance	13.0	12.6	1.6	10.2
Accommodation and food services	14.4	11.7	4.3	8.7
Other services	15.3	13.1	3.7	7.7
Public administration	16.3	14.8	2.6	12.5

Source: Statistics Canada, Canadian Community Health Survey.

Breaking the results down further, it is apparent that the relative majority of cases are affecting employees in the services sector.³¹ Research indicates that rates of depression are highest in industries that have the most interaction with the public or with clients.³² Indeed, the prevalence of a depressive episode is more than 15 per cent in the information, culture, and recreation sector, while the highest prevalence rate among goods-producing industries is 10.4 per cent in the manufacturing sector. Although not as prominent as mood disorders, generalized anxiety disorder is also affecting significant proportions of the working population, reaching 8.7 per cent in the accommodation and food services sector.

31 Unfortunately, data for some goods-producing industries (i.e., agriculture and forestry, mining, and utilities) were considered too unreliable to publish, making it difficult to compare across all industries.

32 Wulsin and others, "Prevalence Rates for Depression by Industry."

Mental Illness in the Armed Forces

Not included in the Canadian Community Health Survey is the mental health of full-time members of the Canadian Armed Forces.³³ This represents an additional 6,700 Canadians. In a separate report released in 2013, Statistics Canada revealed that the prevalence of mental illness is significantly higher in the Canadian Forces than in the general population. These data showed that the prevalence of self-reported major depressive episode, post-traumatic stress disorder, and generalized anxiety among individuals in the Canadian Armed Forces was two to three times higher than the general population.

The federal government recently announced additional funding of \$200 million over six years to address mental health issues among members of the Armed Forces, veterans, and their families. Part of this funding would support digitizing the health records of all serving personnel, augmenting brain imaging technology, increasing access to Military Family Resource Centres, and hiring additional staff to counsel serving members and their families in managing stress and in recognizing mental illness.³⁴

Coincidentally, employees in services-producing industries have consulted a professional about a possible mental illness. Indeed, Chart 4 illustrates that industries such as agriculture, mining, construction, and manufacturing (goods-producing industries) have all consulted or used mental health support services in the past year at a lower rate than all services-producing industries. It is not clear, however, if these health support services were accessed (or available) in the workplace, such as through benefits like an employee assistance program.

It is unclear whether depressive episodes are more common in the services sector, or are reported more commonly due to increased awareness. But one thing is clear: prevalence rates are higher among services sector employees. For instance, close to 10 per cent

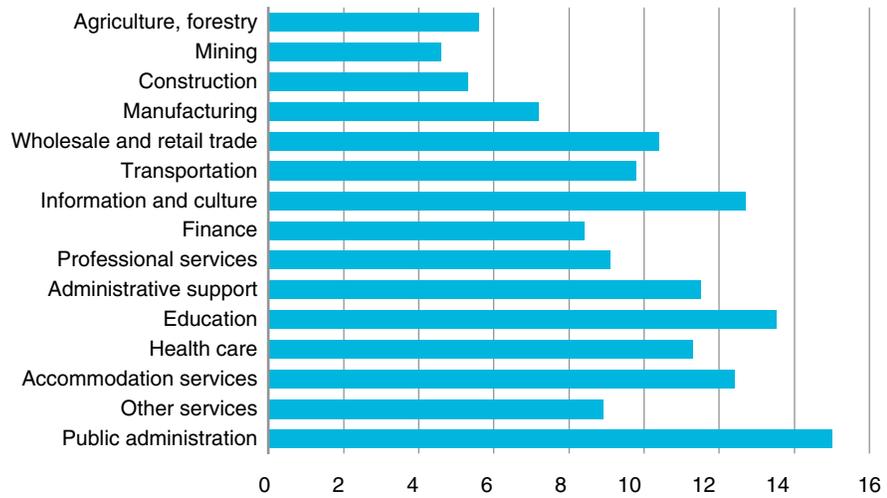
33 Statistics Canada, *Study: Mental Health of the Canadian Armed Forces*.

34 Canadian Press, *Feds to Spend \$200M More*.

Chart 4:

Mental Health Services Consulted/Used, by Industry, Canada, 2012

(percentage of employed)



Source: Statistics Canada.

(8.6 and 8.3, respectively) of workers in the information, culture, and recreation sector and the accommodation and food services industry (see “Mental Illness and the Accommodation and Food Industry”) have lived with a mood disorder in the last 12 months. Again, prevalence rates are highest in occupations that are most closely linked to these industries: art, culture, recreation, and sport; and sales and service. In the accommodation and food services industry, the health care industry, and the wholesale and retail trade industry, an overwhelming majority of those living with a mood disorder in the past year resulted from a depressive episode. (See tables 9 and 10.) These three sectors also had the highest rates of generalized anxiety disorder.

Mental Illness and the Accommodation and Food Industry

Compared with its other industry counterparts, the accommodation and food industry has the second-highest prevalence of mood disorders—8.3 per cent of the workforce in that sector suffered a mood disorder within the past year, slightly below the information and culture industry at 8.6 per cent.

In 2014, just over 1.2 million Canadians worked in the accommodation and food industry—6.8 per cent of all employment in Canada.³⁵ An overwhelming majority of workers are young—40 per cent are between 15 and 24 years, compared with 14 per cent in that age range for all industries combined.³⁶ As highlighted earlier in the report, this is also the part of the population where mental health issues are much more prevalent. Indeed, in 2012, the prevalence rates for those living with a mood disorder, bipolar disorder, or any major depressive episode in the past 12 months were highest among the population between 15 and 24 years of age in Canada. In 2012, about 136,000 workers (12.4 per cent) in this industry either consulted or used mental health services in the past year.

The share of overall employment in Canada for this industry has been rising—from 6.5 per cent in 2010, to 6.8 per cent in 2014. This industry has much lower wages than other industries, and the largest concentration of people working part time (41 per cent) in the overall economy.³⁷ Many of these workers do not have access to benefits. For example, compensation research by the Conference Board's Canadian Tourism Human Resource Council found that, of those employers in the food and beverage services sector that were surveyed, 56 per cent did not offer their employees group health/dental insurance, and 79 per cent did not offer them short-term disability/sick benefits.³⁸ As for other supports—such as strategies, policies, and programs that help create a psychologically healthy workplace—it is not clear whether these are in place among the organizations that populate this industry. For example, businesses in the accommodation and food industry are not part of the case

35 Statistics Canada, CANSIM table 282-0008.

36 Ibid.

37 Employment and Social Development Canada, "Industrial Summary Accommodation and Food Services."

38 Canadian Tourism Human Resource Council, *Tourism Sector Compensation Study*.

study organizations implementing the Psychological Health and Safety in the Workplace Standard.

In sum, mental illness is a serious issue for this industry. Employees who work in this industry are more likely to be young, which is also the population in which mental illnesses are more likely to occur. Many will not have the ability to pay for treatments or counselling associated with mental illness, and will not have benefits from their employer that would cover these supports. And, the average job tenure of an employee in the accommodation and food industry was 53 months in 2014—slightly below half the tenure of all sectors combined. As a result, the possibility exists that a significant number of those living with a mood disorder will leave the industry altogether—either exiting the workforce or transferring to another industry where the benefits and assistance programs are more common.

Regardless of whether mental health issues pre-exist among employees, newly develop at work, or are a result of some combination, the many restaurants, hotels, bars, and other businesses that fall within this sector must do better in understanding and responding to the mental health needs of their employees.

Table 9

Prevalence by Occupation, in the Past 12 Months, Canada, 2012

(proportion of population 15 years and over with a mental illness, by type, per cent)

	Mood Disorder			Generalized Anxiety Disorder
	All mood disorders	Depressive episode	Bipolar disorder	
Management	2.5	2.4	n.a.	n.a.
Business, finance, and administrative	5.4	5.0	n.a.	2.8
Natural and applied sciences	3.1	2.9	n.a.	1.5
Health	4.8	4.7	n.a.	2.3
Social science, law, education, government service, and religion	5.6	5.2	1.2	3.3
Art, culture, recreation, and sport	6.5	n.a.	n.a.	n.a.
Sales and service	6.4	5.2	2.0	2.4

(continued ...)

Table 9 (cont'd)

Prevalence by Occupation, in the Past 12 Months, Canada, 2012

(proportion of population 15 years and over with a mental illness, by type, per cent)

	Mood Disorder			Generalized Anxiety Disorder
	All mood disorders	Depressive episode	Bipolar disorder	
Trades, transport, and equipment operators	5.1	3.9	2.2	n.a.
Primary	n.a.	n.a.	n.a.	n.a.
Processing, manufacturing, and utilities	n.a.	n.a.	n.a.	n.a.

Source: Statistics Canada, Canadian Community Health Survey.

Table 10

Prevalence by Industry, in the Past 12 Months, Canada, 2012

(proportion of population 15 years and over with a mental illness, by type, per cent)

	Mood Disorder			Generalized Anxiety Disorder
	All mood disorders	Depressive episode	Bipolar disorder	
Agriculture, forestry, fishing, and hunting	n.a.	n.a.	n.a.	n.a.
Mining and oil and gas extraction	n.a.	n.a.	n.a.	n.a.
Utilities	n.a.	n.a.	n.a.	n.a.
Construction	4.2	3.5	2.3	1.0
Manufacturing	4.1	3.5	n.a.	1.9
Wholesale and retail trade	5.8	5.0	n.a.	3.6
Transportation and warehousing	n.a.	n.a.	n.a.	n.a.
Information, culture, and recreation	8.6	4.9	n.a.	n.a.
Finance, insurance, and real estate	1.8	1.5	n.a.	n.a.
Professional, scientific, and technical	3.4	3.0	n.a.	n.a.
Administrative support, waste management, and remediation	6.6	4.0	n.a.	1.9
Education	4.3	4.2	n.a.	2.2
Health care and social assistance	5.3	5.1	n.a.	3.0

(continued ...)

Table 10 (cont'd)

Prevalence by Industry, in the Past 12 Months, Canada, 2012

(proportion of population 15 years and over with a mental illness, by type, per cent)

	Mood Disorder			Generalized Anxiety Disorder
	All mood disorders	Depressive episode	Bipolar disorder	
Accommodation and food services	8.3	6.7	n.a.	2.9
Other services	5.0	3.6	n.a.	n.a.
Public administration	4.6	4.0	n.a.	3.0

Source: Statistics Canada, Canadian Community Health Survey.

The Importance of Healthy Brains at Work: Mental Health and Disability

According to the Mental Health Commission of Canada, around 4.2 million employed Canadians are living with a mental illness. Of these, approximately 279,200 have a mental or psychological disability,³⁹ meaning that self-reported daily activities are limited as a result of the impairment (although if an impairment does not interfere with daily activities, then no disability exists).⁴⁰ All in all, this means that about 6.6 per cent of all employed Canadians living with a mental illness also experience a mental disability. Mental health issues are among the most common primary and secondary causes of absences in the workplace. But they can also lead to presenteeism, whereby those living with a mental illness continue to show up for work but are not working to their optimal capacity. This is why attempting to measure the impact of mental illness on the workplace is difficult. However, it has been estimated that the economic burden of mental illness costs the Canadian economy about \$51 billion per year.⁴¹ This includes health care costs, lost productivity, and reductions in health-related quality of life. Another estimate pegs this number at \$48.6 billion,⁴² but takes into

39 Statistics Canada, CANSIM table 115-0006.

40 Statistics Canada, The 2012 Canadian Survey on Disability (CSD).

41 Dewa and others, "A New Population-Based Measure."

42 Smetanin and others, *The Life and Major Impact of Major Mental Illness*.

account only health care costs and lost productivity, and not reductions in health-related quality of life. Meanwhile, the Conference Board estimates the impact of mental illness at \$20.7 billion annually,⁴³ although this analysis considers only labour force participation and the costs of lost productivity.

According to the Mental Health Commission of Canada, mental illness is the number one cause of all disability in Canada.⁴⁴ It accounts for about 30 per cent of all short-term and long-term disability claims in Canada. And, estimations indicate that the value of these claims ranges from \$15 billion to \$33 billion annually.⁴⁵

Not surprisingly, just over 53 per cent of all employed Canadians with a mental disability are women, greater than the average of all disabilities combined. And, as highlighted earlier in the report, mental disability also affects the young relative to all other disabilities. (See Table 11.) Roughly 27.2 per cent of employed Canadians with a disability are living with a mental disability.

Table 11
Breakdown of Employed Workforce With a Disability, Canada, 2012
(proportion of working population 15 years and over, per cent)

	Total disability	Mental disability
By sex: male	49.8	46.7
female	50.2	53.3
By age: 15–24	5.8	9.1
25–34	12.1	15.1
35–44	18.1	21.5
45–54	34.0	32.6
55–64	30.0	21.4

Source: Statistics Canada, Canadian Community Health Survey.

43 The Conference Board of Canada, *Mental Health Issues in the Labour Force*.

44 Mental Health Commission of Canada, *Why Investing in Mental Health*.

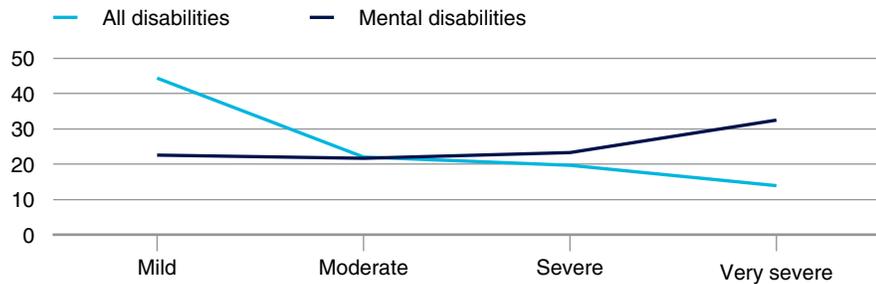
45 Sroujian, “Mental Health Is the Number One Cause of Disability in Canada.”

Chart 5 shows that of the 279,200 employed Canadians with a mental disability, a large proportion of those are considered to have either “severe” or “very severe” cases. This is in contrast to the average for all disabilities combined, as patients with a disability of greater severity tend to leave the workforce.

Chart 5

Employment and Mental Disability, Canada, 2012

(proportion of employed workforce, by severity of disability, per cent)



Source: Statistics Canada.

The Need for Evidence-Based Approaches in the Workplace

Many employers are aware of the costs and consequences of poor mental health and mental illness in their workplaces. And, these employers know they have a role and a responsibility to create a psychologically healthy workplace environment. Interest in adopting effective policies, practices, and benefits to promote mental well-being and support employees who live with a mental illness seems to be growing. For example, the Conference Board has received overwhelming response from employers for its new workshop series, *Building Mentally Healthy Workplaces*. In this series, leaders learn how to provide more effective mental health programs and services to employees and front-line managers.

The Great-West Life Centre for Mental Health in the Workplace provides free workplace mental health tools and resources for employers to use.

In Canada, employers increasingly have access to a variety of resources and tools that help them address mental health and illness in their workplace. The creation of a workplace environment that fosters mental well-being is the subject of various guidelines and standards. For example, the Mental Health Commission of Canada's (MHCC) National Standard of Canada for Psychological Health and Safety in the Workplace⁴⁶ is one approach that organizations can implement to promote employee psychological health. Efforts to encourage uptake of the standard are being facilitated through tools like MHCC's *Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace*⁴⁷ and campaigns such as the Wellth Management Mental Health at Work Challenge. The Mood Disorders Society of Canada has produced the *Workplace Mental Health* handbook⁴⁸—an additional resource that helps employers adopt the National Standard in their workplace. In particular, the handbook provides insights for small organizations that want to create a psychologically healthy workplace environment. The Great-West Life Centre for Mental Health in the Workplace⁴⁹ provides free workplace mental health tools and resources for employers to use. Other tools, such as the workbook *Antidepressant Skills at Work: Dealing With Mood Problems in the Workplace*,⁵⁰ can be made available in workplaces for interested employees. Furthermore, mental health tools and products are often offered by insurers as part of group benefit plans.

The therapies and approaches offered to employees as part of a benefit plan should align with the evidence-based guidelines mental health professionals use to provide treatment and care for individuals with mental illness. For example, the Canadian Network for Mood and Anxiety Treatments (CANMAT) publishes clinical guidelines for the

46 Mental Health Commission of Canada, *Topics: National Standard*.

47 Mental Health Commission of Canada, *Topics: Assembling the Pieces*.

48 Mood Disorders Society of Canada, *Workplace Mental Health*.

49 Great-West Life Centre for Mental Health in the Workplace, *Workplace Strategies for Mental Health*.

50 Bilsker, Gilbert, and Samra, *Antidepressant Skills at Work*.

treatment and management of a depressive disorder including, among others, recommendations related to screening, pharmacotherapy, and psychotherapy.⁵¹

Research, such as systematic reviews and meta-analyses, informs the development of guidelines and provides a foundation for evidence-based policies and practices in workplaces. These can include workplace practices around promoting mental well-being, preventing mental illness, providing supportive benefits, and facilitating return to work.

For example, a 2014 systematic review considered depression prevention programs for a general workforce population (not just those employees considered at risk) and found a small but positive effect in the workplace.⁵² For the programs that involved cognitive-based therapy interventions, a significant reduction in the level of depressive symptoms among workers was found.

Research on employee functioning and productivity, along with disability costs for employers, is also of interest. For example, a study by Raymond Lam examined the effects of combined pharmacotherapy and psychotherapy for improving work functioning. Lam and his colleagues found that participants who received telephone cognitive behavioural therapy had greater improvement in some measures of work functioning compared with those who received pharmacotherapy with adherence calls.⁵³

A newly published study by Lerner and others, “A Randomized Clinical Trial of a Telephone Depression Intervention to Reduce Employee Presenteeism and Absenteeism,” examined the impact of telephone-based, work-focused counselling through an EAP on the work lives of a group of employees (45 years and older with depression) compared with a comparative group that received status quo services.⁵⁴

51 Kennedy and others, “Canadian Network for Mood and Anxiety Treatments.”

52 Tan and others, “Preventing the Development of Depression.”

53 Lam and others, “Effects of Combined Pharmacotherapy.”

54 Lerner and others, “A Randomized Clinical Trial.”

In some industries, nearly 20 per cent of the workforce has lived with either a mood disorder or generalized anxiety in their lifetime.

The work-focused counselling included eight sessions with three integrated modalities: care coordination, cognitive-behavioural therapy, and work coaching and modification. The intervention was found to be more effective than usual care in terms of reducing depressive symptoms and reducing presenteeism and absenteeism.

In sum, there are multiple sources of high-quality, evidence-based resources, tools, and guidance for employers to consider as they work to create a psychologically healthy workplace—and, ultimately, foster brain health within their organization. The second briefing of the Healthy Brains at Work series explores in greater detail these recommended guidelines and treatments for mental illness, along with select workplace standards, guidelines, tools, and resources.

Implications: The Role of Employers

Bill Wilkerson, the well-known Canadian advocate on issues of workplace mental health, writes: “Today’s brain-based economy puts a premium on cerebral skills, in which cognition is the ignition of productivity and innovation.”⁵⁵ This profile of mental health in Canada reveals that mental illness is most likely more common in the workplace than many of us would imagine. Because of this, a sizable opportunity exists to address mental illness through programs provided by the employer. In some industries, nearly 20 per cent of the workforce has lived with either a mood disorder or generalized anxiety in their lifetime. What is more, women are more likely than men to experience these mental health issues. As well, a growing number of young people are living with a mental illness. A profile of the Canadian workforce reveals that a greater number of people employed in the services sector are living with mental health issues. Lower pay, fewer benefits, reduced likelihood of full-time work, and a tendency to communicate with dissatisfied clients could be some of the factors as to why prevalence is highest in the information and culture, accommodation and food services, and public administration sectors.

55 Wilkerson, *Depression in the Workplace in Europe*, 3.

Regardless of their business size and budget, employers now have access to multiple evidence-based resources and tools they can use to foster good mental well-being and support employees experiencing mental illness. These supports complement the services and treatments that Canadians can access through their local health and social care systems. When employers provide evidence-based supports, the benefits will accrue to their organization, and will also be felt across health care systems through reduced demand for mental health services. The second briefing in this research series will explore the extent to which employers are leveraging the resources and tools and providing appropriate supports.

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About the Canadian Alliance for Sustainable Health Care

The Canadian Alliance for Sustainable Health Care (CASHC) was created to provide Canadian business leaders and policy-makers with insightful, forward-looking, quantitative analysis of the sustainability of the Canadian health care system and all of its facets.

The work of the Alliance is to help Canadians better understand the conditions under which Canada's health care system is sustainable—financially and in a broader sense. These conditions include the financial aspects, institutional and private firm-level performance, and the volunteer sector. CASHC publishes evidence-based, accessible, and timely reports on key health and health care systems issues.

Research is arranged under these three major themes:

- Population Health
- The Structure of the Health Care System
- Workplace Health and Wellness

Launched in May 2011, CASHC actively engages private and public sector leaders from the health and health care sectors in developing its research agenda. Some 33 companies and organizations have invested in the initiative, providing invaluable financial, leadership, and expert support.

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APPENDIX A

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The Footprint of Mental Health Conditions: Healthy Brains at Work

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