



International Roundtable: Impact of the Recession on the Mental Health of Workers and Their Families Summary Report



August 16 & 17, 2009

Ottawa, Canada

Hosted by
Mental Health Commission of Canada

INTERNATIONAL ROUNDTABLE – IMPACT OF THE RECESSION ON THE MENTAL HEALTH OF WORKERS

SUMMARY OF ACTIONS & COMMITMENTS

CONTEXT

An International Roundtable on the Economic Crisis and Mental Health was held in Ottawa, Canada in August 2009, chaired by one of Canada's highly respected leaders in healthcare, Michael Dector. The event, co-sponsored through the Mental Health Commission of Canada and Human Resources and Skills Development (Government of Canada), was intended to:

- Explore and learn from countries' experiences and actions to date relating to the current global financial crisis, and
- Identify what opportunities and challenges there are for mental health and wellbeing in the current economic climate.
- Emphasize initiatives targeting:
 - Workplaces
 - Employers
 - Individuals' Financial literacy
 - Banks
 - Front line social services
 - Public policy and
 - Profiling Mental health as an issue

Presentations were made by speakers from Australia, Canada, Ireland, New Zealand, the United Kingdom, and the United States of America. Participants included people working in government, economists, researchers, and social planning organizations.

THE ECONOMY AND THE HEALTH OF OUR COUNTRIES: FROM ECONOMIC RECESSION TO SOCIAL RECESSION

- While not all countries are technically in recession, most are, and all are seeing negative impacts on unemployment levels.
- Younger populations are particularly hard hit. Within this group, it was identified that people who are native or First Nations, or from diverse communities including immigrants or first generation immigrants would be at particular risk.
- Communities are impacted differently by recession depending on various risk factors such as type of industries or pre-existing socio-economic issues.
- When recessions hit, unemployment rates “goes up in an elevator, but down in the stairwell”. Analysis has demonstrated that unemployment rates tend to increase quickly in recessions, but take much longer to return to pre-recession levels – perhaps as long as 14

years (even longer if you look at the group of people who are unemployed for periods of greater than 12 months).

- Similarly, government budgets take a significant period of time to recover from recessions, with double impacts felt through decreased tax revenue coupled with large stimulus packages – this could have very real implications if there is a need to implement government cuts to reach a balanced budget in the future.
- While many countries are beginning to see signs of recovery from the recession, the social and economic impacts will likely increase and reverberate for at least a decade.
- Mental health problems are among countries' highest direct/indirect costs when examined across all health issues (with employment issues usually forming the bulk of costs – 2/3+): instead of increased investments in mental health and employment services, we are beginning to see reductions (and anticipate this will only increase over time).
 - Costs of depression alone for the EU were: €41 billion health system costs, €77 billion lost employment costs (64% costs related to employment) - Sobocki et al , J Mental Health Policy & Econ, 2006
- Some key elements differentiate this recession from past recessions:
 - Personal debt levels are much higher than ever before, a consistent trend across countries – there is a strong research base supporting that personal debt impacts mental wellbeing and risk of physical illness
 - When personal debt (credit, mortgages and loans) is coupled with drastic reductions in property values and investment values, there can be dramatic impacts on individuals and families

Those in debt have two to three times the rate of depression, three times the rate of psychosis, double the rate of alcohol dependence, four times the rate of drug dependence, compared to the general population.

Mental Capital and Wellbeing, UK Government Office for Science (2008)

- Most countries are already seeing an increase in service demand and this is anticipated to continue. It is also believed that there is a 'new' population that will require support ie. people who lose employment and this is coupled with personal debt leading to a liquidation of assets, and need for employment benefits and social supports.
 - We're still moving towards the real impact
 - The downturn hitting the economy will bring an increased incidence of depression, anxiety and suicide – estimates vary, but research indicates that as unemployment and concerns of unemployment increase, so will incidence of mental health issues.
 - The threat of unemployment can almost be as damaging as unemployment

- Isolation is the enemy of mental health – and many people are isolating themselves through this crisis
- Already evidence that requests for mental health, addictions and problem gambling services are doubling or trebling (?) – incidences of family violence are also up – prescriptions for anxiety and depression up dramatically (bolstering an existing pre-financial crisis trend)

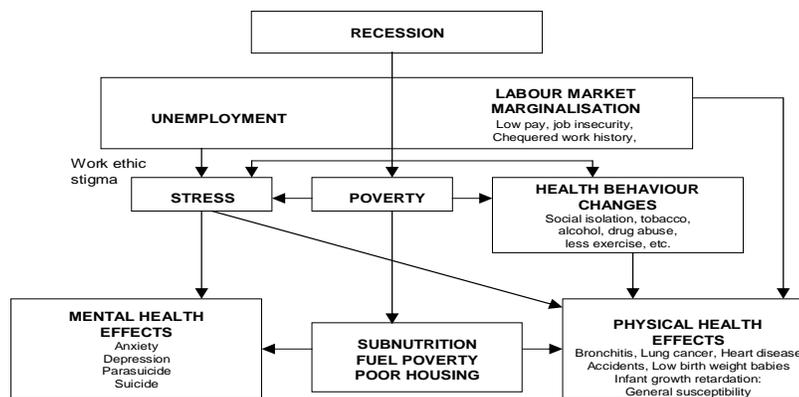
The Human Dimension

- People with mental health problems are among the last to benefit from economic good times and the first to suffer in a downturn
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- Unemployment, financial and job problems are key risks for suicide – recent national surveys in some industrialized nations suggest that 50-80% of people are concerned about the economy and implications for themselves and their families

Recent data suggests that a **1% increase unemployment = .79% increase in suicide**
The Lancet, July 2009

Recent evidence suggests that:

- The recession may increase risk of heart disease, sleeping disorders, migraine, high blood pressure and smoking
- During economic hard times, smokers are 13% less likely to quit, and ex-smokers are more likely to relapse; binge drinking also increases dramatically
- Distressed State and community systems threaten universal access to health services (capacity)
- People are foregoing prescriptions, check-ups, and preventative care



Source: Smith, R (1987) Unemployment and Health: A disaster and a challenge, New York, OUP.

- The psychological impact of economic crisis on individuals and families can easily be compared to the aftermath of a disaster such as Hurricane Katrina – where businesses and jobs were lost and people were forced from their homes
- These types of losses are known risk factors for increased psychological distress, substance abuse and associated behaviors, including suicide, crime, family conflict, child neglect and abuse, and intimate partner violence
- The explicit symptoms of psychological distress and associated behaviors can manifest themselves in months or even years after the triggering events (job loss, home foreclosure, etc.)

Nearly half of Americans report that their stress level has increased over the past year, with as many as 30% rating their average stress levels as extreme (8, 9 or 10 on a 10-point scale where 10 means “a great deal of stress”)

American Psychological Association, October 2008

A COMMITMENT FOR FURTHER COLLABORATION & NETWORKING

There is an immediate need and benefit for a networking website for this Roundtable Group. The International Initiative for Mental Health Leadership (IIMHL) will assist the Mental Health Commission of Canada (MHCC) in setting up this networking site where information and documents can be posted.

The IIMHL leaders group will be meeting in Washington in December 2009, Roundtable attendees are encouraged to participate.

YOUTH: FOCUSING ON OUR GREATEST POTENTIAL

Youth are particularly vulnerable during an economic downturn. A strategic focus and emphasis that builds a compelling business case is required when moving from policy to action. A business case that targets community-based interventions that focus on youth and young adult populations that are being particularly hard hit by the current recession could yield the greatest long term impact as it would address both their mental health needs as well as economic prosperity for the up and coming generation.

A community focus would allow initiatives to be tailored to local needs, while at the same time working to break down silos; ultimately ensuring that rebuilding social infrastructure is part of the global recovery.

Youth focused activities could include broad education campaigns as well as initiatives that were targeted towards the most disadvantaged or marginalized populations. There would be excellent opportunities to make the business case for both short and long term investments in youth, connecting it to a broader productivity agenda, with an emphasis on workplace mental health as well.

CONVENING AT IIMHL 2010 IN IRELAND

Martin Rogan and John Saunders would co-host a meeting of this group, centered around the IIMHL exchange (Ireland, May 2010). The Roundtable will be formalized, with regular opportunities to exchange, for at least the next 3 -5 years.

Additional considerations/future discussions:

- Jointly funded/supported research work
- Ongoing data sharing, information sharing and exchange

GOING FORWARD

It was recommended that the IIMHL will be the vehicle for this Roundtable (**Economic Resiliency Roundtable** was tabled as a potential name), and that the IIMHL and governing board consider having the economy/mental health as a standing agenda item.

Participants:

Michael Kirby, Chairman, Mental Health Commission of Canada, Host

Michael Dector, Chair

Peggy Taillon, Facilitator

Ian Arnold – Chair, Workforce Advisory Committee, Mental Health Commission of Canada

Louise Bradley – Chief Operating Officer, Mental Health Commission of Canada

John Kim Bell – Canadian representative invited via Health Canada; Creator, National Aboriginal Achievement Foundation; Director, Brookfield Renewable Energy

Colleen Boyer – Mental Health Commission of Canada; Executive Assistant to COO

Lorraine Breault – Associate Dean, School of Medicine & Medical Dentistry, University of Calgary; Board Member, Mental Health Commission of Canada

Howard Chodos – Mental Health Strategy Initiative Lead, Mental Health Commission of Canada

David Crosbie - CEO, Mental Health Council, Australia

Frank Fedyk - Associate Assistant Deputy Minister, Strategic Policy and Research Branch, Human Resources and Skills Development Canada (HRSDC), Government of Canada;

Simon Francis – Department of Health, Cabinet Office, UK

Ian Fraser – Fraser Communications

Bob Glover – National Association for State Mental Health Program Directors, USA

Geoffrey Gurd – Strategic Policy and Research Branch, HRSDC

Corey Keyes, – Emory University, Atlanta, Georgia, USA

Michael Kirby – Chair, Mental Health Commission of Canada

Bonnie Kirsh – Department of Occupational Science and Occupational Therapy, University of Toronto; Member, Workforce Advisory Committee, Mental Health Commission of Canada

Kathy Langlois – Director General, First Nations & Inuit Health Branch, Health Canada; Deputy Chair, International Initiative for Mental Health Leadership

Carmelita Olivotto – Acting Director General, Office for Disabilities Issues, HRSDC

Nancy Lawand – Director General, Canada Pension Plan Disability Directorate, HRSDC

Steve Lurie – Executive Director, Canadian Mental Health Association – Toronto; Chair, Service Systems Advisory Committee, Mental Health Commission of Canada

David McDaid – London School of Economics; WHO Observatory Policies

Kevin McNamara – Deputy Minister, Nova Scotia Health

Michelle Patterson – Social Inclusion Unit, Prime Minister's Office, Australia

Kathryn Power – Director, Centre for Mental Health Services, SAMHSA, USA

Natasha Poushinsky – Consultant, Canadian Council on Social Development

Catherine Reynolds – Liverpool Primary Care Trust

Mike Petrus – Director of Communication, Mental Health Commission of Canada

Martin Rogan – Government of Ireland

Marcel Saulnier – Director General, Policy Coordination and Planning Branch, Health Canada

John Saunders- Ireland; SHINE; Ireland MH Coalition advocacy

Robyn Shearer, Chief Executive, Te Pou, National Centre of Mental Health Research, Information and Workforce Development, New Zealand

Fran Sylvestri – Director, International Initiative for Mental Health Leadership

Thomas Townsend – Executive Head, Policy Research Initiative

APPENDIX B

Promising Approaches Profiled at the Roundtable

One of the UK presentations stated that people often went to banks to re-mortgage their homes or obtain loans prior to checking with social services to see if there were other ways to protect their financial assets. The banks and the social services sectors were described as working in silos and that they would benefit from better understanding each other's business and client needs.

While many governments have what was called automatic stabilizers for people who become unemployed (benefits programs), one idea was to include an allocation/investment to address the increased demand for services at a time of economic downturn. The reason being that rising unemployment places a burden on social services and that unmet mental health needs of individuals and families will generate costs down the road.

A number of tools and initiatives were shared. The work of Professor Corey Keyes, Emory University, Atlanta, on a continuum of mental health ranging from flourishing, to languishing, generated considerable interest and discussion. It is an evidence-based questionnaire that is being refined to provide a measure of overall "well-being" of the US population starting with mental health perspective.

There was agreement that a program of group-based training in job searching using behavioural science principles, called Winning New JOBS program, was successful in several jurisdictions and warranted further application.

Most jurisdictions had strategies about mental health in place or were in the midst of developing them. For example, the UK had social inclusion strategies in place prior to the recession.

Different jurisdictions were exploring work-sharing as a low-cost means to keep people employed.

The idea of assessment tools or policy lenses to measure how programs or policies will address the needs of socially excluded groups was mentioned by several people.

There were many suggestions for better messaging around mental health issues to ensure that they do not get lost or ignored. For example, mental well-being is essential to economic competence.