Opinion Editorial: Adding up the tab
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The recent conclusion of Mental Illness Awareness Week should get us thinking about how we deal with a problem that costs Canada $51 billion in lost productivity every year. Now could be the moment we take decisive action to change the course of Canada’s health. If the news that mental health costs the Canadian economy an estimated $51 billion a year doesn’t do it, I’m not sure what it will take.

The research from the Centre for Addiction and Mental Health found that 40 per cent of Canadian workers who experienced a severe depressive episode did not seek treatment such as therapy or medication (financial constraints being one of the reasons). Like any other medical issue, an untreated mental health problem can escalate, becoming harder — and more expensive — to treat.

The high cost of mental health is really just the beginning. Chronic disease is also adding billions to the tab. Diabetes, for instance, costs $4.9 billion annually in Ontario alone because of lost productivity and long-term disability claims. The Canadian Diabetes Association estimates these costs could rise 40 per cent over the next decade. As the current trend suggests, Canadians will take on multiple chronic diseases as they get older, further complicating their health. They’ll require more from the system and strain productivity as families turn to caregiving.

Billions of dollars later, our tab has climbed ever so high. We’re now at a point where we know we need to make change happen. That’s life. Bills pile up. Creditors come calling. And then it hits us that we have to do things differently. Only in this case it’s Canada’s registered nurses who are calling — with a plan.

As the $51 billion figure sank in, the Canadian Nurses Association (CNA) was preparing to present to the House of Commons finance committee during pre-budget consultations. We told the committee that a healthy economy is inextricably linked with a healthy population. If the government won’t act in the name of good health for its citizens (and voters), maybe dollars and cents will get the tides of change churning. With the financial stakes clearly laid out, we now must decide what we’re going to do to improve the outlook. Among the recommendations CNA makes in its pre-budget submission, two are especially key. First, set indicators. Two, commit to the indicators.

Mirrored in the research findings of CNA’s independent National Expert Commission report, A Nursing Call to Action, the path to change lies in the clear identification of areas where Canada can realize the greatest return on investment. This doesn’t mean more research. The research and evidence already exist. Identification means federal and provincial governments, health-care providers and professionals, and business leaders coming together to build consensus around what areas we need to address immediately and what our targets will be. Because for all the money we’re spending and losing on our health-care system, coupled with the productivity losses, we need a healthy dose of accountability.

CNA suggests five meaningful health and system indicators with corresponding national goals. And a commitment to those goals means a commitment to improving Canada’s ranking on them.
We know that mental health problems account for about 30 per cent of short- and long-term disability claims. We know that mental health conditions account for 47 per cent of all approved disability claims in the civil service. We also know that in Ontario, 93 per cent of individuals hospitalized with mental illness visited the emergency department at least once within a year after initial hospitalization. Thirty per cent of that group visited five times or more. We do not know how or to what extent people are accessing mental health care teams in their community. But if we have indicators related to mental health and other priority health issues, we’d be accountable to progress. That would mean far more than just reporting more meaningful data on these indicators; it would also mean we’d start making more meaningful change.